

MANUAL TO EVALUATE QUALITY OF CARE FROM A GENDER PERSPECTIVE

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It has almost become a cliché for authors of publications to state that many people and organizations contributed to their creation and for project implementers to claim that the success achieved to date would not have been possible without significant help from others. In this case, the platitudes are true, and we are proud of the joint efforts that led to this product.

The International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) office in New York, the Latin American and Caribbean Women's Health Network (the Network), and three member family planning associations (FPAs) of the IPPF have been partners in a four-year process. Triggered by a March 1994 workshop that gave birth to the idea of linking expertise in family planning and women's health activism to explore quality of care, IPPF/WHR convened a small consultation in Lima, Peru, in August 1995. Nine experts on quality and gender, five from the Network and four from the IPPF family, met to articulate priority concepts in gender equity, institutional quality and sexual and reproductive rights. These experts included professionals with experience in sexual and reproductive health, women's health, women's rights and gender issues, whose background included medical, legal, demographic and women's health perspectives. The participants in that meeting were María José de Araujo, Rosario Cardich, Gloria Careaga, Frescia Carrasco, Judith F. Helzner, Magaly Marques, María Isabel Plata, Marisa Matamala and Margarita Zambrano. A background paper by Dr. Matamala and Dr. Araujo commissioned for this purpose was a significant contribution to the discussions, which resulted in a set of guiding principles for assessing quality of care from a gender perspective.

In the months that followed, Magaly Marques and Rosario Cardich met to take the idea a step further, then IPPF/WHR convened a meeting in April 1996 aimed at turning the concepts into tools. This meeting included Rosario Cardich, Judith Helzner, Magaly Marques, Jessie Schutt-Ainé, Victoria Ward and Tim Williams. It was followed by efforts to create a package of instruments, which were reviewed by Silvina Ramos and Monica Gogna of CEDES/Argentina, and then field-tested in three family planning associations in late 1996 and early 1997: PROFAMILIA/Colombia, PROFAMILIA/Dominican Republic and INPPARES/Peru. In August 1997, a meeting was held in New York bringing together representatives of those three FPAs, with the aim of exchanging experience about the use of the instruments. The participants in that meeting included María Isabel Plata, Beatriz Quintero and Magda Ruiz from Colombia, Rosario Cardich and Angela Sebastiani from Peru, and Gianna Sangiovanni and Dinnys Luciano from the Dominican Republic, as well as IPPF/WHR staff. Based on the comments made during that comparative analysis, a new version of the instruments was created and field-tested at Centro de Investigación, Educación y Servicios (CIES) in Bolivia by Jessie Schutt-Ainé with the assistance of Magaly Marques. In the meantime, INPPARES/Peru was extending its use of the instruments to additional clinics outside the capital city, and PROFAMILIA/Colombia adapted them for use in its male clinics.

In late 1998 and early 1999, IPPF/WHR consultant Claudia Muñoz produced the current version. It was reviewed by several participants at various stages of development, namely Rosario Cardich, Marisa Matamala, Judith Helzner, Jessie Schutt-Ainé and Victoria Ward. Sharda Kalloe tirelessly made numerous revisions throughout the entire process. Yvette Cuca and Zhenja La Rosa contributed to the editing and layout respectively.

Throughout this process, support was made available through ongoing grants to IPPF/WHR from the Ford Foundation, the MacArthur Foundation, and the United Nations Population Fund, as well as from IPPF/WHR's own unrestricted resources.

We believe that this combination of mainstream family planners and women's health activists, program experts and evaluation specialists, with views from both regional and country-specific levels, makes this product unique. We welcome your comments and news of your experiences with it:

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EXECUTIVE SUMMARY

This manual is designed for reproductive health institutions that want to assess the quality of care of their services and programs from a broad gender perspective. The objectives of the evaluation are to operationalize concepts of quality of care, gender equity and sexual and reproductive rights; to assess the extent to which a gender perspective has been incorporated into the institution; to create an environment that facilitates the identification of areas for improvement with respect to the gender perspective; and to strengthen staff capacity to analyze critically the extent to which they incorporate the gender perspective in the provision of reproductive health services. The guide was developed to aid the institution in making the decision to carry out the evaluation, identifying the necessary resources, implementing the evaluation and using the results to develop a Plan of Action. The methodology – which includes three observation tools, a client exit interview, a service provider interview and a document review – was developed by a multidisciplinary team of evaluation specialists and gender specialists. Great care was taken to design instruments that would answer specific questions regarding the quality of care from a gender perspective and would be flexible in their implementation. It is vital to the spirit and effective implementation of the evaluation that the institution convene a special evaluation team, a multidisciplinary group comprised of internal and external persons with experience in reproductive health, including a gender specialist from a local organization. Once convened, the evaluation team can use this guide to prepare for the evaluation activities, implement the methodology and analyze the results of the evaluation. The guide includes a description of the methodology, specific research instruments, details on how to analyze the results and instructions for all activities.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CEDES	Centro de Estudios de Estado y Sociedad
CIES/Bolivia	Centro de Investigación, Educación y Servicios
FPA	Family Planning Association
FWCW	Fourth World Conference on Women
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
INPPARES/Peru	Instituto Peruano de Paternidad Responsable
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
LACWHN	Latin American and Caribbean Women's Health Network
PROFAMILIA/Colombia	Asociación Pro-Bienestar de la Familia Colombiana
PROFAMILIA/Dominican Republic	Asociación Dominicana Pro-Bienestar de la Familia
RTI	Reproductive Tract Infection
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women

DEFINITIONS

The term **gender** refers to the manner in which roles, attitudes, values and relationships affecting women and men are socially constructed throughout the world. Almost inevitably, these gender constructs have functioned in such a way that they subordinate and discriminate against women to the detriment of their ability to exercise their human rights. This discrimination is not only reflected in individual relationships but also permeates institutions. Thus, the theme of gender bias is a political and institutional one. Although one recognizes that the social construct of gender roles, attitudes and relationships will always exist, the challenge should be to guarantee that these constructs are fair for both sexes and that one sex does not dominate the other. Therefore, a **gender perspective** is a vision that promotes gender equality in policies and practices as well as women's participation in decision-making about their sexual and reproductive health. (UNIFEM, 1995)

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease, in all matters relating to the reproductive system and to its functions and processes. (International Conference on Population and Development, 1994; World Health Organization)

Sexual health approach has the broader objective of taking into consideration one's personal life and situation and does not just consist of attending to reproductive health needs.

Women's human rights include the right to control one's sexuality, including sexual and reproductive health free of coercion, violence and abuse of power. (Fourth World Conference on Women, 1995)

Reproductive rights embrace certain human rights recognized in legal documents and national and international human rights. These include the right of couples and individuals to decide freely and responsibly on the number and spacing of desired children and to have the information and the means to achieve this; the right to obtain the highest standard of sexual and reproductive health; the right to make decisions free from discrimination, coercion or violence.

Consultations and Counseling

Each of the instruments refers to counseling and consultations. In order to standardize the concepts referred to in the instruments, please use the following definitions:

- **Consultation** refers to a medical examination by a professional such as a physician, nurse or midwife. A consultation can include counseling with the health professional who conducted the consultation; this service is still considered a consultation for the study.
- **Counseling** refers to a discussion between a professional in the clinic and the client. It can include counseling with the physician, nurse or midwife, but it does not include a medical exam.
- A **gynecological consultation or counseling session** includes, for example, Pap smear services, breast exams, pregnancy tests, menstrual problems and prevention, diagnosis

and treatment of STDs and RTIs.

- A **family planning consultation or counseling session** includes services related to all traditional and modern family planning methods (rhythm, Billings, withdrawal, pill, diaphragm, male or female condom, IUD, foam, jelly, vaginal tablets, Norplant, injection, male or female sterilization). Some clinics offer special family planning counseling in which the woman receives information about methods and is assisted in choosing one for herself, should she desire to do so. This counseling may not include the actual disbursement of the method.
- **Sexual and reproductive health counseling** is counseling on sexual and reproductive health issues, including family planning. This type of counseling is much broader in scope than the others mentioned. It includes discussion on topics such as reproductive intentions, sexual pleasure, abuse/coercion, involving partners in decisions about contraception, and other related topics.

INTRODUCTION

In the past decade, increasing attention has been paid to the development of the concepts of *quality of care*, *reproductive rights* and *gender perspective*. These concepts, though powerful, are rarely used together and even more rarely addressed in specific, measurable terms. This guide seeks to employ these concepts for two main purposes. It aims to promote an understanding of how day-to-day service delivery in family planning and reproductive health can be assessed using the concepts of quality of care, reproductive rights and gender perspective. Moreover, it can serve as the basis for making changes in services to increase the impact on the lives of clients in these areas.

Offering contraceptives has been described as a core element of assuring women's freedom. But the mere fact of making contraceptive methods available – while helping prevent unwanted pregnancies – does not guarantee change in women's attitudes, relationships or life options. The elements of quality of care outlined by Judith Bruce and Anrudh Jain of The Population Council in the late 1980s and early 1990s were designed to examine clients' experiences with selected aspects of service, including method choice, information and interpersonal relations with providers, as well as providers' technical competence. The set of tools presented here adds a gender perspective, going a step beyond that initial definition of quality by including aspects of rights and equity that have been part of the feminist call for improvement in services in the past decade.

From the beginning, the long process of developing this package of six tools has been a joint effort of the Latin American and Caribbean Women's Health Network and the IPPF/WHO, and has involved a wide range of skilled professionals including feminists, program and evaluation specialists and local experts. The evolution of the materials and their use in the field have benefited from a vision that went beyond that of family planning experts and family planning clients to encompass key concepts of cutting-edge feminist thought in the reproductive health and rights arena.

STUDY OBJECTIVES

- To operationalize concepts of quality of care, gender equity and sexual and reproductive rights;
- To assess the extent to which a gender perspective has been incorporated into the institution;
- To create an environment that facilitates the identification of areas for improvement with respect to the gender perspective; and
- To strengthen staff capacity to analyze critically the extent to which they incorporate the gender perspective in the provision of reproductive health services.

METHODOLOGY

The evaluation methodology presented in this manual was originally designed for IPPF/WHR affiliates to use in their reproductive health counseling and clinical services for female clients. It can also be adapted for use by other reproductive health organizations. Although a clinic may offer services other than reproductive health (such as dentistry, pediatrics, etc.), the methodology focuses on sexual and reproductive health services. It can also be adapted for services targeted at male clients.

The methodology consists of six tools, and is designed to be flexible in its implementation. Each tool answers specific questions regarding quality of care from a gender perspective. For organizations with multiple clinics, the tools can be used either at a sample of the clinics, or at all of them. Although it is recommended that the methodology be implemented in its entirety, the institution may choose to use only those tools that are most relevant to the issues it wishes to address. For example, an institution that focuses on advocacy but does not provide services could use the document review portion of the methodology. Implementation of the methodology could potentially take as little as two weeks, if the tools are used simultaneously. Based on the intensity of its use, the methodology could also take somewhat longer to implement. The tools can be applied in any order, as time and the availability of personnel permit.

The methodology is most useful when implemented in such a way that the resulting recommendations can be incorporated into the next planning cycle. It can be used at any time in the life of a program and can even serve as a baseline study prior to the initiation of gender-related activities. Thus, it can serve both as a needs assessment and a baseline to measure program objectives and activities.

THE EVALUATION TEAM

The evaluation team is a key component of the evaluation process. The team functions as the core group of individuals who are responsible for the successful and timely execution of the study. They must have the skills necessary to implement the methodology effectively and in the end they must provide the greatest insight into the analysis of the results. It is very important that the team have the support of someone with decision-making capacity within the institution.

The ideal evaluation team will consist of a locally hired gender specialist, an external evaluation specialist and experienced interviewers. If sufficient funds do not exist to hire each of these individuals, an internal evaluation specialist could potentially coordinate the study, and hire the interviewers. The skills and characteristics of the team should include:

- gender-related expertise (preferably external to the organization);
- a combination of qualitative and quantitative research skills;
- familiarity with the reproductive health program being assessed;
- decision-making capacity within the organization; and
- interviewing skills.

The actual composition of the team will vary depending on the skills base within the organization

and the availability of external consultants with various mixtures of skills. It is recommended that there be three to five persons on the team. Each team member will play a special role and have specific tasks to complete.

Gender Specialist. The gender specialist has the overall function of maintaining a gender perspective throughout the entire research process. One of her primary tasks is the document review where she critically examines policy statements to determine the level of gender equity in institutional policy and practices, and examines all IEC materials to determine coverage of specific topics and the use of language and images promoting positive messages about women.

The gender specialist also ensures that the gender perspective is incorporated into the observations and interviews. If staff are hired for these tasks, the gender specialist assists in training the observers and interviewers to ensure their awareness of gender issues and how they may manifest themselves in an observation or interview. The gender specialist should be involved in as many of the observations or interviews as she feels necessary to ensure that the gender perspective is being incorporated by the observers/interviewers. This will aid in the identification of difficulties that may arise while implementing the evaluation in the given location.

While most of the team should be part of the institution, it is highly recommended that the gender specialist be a person external to the institution. An external gender specialist will be able to see gender-related issues that may not be apparent to those directly involved in the institution. The gender specialist should be someone actively involved in gender-focused programs or research.

Evaluation Specialist. The evaluation specialist keeps a skilled eye on evaluation issues. This person may call on other evaluation personnel inside or outside the institution, but is the person ultimately responsible for calculating sample sizes, selecting samples, training the observers and interviewers and tabulating the questionnaire results. The team evaluation specialist should maintain continual communication with the observers and interviewers to make sure the methodology is correctly implemented and should review completed questionnaires as they come in to ensure the collection of high-quality data. Like the gender specialist, the evaluation specialist should be involved in the observations and interviews to ascertain any difficulties the team may be encountering throughout the application of the methods.

Interviewers and Observers. The primary task of the interviewers and observers is to carry out the methodology correctly. They communicate with the gender and/or evaluation specialist about any difficulties encountered as part of the process. Other tasks may include preparing materials for the Analysis Workshop and participating in the workshop itself.

Team Coordinator. Depending on availability and skills, the team coordinator can either be the gender specialist, the evaluation specialist or the institutional decision-maker on the team. The coordinator is responsible for developing a workplan in consultation with the team and ensuring that all tasks related to the evaluation are completed. The coordinator also liaises with the executive director and with the clinic director. Any necessary negotiations about how the methodology will be implemented are handled by the coordinator, keeping in mind the needs and purpose of the evaluation. The coordinator will serve as the troubleshooter if there is an issue that other members of the team are unable to resolve. A regular meeting time should be established for the team to touch base and bring to the coordinator's attention any difficulties encountered. Finally, the coordinator is responsible for preparing the final report, with input from

team members.

INSTITUTIONAL INVOLVEMENT

Various members of the institution will be involved in implementing the study, particularly in completing administrative and logistical tasks. The clinic director(s) (or other appropriate person) will be key to scheduling the clinic-based evaluation activities and facilitating the cooperation of staff. The clinic director(s), along with other designated staff members, will actively participate in the Analysis Workshop. The executive director will assist when needed to ensure the proper implementation of the methodology. There should be continuous communication between the evaluation team and the institution.

OVERVIEW OF THE STUDY COMPONENTS

This evaluation methodology consists of six instruments that, taken together, assess quality of care from a gender perspective. This complementary qualitative and quantitative approach has been found to provide a useful assessment of the degree to which gender issues have been incorporated into service provision. Each component of the methodology has its own purpose, unit of analysis and procedure. Table 1 outlines the distinct methods, and following Table 1 is a brief outline of each tool. Detailed instructions for each instrument are in Annexes 1 – 6.

TABLE 1

Study Component	Purpose	Unit of Analysis
Observation I: Physical Aspects of the Clinic	Observe the physical aspects of the clinic. <ul style="list-style-type: none"> • General characteristics of the site (upkeep, etc.) • Privacy • Educational materials 	Clinic
Observation II: Client Reception	Observe the quality of service a woman receives starting from the moment she enters the clinic until her consultation begins.	Client-provider interaction
Observation III: Consultation and Counseling	Observe key aspects of a consultation or counseling session from a gender perspective.	Client-provider interaction
Client Exit Interview	Assess the client's perception of the services received at the clinic.	Client
Service Provider Interview	Assess the provider's knowledge about the organization's mission and policies, the institutional climate, consultation and counseling content.	Service provider
Document Review	Determine to what extent a gender perspective is integrated into the policies and structure of the organization.	Institutional documents and educational materials

Observation I: Physical Aspects of the Clinic. This tool is an observation of the clinic itself, and is performed once for each clinic being assessed. The focus of the clinic observation is (1) the general physical organization and upkeep of the clinic; (2) the privacy afforded by the consultation and counseling areas; and (3) the availability and visibility of educational materials.

Observation II: Client Reception. Observation II is an evaluation of the interaction between the clinic and its clients in the reception area. A sample of at least 25 women is observed from the time they enter the clinic until their consultation or counseling sessions begin. Key aspects of the observation are (1) reception of the client; (2) comfort of the waiting area; (3) activities for the client and children while they wait; and (4) general attention to the needs of the client and her children by clinic staff during the waiting period.

Observation III: Consultation and Counseling. This tool is an observation of client-provider interactions during medical consultations or counseling sessions in order to determine the general care received by the client, information conveyed to the client by the provider and how the provider addresses the client throughout the consultation/counseling session. Once the screening form identifies a woman as eligible to participate, she must agree to be interviewed (a consent statement is included in the manual). It is imperative that interviewers record the number of women invited to participate and the number of women who refuse to be interviewed. All of the observations take place in the clinic, and at least 40 women should be observed in their consultations/counseling sessions.

Client Exit Interview. This interview provides information about the client's experience in the clinic. At least 100 women are interviewed as they exit their reproductive health consultation or counseling session, and are asked their opinions about access, waiting times, topics discussed, interpersonal relations with the provider, overall comfort and other issues. A tally is kept of women invited to participate and the number of women who refused to participate. Interviewers should not be directly affiliated with the clinic, and each interview should be conducted in a private area at the clinic in order to maximize the client's comfort and sense of confidentiality.

Service Provider Interview. The purpose of this interview is to assess the service provider's perspective on the role of the institution in reproductive health, the role of the provider within the institution and the role of the provider as a conduit of the institution's mission. These three roles are explored within a gender perspective framework. More specifically, service providers are asked about the existence of mechanisms to obtain input and suggestions by staff and clients, and the content of consultations or counseling sessions. Only staff members who have worked at the clinic for at least one year are eligible to participate. At least two individuals from each category of staff working directly with patients (i.e. doctor, nurse, counselor, etc.) should be interviewed, for a total of no more than 24 interviews.

Document Review. The document review portion of the methodology is a two-pronged approach to determining the extent and quality of the integration of the gender perspective into the policies and structure of the organization. This method requires the use of an individual not affiliated with the organization, preferably a local gender specialist, for successful implementation. It is imperative that the executive director work with the reviewer to obtain the required information and institutional documents. The first portion of the document review is to be completed with the help of the executive director and the director of personnel. This section covers written

institutional policies regarding gender issues, and institutional personnel practices. The second portion is a critical review of the educational materials used by the organization. The reviewer examines the materials for the use of inclusive language and the use of language and images that are discriminatory or non-discriminatory to women.

MODIFYING THE TOOLS

Although we encourage institutions to adapt the tools to meet their local needs, it is important to maintain a certain level of standardization in order to maintain the spirit of the methodology. The organization may see fit to add new questions or to modify existing questions to employ local language. If the institution decides to modify the tools, we make the following recommendations:

- Do not add so many questions that the questionnaire becomes too long or difficult to use;
- Pay close attention to changes in skip patterns; and
- Pretest any adapted questionnaires before using them.

We encourage modification of the questionnaires if their usefulness to the institution is enhanced by the process.

SAMPLE SIZE AND SELECTION

For each tool that requires a sample, a detailed sampling guide is included in the annex with the instrument. These instructions will aid the team in implementing the methods so that the most reliable and generalizable results possible are obtained.

To reduce sampling bias, all possible individuals in the target population must have an equal chance of being selected. In the case of this methodology, *systematic sampling* is employed to ensure a representative sample for Observations II and III and for the Client Exit Interview.¹

DEVELOPING A PLAN OF ACTION

Once the tools have been implemented and the responses tabulated, the institution needs to synthesize the results to develop a Plan of Action. This can be done at an Analysis Workshop in which the evaluation team, management and clinic staff participate.

The process of tabulating responses will identify the issues for discussion during the workshop. Using the evaluation indicators listed in Annex 8, the participants focus their discussion on developing specific actions for improvement for each of the issues identified during the evaluation. In some cases, the group may find that a “question to discuss” does not actually pose a threat to providing quality of care from a gender perspective, so actions for improvement are not necessary. In order to develop effective actions for those issues that do require change,

¹ For further information on sampling issues, please refer to: Alreck PL and Settle RB, *The Survey Research Handbook*, Homewood, Illinois: Richard D. Irwin, Inc., 1985.

participants must consider the organization’s mission and goals, how well each action corresponds to the available resources, staff time and training, and the indicators. In this discussion the client and provider comments made in the interviews should also be considered. Each action should be assigned to a department and individual who will be responsible for its implementation by an established deadline. It is important that these key individuals have the necessary authority to make the stated changes or to assign specific tasks to the appropriate people.

Finally, workshop participants will be responsible for setting a timeline for implementing the Plan of Action. This will ensure that the results of the evaluation are incorporated into the institution. The timeline includes target dates for the implementation of specific actions, and follow-up evaluations of the effectiveness of the actions taken. The indicators can be used to help track changes over time. A detailed procedure for holding the Analysis Workshop and developing the Plan of Action is included in Annex 7.

CASE STUDY

In the three IPPF/WHO affiliates where the methodology was pilot tested – Colombia, Dominican Republic, Peru – the results showed that senior management and staff as a whole are committed to gender and sexual and reproductive health issues. Clients reported being greeted with courtesy and addressed by providers respectfully. Mechanisms exist for the regular assessment of client satisfaction. The broader topics of sexual and reproductive health such as client rights and STI/HIV are covered by various IEC materials and talks.

The results also showed areas that need improvement. For example, the institutions recognized that although they have broadened their institutional mission to include sexual and reproductive health, improvements are still needed in service provision and organizational structure to truly incorporate a gender perspective. The table below lists a few areas that the institutions identified as areas requiring improvement and the proposed actions to address those areas. This table illustrates the usefulness of the instruments to operationalize and improve quality of care from a gender perspective.

TABLE 2

Area for improvement	Action
<p><i>The broader sexual and reproductive health approach is not sufficiently included in consultations and counseling sessions.</i></p> <ul style="list-style-type: none"> • <i>Information on breast and cervical cancer is not always provided.</i> • <i>Clients are not asked about satisfaction with their sex lives.</i> • <i>Knowledge and promotion of dual method use is not widespread among service providers.</i> 	<p><i>Provide more information on the relevant topics to physicians and counselors.</i></p> <p><i>Provide information to clients using various IEC methods.</i></p>
<p><i>Service providers and counselors are not trained on how to handle cases of domestic violence and abuse.</i></p> <p><i>Service providers do not ask about gender violence.</i></p>	<p><i>Train all service providers in the identification and referral or treatment of domestic violence and abuse cases.</i></p> <p><i>Incorporate questions on gender violence into the client history forms and</i></p>

	<i>management information system.</i>
<i>Clients are not aware of their sexual and reproductive rights.</i>	<i>Educate clients about their sexual and reproductive rights as well as their rights as clients.</i>
<i>Clients feel that care is mechanical and impersonal.</i>	<i>Provide training in interpersonal skills.</i>
<i>No written antidiscrimination policy exists.</i>	<i>Develop a written policy explicitly prohibiting gender discrimination and discriminatory practices within the institution.</i>

TIME AND RESOURCES REQUIRED

Time. The total amount of time needed to implement the entire evaluation will depend upon the size of your team and the intensity with which you use the tools. If you have a fairly large team, it may be feasible to implement the tools simultaneously or in a short amount of time. On the other hand, a smaller team may require more time. The tools can be applied in any order, which will most likely be determined by logistical arrangements to be made with the clinic and the availability of staff. The table below outlines the components of the evaluation and their estimated time for completion.

TABLE 3

Task
Prepare for implementation of the studies <ul style="list-style-type: none"> • Convene evaluation team • Develop the workplan for conducting the studies • Meet to orient the institution on study objectives • Train interviewers and observers • Arrange the logistics (travel plans, photocopying instruments, etc.) • Calculate sample sizes and select samples
Implement the six instruments (see Table 4)
Tabulate results
Preparation for the workshop <ul style="list-style-type: none"> • Photocopy tabulations and summary of qualitative data • Make logistical arrangements • Coordinate with participants
Hold Analysis Workshop
Develop final report

The total amount of time devoted to the evaluation by a given organization will vary depending on the many factors that may influence the process. The table below summarizes each of the six tools, approximate time needed to implement them and the required sample size.

TABLE 4

Methodology	Approximate Time Required	Number Required (Sample Size)
Observation I: Physical Aspects of Clinic	½ hour for 1 clinic	1 per clinic
Observation II: Client Reception	½ hour for each observation; 5 observations per day	25 client entry observations
Observation III: Consultation and Counseling	½ hour- 1 hour, depending on the type of consultation; 6 – 8 observations each day (3 – 4 each morning and afternoon)	40 consultation or counseling clients observed
Client Exit Interviews	10 – 15 minutes each; 20 each day (10 each morning and afternoon)	100 clients interviewed
Staff Interviews	10 – 15 minutes each (try to complete within a week-long period, if possible)	20 – 24 staff
Document Review	2 – 3 days (this section is divided into document review and interviews with key staff members and could take 2 – 3 hours to complete)	1 per institution that includes a variety of the institution's documents

Costs. The resources required for the evaluation are modest, as they mainly correspond to fees for all external evaluation team members, staff time and administrative costs. Depending on the distance to the clinic, it may be necessary to provide the interviewers and observers with transportation and *per diem* on the days they will be traveling to the clinic. If the institution chooses to use a database to process the data, it may be necessary to hire an appropriately skilled person to design the database, enter and then process the data. Additional costs will be incurred in photocopying the instruments and creating presentation materials.

PREPARATION FOR CONDUCTING THE STUDY

Step 1: Convene the Evaluation team

The executive director (or other appropriate person) actively seeks out a local evaluation specialist if an internal evaluation expert is not available, and a local gender specialist. Once they have been identified, these people work together to hire skilled interviewers and observers. At this time it is also important to identify the team's liaison to the institution. This person should be at a decision-making level in the institution.

Step 2: Develop the Workplan for Conducting Studies

The team develops a workplan specifying tasks, target dates of completion, person(s) responsible, location and any other necessary information. The workplan serves to move the process along by providing a visual reminder of tasks and target dates for completion. It also serves as a monitoring tool for the coordinator to ensure that all activities are being completed on time by the designated individuals. Finally, it can be used to coordinate with the clinic in scheduling all activities that will be executed in the clinic and avoid interfering with regular clinic

activities.

One way the workplan can be laid out is using (1) a timeline, (2) a task chart and (3) a schedule of implementation. The timeline is the sequence of events from the time the team is convened to the completion of the final report, including target dates for each activity. The task chart breaks down the activities into tasks, if appropriate. Each task has a person or persons responsible, product(s), and a date for completion. The schedule of implementation applies specifically to the two-week period during which the methodology will be applied. It is essentially a calendar for each tool, where the day's activities are noted along with the names of the individuals executing each activity and at what time. If the team wishes to do so, it may also develop a schedule for the Analysis Workshop; this study component should already be included in the timeline and the task chart.

Step 3: Meet to Orient the Institution on Study Objectives

Once the team gender specialist, evaluation specialist and institutional participant with decision-making authority are identified and have familiarized themselves with the evaluation process, they meet to inform key staff about the study. The meeting should include the executive director, the key person identified by the institution to be part of the team, the clinic director and any other relevant or interested personnel. The meeting will provide information about the objectives of the study, an overview of the methodology and its components, the timeline, and institutional involvement. This is a good time to discuss the participation of the clinic and what will be expected from clinic staff. If there are any concerns about the evaluation, this is an opportunity to discuss and resolve them.

Step 4: Train Interviewers and Observers

The interviewers and observers should be trained specifically for each instrument. This includes learning how to select individuals and how to administer the tools. A training guide is included for each instrument that requires these skills.

Step 5: Arrange the Logistics

Checklist

- Make enough copies of each of the instruments based upon the sample sizes calculated (see Step 6);
- Ensure a private space for conducting clinic staff interviews and client exit interviews;
- Make arrangements for travel to the clinic for interviewers and the team conducting the study. This includes arrangements for travel costs and *per diem*, if necessary;
- Make arrangements for the Analysis Workshop:
 - Schedule meeting date and send invitations;
 - Arrange location;
 - Prepare materials for presentations;
 - Photocopy the results, quantitative and qualitative.

Step 6: Calculate Sample Size and Select Sample

The evaluation specialist working with the team determines the best method for selecting the sample, given the specific clinic scenario. This will involve developing a familiarity with staff schedules and the flow of clients in the clinic.

For each tool, this manual provides detailed guides that include recommended sample sizes and methods for selecting the sample. Depending on available time and resources, the evaluation specialist may see fit to tailor the sampling procedure to the particular circumstances of the clinic. It is imperative that any changes made to the calculation of sample size or method of sample selection preserve the spirit of the methodology and yield reliable results.

CONCLUSION / REFLECTIONS

Embarking on this study indicates a commitment, both to excellence in family planning service delivery and to helping women improve their lives. The detailed annexes that follow describe the use of each instrument, but the overall picture remains the same: using concrete measurement tools to examine lofty ideals of increasing levels of health and the exercise of rights.

ANNEX 1

GUIDE TO OBSERVATION I: PHYSICAL ASPECTS OF THE CLINIC

This questionnaire is completed for each clinic being observed, and can be conducted independently of the other components of the methodology. Make sure to remain in the clinic for at least half an hour to complete the observation.

Observer Preparation

The observer should be familiar with the instrument before beginning. The best person to complete this observation is the gender specialist. If the observer is not the gender specialist, the designated person should be trained by the gender specialist to identify the clinic characteristics being examined in the methodology. This review will include the specifics of what to look for as well as a brief explanation of the importance of why we look for such factors in a clinic setting.

Guidelines

Review the Instrument

Before conducting the observation, the observer should read the entire questionnaire, and then review each question in conjunction with the following specific instructions.

General Information

Questions 1 – 7 Write down the observer's name, clinic name, clinic size (i.e. number of clients per week), number of clinic staff, country and city where the clinic is located, and the date and time of the observation.

Clinic Characteristics

Questions 8 –12 This section consists of questions about the different areas or rooms in the clinic. Take into consideration that a room can serve two purposes, for example, for consultations and for counseling.

Mark the appropriate box (YES or NO).

For Questions 8a and 9a, if you do not hear anything (noise, conversation) from outside the consultation room, answer NO.

IEC Materials

Questions 13 –14 This section asks questions about the informational and educational materials in the clinic. In each room or area where clients might go, observe and take note of posters and other IEC materials displayed or available.

For each theme listed in question 14, mark whether at least one IEC material exists on that topic. In the last column, note the room where the material was observed.

Analysis of the Results

Enter the data into the attached tabulation sheet, and then examine the results, paying special attention to any patterns or trends. Is there a particular area where the clinic requires improvement or is doing particularly well? For example, if the observer noted that clients can be heard from within the consultation and counseling rooms, then the analyst can note that the clinic needs to improve the privacy afforded to clients. If the observer records the display of various types of IEC materials on most of the listed themes, then the clinic can be commended for its IEC efforts. Possible areas to look at include:

- privacy;
- clinic facilities; and
- IEC materials.

Based on the analysis of the results, recommendations for improvement can be made.

OBSERVATION I: PHYSICAL ASPECTS OF THE CLINIC

The purpose of this section is to observe the physical aspects of the clinic. This process should take approximately ½ hour, since it requires the observation of different areas within the clinic and completing the questions in the instrument.

General Information

1. Name of Observer: _____
2. Name of Clinic: _____
3. Clinic size (average number of clients per week): _____
4. Number of staff members working at the clinic: _____
5. Country and city: _____
6. Date of observation: _____
7. Observation start time: _____

Clinic Characteristics

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8. Is there a specific area for consultation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Can you hear the client from outside the consultation area? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Can you see the client from outside the consultation area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a specific area for counseling? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Can you hear the client from outside the counseling area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there a specific area where the client can obtain general information on the clinic (written or from staff)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the clinic have a child care area for the time when the mother is in consultation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are the bathrooms satisfactory (clean, stocked, properly functioning)? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

IEC Materials

13. Are there posters hanging on the walls of the clinic?
 Yes
 No

14. Estimate the number of different educational materials (eg. permanent posters on the walls, flyers that clients can take with them) on the following topics:

	Posters	Flyers	Other material	Where?
a. Client rights	_____	_____	_____	_____ _____ _____
b. Sexual and Reproductive Rights	_____	_____	_____	_____ _____ _____
c. Male and Female Human Rights	_____	_____	_____	_____ _____ _____
d. Male / Female Responsibility	_____	_____	_____	_____ _____ _____
e. Family Planning (general)	_____	_____	_____	_____ _____ _____
f. Family Planning Methods (technical)	_____	_____	_____	_____ _____ _____
g. Sexually Transmitted Infections	_____	_____	_____	_____ _____ _____
h. HIV/AIDS	_____	_____	_____	_____ _____ _____
i. Sexual Health/Sexuality	_____	_____	_____	_____ _____ _____
j. Domestic Violence/Abuse	_____	_____	_____	_____ _____ _____
k. Pap smear	_____	_____	_____	_____ _____ _____
l. Breast exams (self-exams)	_____	_____	_____	_____ _____ _____
m. Price list of clinic services	_____	_____	_____	_____ _____ _____
n. Other (specify): _____	_____	_____	_____	_____ _____ _____

Completion time of observation instrument: _____

INSTRUCTIONS FOR TABULATION SHEET FOR OBSERVATION I

- (A) Each row corresponds to the same numbered question on the Observation.
- (B) If the answer to the question is YES, place a check mark (✓) in the box under YES.
- (C) If the answer to the question is NO, place a check mark in the box under NO.
- (D) For each question where the answer is NO, place a check mark in the last column, designating this as a question to be discussed in the analysis workshop.
Note: Questions 8a, 8b and 9a are exceptions. For these questions, put a check in column D if the response is YES.
- (E) Note the total number of check marks in column D. These are the unsatisfactory results.
- (F) Calculate the percentage of characteristics that the clinic met. To get the number of satisfactory results, subtract the total number of checkmarks E from 9. Divide that result by the total number of desired characteristics (in this case, 9) and then multiply by 100. For example, if E shows 3 unsatisfactory results, then $9 - E = 6$ satisfactory ones ($6/9 \times 100 = 67\%$).
- (G) Each row corresponds to the same numbered theme on the Observation.
- (H) For each question, place a check mark in the Posters Available column if there are posters on this theme in the clinic.
- (I) For each question, place a check mark in the Flyers Available column if there are flyers on this theme in the clinic.
- (J) For each question, place a check mark in the Other Materials column if there are other materials available on this theme in the clinic.
- (K) For each question, place a check mark in the last column if there are no materials available on this theme in the clinic, designating this as an Action for Improvement.
- (L) List the areas or places where the educational materials are located (i.e. counter, along the wall, center table, etc.)

TABULATION SHEET FOR OBSERVATION I

(A) Question Number	(B) Yes	(C) No	(D) Question for Discussion (Result not satisfactory) ✓
Clinic Characteristics			
8.			if NO
8a.			if YES
8b.			if YES
9.			if NO
9a.			if YES
10.			if NO
11.			if NO
12.			if NO
13.			if NO
			(E) TOTAL

(F) Percent of the 9 desired characteristics (#8 – #13) that was met:

$$\frac{[9 - (E)]}{9} \times 100 = \text{_____}\%$$

(G) Theme	(H) Posters Available ✓	(I) Flyers Available ✓	(J) Other Material Available ✓	(K) No Materials Available: Action for Improvement ✓
Educational Materials				
14a. Client rights				
14b. Sexual and reproductive rights				
14c. Male/female rights				
14d. Male/female responsibility				
14e. Family planning, general awareness				
14f. Family planning methods				
14g. Sexually transmitted infections				
14h. AIDS/HIV				
14i. Sexual health/sexuality				

14j. Domestic violence/abuse				
14k. Pap smear				
14l. Breast exams (self-exams)				
14m. Price list of clinic services				
14n. Other (specify): _____				

(L) Where are the materials located? _____

Please comment on any trends, themes, or other issues to discuss at the Analysis Workshop:

ANNEX 2

GUIDE TO OBSERVATION II: CLIENT RECEPTION

Sample size

Twenty-five women (minimum) attending the clinic for any sexual or reproductive health service, over the course of the week.

Sample Selection

The observations for this instrument should be done on each day of the week that the clinic is open, even if there are sufficient clients to do it in less time. For the selection of the sample, it is easiest to employ a systematic selection technique. To begin, divide the number of observations to be performed by the number of days per week that the clinic operates. Let's say that there will be 25 observations total and that the clinic is open six days per week:

$$25 \div 6 = 4.16$$

This means that on five days there will be four observations and on the remaining day there will be five observations, for a total of 25.

In order to minimize selection bias, the observations should take place at different times of the day. Most clinics have a morning shift and an afternoon shift. This may be a convenient way to distribute observations throughout the day. So, on a day with four assigned observations, they might be scheduled as follows:

- early morning
- late morning
- early afternoon
- late afternoon

The extra observation can be assigned to any day and to any time of day.

If the clinic sees patients only in the morning, the observer should try to space the observations throughout the morning. If the clinic receives all the day's clients at one time, the observer should make every effort to select the women to be observed randomly as they are seen at the reception area.

Observer Preparation

The observer should be familiar with the instrument before beginning. The team gender specialist and evaluation specialist should hold a training session specifically for the person carrying out Observation II. The training should consist of a question-by-question review of the

instrument, including the specifics of what to look for and examples. A brief explanation of the importance of why we look for such factors in the reception of clients will help bring the instrument into perspective for the observers.

Guidelines

Remember that only women who come in for sexual or reproductive health visits are eligible to participate in the observation. Coordinate with clinic staff who are familiar with the type of service a client is receiving.

General Information

Questions 1 – 5 Write down the observer's name, clinic's name, country and city where the clinic is located, and the date and time of the observation.

Reception Area

Questions 6 –10 The purpose of these questions is to observe the treatment a woman receives during reception at the clinic. Note whether the client's reception to the clinic included any of the characteristics identified on the list.

Mark the appropriate box (YES or NO).

In the "Comments" section after question 10, note any observations related to the treatment the client received during her visit that were not included in questions 6 – 10. For example, if a system of taking numbers or appointments is used, a comment could be made on whether it worked in this client's case.

Waiting Area

Question 11 Sit in the waiting area and observe what the client does. For each of the activities listed, check each activity you observe.

Mark the appropriate box (YES or NO) for each of the activities you observe.

- Educational video: A video that is related to sexual and reproductive health.
- Informal talk: Informal presentation on any theme related to sexual and reproductive health. An informal talk does not involve discussion with the clients.
- Group discussion: An informal discussion between clients and a clinic staff member (e.g., an educator or counselor).
- Educational reading materials: Booklets and/or pamphlets available on sexual and reproductive health topics.
- Television Programs: Any television program not related to sexual and reproductive health.

Questions 12 –18 Many women come to the clinic with their children, so these questions explore how the clinic responds to the childcare needs of their clients. Observe what the children are doing in the waiting area, what types of activities are available to entertain children and what interactions take place between the clinic staff and the children and their mothers.

Mark the appropriate box (YES or NO) and make any comments where indicated.

Questions 19 – 20 Mark the appropriate box (YES or NO) and, if there any clients who do not have a seat in the waiting area, note how many.

In the “Comments” section after question 20, note any observations related to handling children or other waiting room issues.

NOTE: In order to ensure the collection of high-quality data, it is imperative that the evaluation specialist review all completed observations on a daily basis. This will enable the specialist to correct any problems as needed.

Analysis of the Results

Enter the results in the attached tabulation sheet. If the institution has the necessary resources, the data can be entered into a database and analyzed using a computer.

Examine the results of the observation paying special attention to any trends in the data. Is there a particular area where the clinic reception requires improvement or is doing particularly well? Do any general themes or behaviors recur? Do specific points or entire areas need improvement? For example, if in the majority of observations it was noted that there is no area for changing a child’s diapers, the staff seem to dislike the presence of children and no childcare exists, then the analyst can note that there is a problem in the accommodation of women with children. On the other hand, if the majority of observations record IEC activities for clients as they wait, then the clinic can be commended for its IEC activities.

Based on the analysis of the results, recommendations for improvement can be made.

OBSERVATION II: CLIENT RECEPTION

The purpose of this section is to observe a client from the moment she enters the clinic until she meets with the service provider.

General Information

1. Name of observer: _____
2. Name of clinic: _____
3. Country and city: _____
4. Date of observation: _____
5. Observation start time: _____

Reception Area

Mark all the activities that are carried out in the reception area.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. Is the client greeted upon entering the clinic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is she courteously asked how she may be helped? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is she told where she should go (seated, a particular line)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is she informed of the approximate waiting time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is she invited to take a seat? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Waiting Area

- | | | |
|--|--------------------------|--------------------------|
| 11. Are any of the following activities carried out in the waiting area? | Yes | No |
| a. Educational videos | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Informal talks | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Group discussions with staff | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Provision of educational materials | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Television programs (not educational) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

12. Is there anything (books, games, etc.) to entertain children in the waiting area?

a. If so, specify: _____

13. Is there a specific childcare area?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14. Are there any staff members available to take care of children?

15. Are children allowed in the consultation room if the mother requests it?

16. In general, do staff demonstrate a positive attitude towards children at the clinic?

17. Do staff help watch children?

18. Is there an area available for women to change their children's diapers?

19. Are there sufficient seats in the waiting areas?

20. How many clients are standing due to unavailable seating? _____

Comments: _____

Observation end time: _____

INSTRUCTIONS FOR TABULATION SHEET FOR OBSERVATION II

- (A) Note the total number of observations performed. This should equal the total number of Observation II sheets completed.
- (B) Each row corresponds to the same numbered question in the guide.
- (C) For each question, note the total number of NO responses for all completed guides.
- (D) For each question, divide the number of NO responses (C) by the total number of observations (A) and then multiply by 100. Note the percentage in column D for each question.
- (E) For each question, if the result in column D is 5% or higher, place a check mark (✓) in column E.
- (F) Add up the number of people standing due to unavailable seating during all of the observations (question 20).
- (G) Calculate the average number of clients standing due to unavailable seating. Divide your total for (F) by the total number of observations (A).

TABULATION SHEET FOR OBSERVATION II

(A) Total number of observations: _____

(B) Question Number	(C) Number of NO responses	(D) % of Observations with NO responses [(C) ÷ (A)] x 100	(E) Action for Improvement (at least 5% NO response) ✓
Reception Area			
6.			
7.			
8.			
9.			
10.			
Waiting Area			
11a.			
11b.			
11c.			
11d.			
11e.			
11f.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

(F) Sum of the responses for question 20 = _____

(G) Average number of clients standing due to unavailable seating: (F) ÷ (A) = _____

Please comment on any trends, themes, or other issues to discuss at the Analysis Workshop:

ANNEX 3

GUIDE TO OBSERVATION III: CONSULTATION AND COUNSELING

The purpose of this section is to observe the medical consultation or counseling session. New users who request family planning, gynecology or sexual and reproductive health counseling services are eligible to participate. Do not forget to obtain consent from the client before beginning the observation. Keep track of the number of clients who decline to participate.

Sample size

Forty women (minimum) attending the clinic for sexual or reproductive health services, over the course of one week.

Sample Selection

Women are eligible to participate if they are seeking sexual and reproductive health counseling or consultation services (eg. gynecology, family planning, STDs).

If the clinic is structured in such a way that consultations and counseling sessions are conducted separately, do the observation for 20 consultations and 20 counseling sessions. If the consultations and counseling sessions are done together, do 40 observations. The observations should be divided as described below:

Clients should be chosen systematically in order to reduce the possibility of selection bias. Although it may not always be feasible to use systematic sampling due to the patient flow of the clinic, it should be employed to the extent possible. Some observations for this instrument should be done on each day of the week that the clinic is open.

Step 1

To begin, divide the number of observations desired by the number of days per week that the clinic operates. For example:

$$40 \text{ observations} \div 5 \text{ days in the workweek} = 8 \text{ observations per day}$$

One observer can do about 4 observations per day, so:

$$8 \text{ observations per day} \div 4 \text{ observations per day per observer} = 2 \text{ observers}$$

If only one observer can be hired or if the clinic has a low volume of sexual and reproductive health clients, it is better to lengthen the study period to more than one week in order to capture at least 40 clients, than to accept a smaller sample size. The study length should always be extended in increments of entire weeks (1 week, 2 weeks, 3 weeks, etc), and some observations carried out on each day that the clinic operates.

Step 2

Next, for each day, determine how many clients will attend the clinic for SRH services. In some cases, a list of the day's clients exists and can be used. If a list does not exist, talk to the clinic staff to obtain an estimate.

Divide the number of expected clients by the number of scheduled observations. For example, if the expected number of clients on a given day is 64 and eight observations are scheduled:

$$64 \text{ clients} \div 8 \text{ interviews} = 8$$

This is the *sampling interval*. A sampling interval of 8 means that every 8th client should be interviewed.

Step 3

Next, choose a random number between 1 and 8 (your sampling interval) to indicate the *random start*.¹ In this example, say that a 3 is drawn as the random start. Since the sampling interval is eight and the random start is three, you will start with the third client and select every eighth client. If a client declines to participate or is in the clinic for a service other than reproductive or sexual health, simply ask the next client who enters. Use the same random start each day.²

Alternative to Systematic Sampling

If client flow is such that systematic sampling is not feasible, for example if there are fewer than four clients per day, obtain the number of observations, sampling interval and random start as explained above. After the first observation is complete, simply take the next available client, without trying to stay within the sampling interval. Continue taking the next available client until the target number of observations has been completed.

Observer Preparation

The observer should be familiar with the instrument before beginning. The gender specialist and evaluation specialist should hold a training session specifically for those who will be performing Observation III. The training should consist of a question-by-question review of the instrument, including the client consent statement, specifics of what to look for and examples. A brief explanation of why we look for such factors in counseling sessions and consultations will help bring the instrument into perspective for the observers.

¹ To choose a random number, place slips of paper with one number each written on them into a container. Use the numbers 1 through your sampling interval (stop at 3 for an interval of 3, stop at 8 for an interval of 8, etc.). Draw one number out of the container and use it to select the first client to be observed.

² If there is more than one interviewer, but only one starting point (reception area/entry point) for clients, then the interviewers should follow the same random start. For example, interviewer 1 takes client #3, interviewer 2 takes client #11, etc. If the different interviewers are using different entry points (e.g., if a hospital or clinic has two possible reception/entry areas from which the sample of clients may be drawn), then each interviewer should select and follow a separate random start.

Client Consent

Before beginning the client observation, it is important to obtain her consent. Read the Informed Consent Statement on the questionnaire *verbatim*. Inevitably, there will be women who decline to participate in the study. If a woman initially declines, try to obtain her participation, but if she continues to decline, simply thank her for her time. **It is important to keep a record of the number of women who refuse to participate.**

Guidelines

General Information

Questions 1 – 5 Write down the observer's name, clinic's name, country and city where the clinic is located, and the date and time of the observation.

Reason for visit

Question 6 Mark the appropriate box(es).

If the client came in for an "other" service, she is not eligible to participate in the observation. Keep a tally of the number of women who are ineligible. Keep, do not discard, the sheets showing the responses to questions 1 – 6 on the ineligible clients.

Professional in charge of the counseling/consultation

Question 7 Mark the type of professional (ie. nurse, doctor, etc.) conducting the counseling/consultation.

If more than one person is in the consultation area, do not mark the profession of the person assisting - only the main person *responsible* for the consultation.

How the professional addresses the client

Question 8 Mark the appropriate box (YES or NO) for each option.

Information provided

Question 9 Mark YES or NO for each applicable topic.

This can be verbal or written information provided to the client. If the professional provides written information, make sure to note whether the service provider asks the client whether she can read.

Topics covered

Question 10 Mark YES for each of the topics covered during the consultation. If the topic was appropriate to mention but was not mentioned, mark NO. If the topic was not appropriate to mention, mark NA.

General care received

Question 11 Mark YES for each of the practices exhibited by the provider. If the practice did not occur, mark NO. If it was not appropriate to do, mark N/A.

Discriminatory language refers to gender-based stereotypes.

Examples of discriminatory language are references to a woman as docile, weak or powerless. Other images include men who are violent, irresponsible or controlling.

Client expresses discomfort

Question 12 Observe and take note of whether the woman expresses any discomfort or unease. For example, note whether she feels ashamed to get undressed for a gynecological exam or seems to feel discomfort with a male doctor. Also take note of any physical discomfort a client may express either verbally or through body language. Explain how the service provider responded.

Question 13 Note whether the service provider asked the client whether she felt uncomfortable with the presence of an observer (the person filling out this Observation.)

Question 14 Observe how the service provider addresses the client. Take note of whether the service provider looks directly at the client and explains the clients' situation or whether she/he is distracted while talking to the client.

Question 15 Note whether the service provider explained what she/he was doing during the pelvic exam.

Question 16 Note whether the service provider dedicated her/his full attention to the client during the consultation. It is understood that situations arise when the service provider will be interrupted during the consultation. However, unless there is an emergency, the service provider is expected to concentrate efforts on the consultation and client.

Question 17 Observer should feel free to add any further observation on any aspect of the consultation that she/he feels is important and is not included in the Observation.

Observer's reactions The observer attempts to put herself "in the client's shoes" and describe how she thinks the client felt.

Analysis of the Results

Enter the results in the attached tabulation sheet. If the institution has the necessary resources, the data can be entered into a database and analyzed using a computer. The qualitative data

should be consolidated and summarized, without losing too much detail. Themes or comments should be tabulated and then ranked according to how often they were voiced. A sample tabulation sheet for the qualitative data is attached.

Examine the results of the observation, paying special attention to any trends in the data. Is there a particular area where the service providers require improvement or are doing particularly well? Do any general themes or behaviors recur? Do specific points or entire areas need improvement? For example, if in the majority of observations, service providers failed to greet clients in an appropriate manner, then the analyst can note that there is a problem with how providers in the clinic are addressing their female clients. On the other hand, if in the majority of observations, service providers used simple language to explain the details of diagnoses and treatments and asked the clients whether they had questions, then it can be said that providers are communicating clinical information well to clients. Suggested categories to analyze are:

- greeting of the client and overall interpersonal relations;
- provision of information (coverage and clarity); and
- opportunities for dialogue.

Based on the analysis of the results, recommendations for improvement can be made.

OBSERVATION III: CONSULTATION AND COUNSELING

Informed Consent Statement

We are conducting a study to improve the quality of services at this clinic. As part of the study, we are observing medical consultations and counseling sessions. We only want to analyze the quality of attention that the clinic staff provide to clients in order to get a better idea of how to improve these services. We hope that you can help us by agreeing to have me observe your visit today. I will not take your name or the specifics of your visit; I am only interested in the treatment you receive during your time here. Your participation or refusal to participate in this study will not affect the services you receive here in any way.

General Information

1. Name of observer: _____
2. Name of clinic: _____
3. Country and city: _____
4. Date of observation: _____
5. Observation start time: _____

The Visit

Mark the box (or boxes) that best describes the reason for the client's visit.

6. Type of visit:

- a. Family planning consultation (new)
- b. Family planning counseling
- c. STI counseling
- d. Gynecological consultation (specify)
 - Breast exam
 - Pap smear
 - STI diagnosis or treatment
 - Pregnancy test
 - Gynecologic (general)
 - Family planning
- e. Other (specify) _____ →

If "Other" is not related to sexual and reproductive health, then this client is not eligible.

"Thank you for your time."

End the interview

Mark the box that best describes the person in charge of the consultation/counseling session. Mark only one.

7. Professional in charge of consultation/counseling session:
- a. Nurse
 - b. Auxiliary nurse
 - c. Doctor (general)
 - d. Obstetrician
 - e. Educator/Counselor
 - f. Other (specify) _____

Mark YES or NO for each question.

8. Please take note of how the health professional addresses the client.
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Greets the client | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Introduces herself/himself with name | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Addresses client as Ms./Mrs./Miss (last name) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Addresses client by her first name | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Uses diminutives (e.g. honey, dear, babe) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If so, please specify diminutive(s): _____ | | |

9. The health professional provided the client with information on the following:
- | | Yes | No |
|-------------------------------------|--------------------------|--------------------------|
| a. STI/HIV prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cervical cancer prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breast cancer prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Prevention of unwanted pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

10. The health professional addressed the following topics:
- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| a. Client's satisfaction or dissatisfaction with sexual life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sexual abuse or mistreatment in sexual relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Risk of STI/HIV infection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Client's feelings of vulnerability or inferiority in sexual relations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Partner's attitude toward family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Involvement of partner in use of contraception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Negotiation of condom use with partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Dual method use (protection against unwanted pregnancy and STI/HIV at same time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How to prevent an unwanted pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Advantages/disadvantages of contraceptive methods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Appropriateness of treatment prescribed to the client's lifestyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other (specify): _____ | | | |

General Care Received

10. Please note how the health professional communicates with the client.

The health professional:	Yes	No	N/A
a. Used simple language (that the client could understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explained the details of the diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used illustrative materials (drawings, pictures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recommended or prescribed treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Explained the details of the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asked the client if she had questions/doubts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Avoided using discriminatory language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If the client expressed discomfort or concerns during the physical exam, explain how the health professional reacted to the situation.

	Yes	No	N/A
13. Did the health professional ask the client whether she felt uncomfortable with the observer's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did the health professional look at the client while explaining the diagnosis or treatment to her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. While conducting the pelvic exam, did the health professional explain to the client the steps of what she/he was doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did the health professional dedicate the entire consultation time to the client without any interruptions (such as personal phone calls or conversations with other staff)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please provide any other observations:

Observer's reactions: How do you think the client felt? Explain.

Record observation end time: _____

INSTRUCTIONS FOR TABULATION SHEET FOR OBSERVATION III

- (A) Write the total number of women who were approached and invited to participate in the study.
- (B) Write the number of women who declined to participate.
- (C) Write the total number of observations completed.
- (D) Each row corresponds to the same numbered question on the guide. In this column, mark the total number of times the box was checked.
- (E) Each row corresponds to the same numbered question in the guide.
- (F) For each question, mark the total number of YES responses, the total number of NO responses and the total number of NOT APPLICABLE responses in the indicated columns.
- (G) Calculate the percentage of negative responses for each question.
FOR EACH QUESTION:
 - (1) Sum YES + NO + N/A = TOTAL
 - (2) Divide the amount in the NO space by the TOTAL and multiply by 100.

Note: For 8d and 8e you will calculate the percentage of YES responses.

 - (1) Sum YES+NO+N/A= TOTAL
 - (2) Divide the amount in the YES space by the TOTAL and multiply by 100.
- (H) For each question, if the result in column G is 5% or higher, place a check mark (✓) in column H.

TABULATION SHEET FOR OBSERVATION III

(A) How many women were invited to participate in the study? _____

(B) How many women declined? _____

(C) Total number of observations: _____

Question	(D) Total
Type of Visit	
6a. SRH consultation	
6b. SRH counseling	
6c. STD counseling	
6d. Consultation	
• Breast exam	
• Pap smear	
• STD diagnosis and treatment	
• Gynecologic (general)	
• Family planning	
• Other	
Professional in charge	
7a. Nurse	
7b. Auxiliary nurse	
7c. Doctor (general)	
7d. Obstetrician	
7e. Educator/Counselor	
7f. Other	

(E) Question	(F) Number of Responses			(G) % NO Response	(H) Question for Discussion (>5%) ✓
	Yes	No	N/A		
8a.					
8b.					
8c.					
8d.				% Yes = _____	
8e.				% Yes = _____	
9a.					
9b.					
9c.					
9d.					
9e.					

10a.					
10b.					
10c.					
10d.					
10e.					
10f.					
10g.					
10h.					
10i.					
10j.					
10k.					
10l.	Not applicable/ Open-ended question				
11a.					
11b.					
11c.					
11d.					
11e.					
11f.					
12.	Not applicable/ Open-ended question				
13.					
14.					
15.					
16.					
17.	Not applicable/ Open-ended question				

Please comment on any trends, themes, or other issues to discuss at the Analysis Workshop:

SAMPLE QUALITATIVE DATA TABULATION SHEET

Below are fabricated responses to question 12 on the Observation. This format can be adapted and employed for the tabulation of all qualitative data.

Question 12: If the client expressed discomfort or concerns during the physical exam, explain how the health professional reacted to the situation.

(A) Response	(B) Tally of response by clients of counseling and consultation	(C) Tally of response by clients of consultation only	(D) Total
The health professional stopped the exam to discuss the client's concern			7
The health professional stopped the exam altogether			4
The health professional ignored the client's discomfort and/or concerns			1
The health professional tried to alleviate the discomfort			21
		Total	33

In this example, 33 observations were made of clients expressing discomfort or concerns during the physical exam. In column A each distinct behavior observation is recorded. In column B there is a tally mark for each time this behavior was observed with clients who came in for counseling and consultation. Column C contains tally marks for each time the behavior was observed with clients who came in for a consultation only. The total number of times each behavior was observed (B + C) is marked in column D. Based upon these results, the team will decide which issues need to be addressed.

ANNEX 4

GUIDE TO CLIENT EXIT INTERVIEW

This tool measures client satisfaction with the services provided in a clinic. If at least 5% of clients interviewed respond negatively to any one question (showing dissatisfaction), the area of quality represented by that question is considered an area for improvement. The clinic then develops and implements actions to address the areas needing improvement.

Instrument Review

The client exit interview instrument provided here is a model questionnaire. The team may find it necessary and/or desirable to review and modify the questionnaire so that the language and terminology are appropriate to the local context. Care should be taken not to change the meaning of the questions. Most of the questions have been tested in a number of sites, and so we recommend that the evaluation team make only minor modifications.

Sample Size

The recommended minimum sample size for this method is 100 clients. This number represents a compromise between statistical precision and the feasibility of application within a reasonable amount of time. The true required sample size for estimating proportions may be smaller or larger, depending on the degree of accuracy desired and assumptions about the expected proportion of the population demonstrating dissatisfaction. This required sample size could be as low as 73 or as high as 243.¹ These parameters have been widely employed in facility-based studies, including in IPPF/WHR's Client Satisfaction Surveys.²

We recommend interviewing all clients over a one-week period, making sure to select clients on each day of the week that the clinic operates. If resources are sufficient and client flow is large enough, a larger sample size is preferable. In a smaller clinic, where the flow of clients is not large enough to complete 100 client exit interviews within a reasonable study period, the size of the sample can be reduced. It is important to remember, however, that this will affect the reliability of the results. If fewer than 73 interviews are carried out, the results will not be statistically reliable, however they may still be useful. **If conducting 100 interviews is not feasible within a one-week period, it is better to extend the study period than to reduce the size of the sample.**

¹ If a 95% confidence level is desired, and if negative response is expected to be about 5%, the required sample size is 73. However, if we expect dissatisfaction for certain variables to be as high as 20%, the sample size would be 243 (can be rounded to 250).

² Williams T, Cuca Y and Schutt-Ainé J, *Client Satisfaction Surveys for Improved Family Planning Service: A User's Manual*, IPPF/WHR: April 1998.

Sample Selection

Some interviews should be done on each day of the week that the clinic is open. The recommended technique for selecting the sample varies according to the size of the clinic and the desired sample size. In clinics with a relatively low client volume, particularly those that serve fewer than 73 clients per week, the technique used will be a *census*, meaning that every client is interviewed during a defined period of time (one or more weeks). Using a census approach reduces sampling error and sampling bias related to the selection of respondents.

Based on client volume, estimate the number of weeks required to achieve the desired sample size of 100 or more clients. The period specified should be in full-week increments, even if the desired sample size is exceeded.

In large clinics (over 100 clients per week), different approaches can be taken. One option is to take a census sample over a one-week period, making sure to cover every day of operation. The second option is to determine the appropriate sample size and employ systematic sampling to select individuals (see description below). The table below summarizes these options.

Clinic Size (number of clients per week)	Suggested Sampling Technique	Minimum Sample Size	Time Required
Less than 100 clients per week	Census*	100	≥ 2 weeks
More than 100 clients per week	Census* or systematic sampling	100	1 week

* In a census, all clients (of sexual and reproductive health services) seen in the clinic during the study period are interviewed.

Here is an example of systematic sampling. Clinic Paz sees approximately 300 clients per five-day workweek. To take a sample of 100, they must interview 20 clients per day over the course of the week:

$$100 \text{ interviews} \div 5 \text{ days in the workweek} = 20 \text{ interviews per day}$$

To choose which 20 individuals to interview each day, a random approach is preferred, to avoid bias. Clinic Paz sees about 60 clients per day, so they would have a sampling interval of 3:

$$60 \text{ clients per day} \div 20 \text{ interviews per day} = 3$$

A sampling interval of 3 means that every third client should be interviewed.

To determine which individual to select for interviews, first choose a random number between 1 and 3 (your sampling interval) to indicate the *random start*.³ In this example, say that a 1 is drawn

³ To choose a random number, place slips of paper with one number each written on them into a container. Use the

as the random start. Since the sampling interval is three and the random start is one, you will start with the first client and select every third client. If a client declines to participate or is in the clinic for a service other than reproductive or sexual health, simply ask the next client who enters. Use the same random start each day.⁴

Interviewer Selection

It is strongly recommended that skilled, experienced interviewers conduct the client exit interviews. Some questions are potentially sensitive and may require someone with experience to draw answers from a client without making her feel uncomfortable.

The number of interviewers hired will depend on the number of women to be interviewed and the length of the study period. You will need approximately one interviewer for each four clients served at the clinic per hour. Although the questionnaire itself takes only 10 – 15 minutes to administer, there is a limit to the number of questionnaires a single interviewer can apply in an hour. Based on this information, the team evaluation specialist will calculate the number of interviewers needed to carry out the interviews efficiently and effectively.

Interviewer Preparation

The interviewers should be familiar with the instrument before beginning. The gender specialist and evaluation specialist should hold a training session specifically for those who will be performing the client exit interview. The training should consist of a question-by-question review of the instrument, including the client consent statement, specifics of what to look for and examples. The interviewers should practice interviewing each other until everyone has administered the questionnaire at least once, while the team evaluation specialist and gender specialist supervise. Finally, the evaluation specialist should stress the importance of following the sampling scheme to ensure its proper application.

Selection of the Interview Area

Privacy is important for conducting the exit interviews. Clients must be assured that their individual responses will not be heard by or shared with clinic staff, other clients or anyone else. The interviewer should try to maintain a friendly, inviting environment for the client to respond to the questionnaire. It is important that the interviewer show interest in what the client has to say.

numbers 1 through your sampling interval (stop at 3 for an interval of 3, stop at 8 for an interval of 8, etc.). Draw one number out of the container and use it to select the first client to be observed.

⁴ If there is more than one interviewer, but only one starting point (reception area/entry point) for clients, then the interviewers should follow the same random start. For example, interviewer 1 takes client #3, interviewer 2 takes client #6, etc. If the different interviewers are using different entry points (e.g., if a hospital or clinic has two possible reception/entry areas from which the sample of clients may be drawn), then each interviewer should select and follow a separate random start.

General Instructions

Coordinate with clinic staff. Each clinic is structured differently. It may be useful to find out who the clients see prior to exiting the clinic and coordinate with that person to send clients to be interviewed.

Approach the client. When the client is ready to leave the clinic (or when she has completed her consultation/counseling session), invite her to participate in the interview. Read the introduction to the client.

Determine client eligibility. The questions on the Exit Interview Selection Criteria form (see attached) are used to determine whether a client is eligible and willing to participate in the interview. The majority of the questions in the interview guide are related to sexual and reproductive health services, therefore, women seeking that type of service will be better able to answer the questions in the interview guide.

Choose only women who came to the clinic for the following services:

- A **gynecological consultation or counseling session** includes, for example Pap smears, breast exams, pregnancy tests, menstrual problems, and prevention, diagnosis and treatment of STDs and RTIs.
- A **family planning consultation or counseling session** includes services related to all traditional and modern family planning methods (rhythm, Billings, withdrawal, pill, diaphragm, male or female condom, IUD, foam, jelly, vaginal tablets, Norplant, injection, male or female sterilization). First-time family planning users as well as women who come for a follow-up visit are eligible. In some cases, it is possible that a woman going to the clinic for a follow-up visit does not go for a counseling or consultation visit. In such cases, she should not participate in the interview. If the clinic has a system whereby the family planning follow-up clients see the health professional for a medical consultation or counseling session, she can participate in the interview.

Guidelines for Exit Interview Selection Criteria

Questions 1 – 5 Write down the observer's name, clinic's name, country and city where the clinic is located, and the date and time of the observation.

Read the italicized statement verbatim.

Question 6 Ask the client what type of service she came in for today, and check the corresponding box. If she mentions a service not listed, she is not eligible to participate in the survey. In this case simply write down the type of service in the space marked "other" and thank the client for her time. Do not continue.

Do not discard the selection criteria eligibility form. Forms should be reviewed to ensure that the appropriate women are being interviewed.

Question 7 If the client is eligible, ask whether this is her first visit to the clinic.

Guidelines for the Client Exit Interview

The questionnaire is divided into four sections: general information, acceptability of services, acceptability of information on the consultation and interpersonal relations. Introduce each section before starting it. For example, you could say, "I am now going to ask you a couple of questions on your medical consultation." By introducing each section, the client will know in advance what the questions are about. Try to obtain an answer for each question.

General Information

Question 1 Ask the client her age.

Question 2 Ask this question as it is written. Then ask which was the last level of school the client finished, then ask which was the last grade. Try to obtain responses to both parts, level and exact grade completed.

Acceptability of Services

Question 3 Ask the client if the clinic hours were convenient for her. If she responds NO, then ask her why the hours were not convenient. Write down her response in her own words as much as possible.

Question 4 Ask the client what she would have done had she not gone to the clinic today. Write out everything she says.

Question 5 Ask the client if she had to make special arrangements in order to go to the clinic. Read the examples provided. If her response is YES, ask her what arrangements she had to make.

Question 6 Ask the client what day and time are most convenient for her to visit the clinic. Take note of the day and time she mentions. If she provides more than one response, write down everything she says.

Question 7 Ask the question as it is written.

Question 8 After asking "Approximately how long did you have to wait?", let the client respond; then, fill out the corresponding category. If the client says she doesn't know, read the possible response categories so that she can choose the category that closest represents the amount of time she spent waiting.

Questions 9 – 11 The purpose of these questions, is to find out whether the clinic provides any educational material or educational lectures/talks. Take note of everything the client mentions. Probe with, "Anything else?"

Information on the Consultation

- Question 12 The purpose of these questions is to find out if the client found the clinic comfortable. Ask the question as written. If the client answers NO, be sure to ask her why not and write down everything she says.
- Question 13 The purpose of this question is to determine whether the service provider's gender inhibits or makes the client feel uncomfortable. Ask the question as written and mark the appropriate box. If the client states that she did not feel comfortable during the consultation, make sure to ask why.
- Question 14 When asking why, find out the reason for the client's gender preference. If she responds "No preference" there is no need to ask why.
- Question 15 This section contains three options for each topic (letters a-j). Go through each topic and circle whether the client felt that the topic was discussed enough; discussed, but not enough; or not discussed.
- Question 16 Try to identify the topic discussed that made the client feel uncomfortable. Take note of the responses.

Interpersonal Relations

- Question 17 Read each of the five questions (a – e) and record whether she responds with "In a friendly way" or "In an unfriendly way". If the client responds "In an unfriendly way" ask how and fill in her response in the blank.
- Questions 18 – 22 These questions are simple and require a YES/NO response. If the client responds NO, ask her why.
- Questions 23 – 24 After asking the question, write the client's entire response, in her own words to the extent possible.
- Probe: "Anything else?"

Thank the client for her participation.

Analysis of the Results

Enter the results in the attached tabulation sheet. If the institution has the necessary resources, the data can be entered into a database and analyzed using a computer. This provides the option of analyzing data by age and education as well. The qualitative data should be consolidated and summarized, without losing too much detail. Themes or comments should be ranked according to how often they were voiced.

Examine the results of the client exit interview, paying special attention to any trends in the data. In general, were the clients satisfied or dissatisfied with the clinic? Were there certain aspects of the clinic that stood out as unsatisfactory or particularly satisfactory? Did clients mostly feel

comfortable with the person who attended them? If not, what information does the qualitative data yield on why clients were uncomfortable? What did the clients reveal about staff practices, especially those of providers? Are staff fostering positive environments where clients can ask questions? Overall, do a few specific points or entire areas need improvement? Suggested categories for analysis include:

- acceptability of services;
- client comfort during counseling session or consultation;
- information covered during the counseling session or consultation;
- client perceptions of staff attitudes;
- information clarity and comprehension by client; and
- client suggestions.

Based on the analysis of the results, recommendations for improvement can be made.

EXIT INTERVIEW SELECTION CRITERIA

1. Name of interviewer: _____
2. Name of clinic: _____
3. Country and city: _____
4. Date: _____
5. Time: _____

We are conducting a study to assess the quality of care at this clinic and we are asking clients about their level of satisfaction with the service provided. This information will be used to improve the clinic services. We hope that you can help us by agreeing to let me interview you today. I will not take your name. Your participation or refusal to participate in this study will not affect the services you receive in any way.

This questionnaire includes several questions related to sexual and reproductive health services. In order to ensure that you are eligible to participate in this survey, I will ask you a couple of questions about the type of service you came in for today. If you are eligible, the interview will take about 10 – 15 minutes, and your answers will be kept completely confidential and anonymous.

6. What type of service did you come for today?
- a. Family planning consultation (new)
 - b. Family planning counseling
 - c. STI counseling
 - d. Gynecological consultation (specify)
 - Breast exam
 - Pap smear
 - STI diagnosis or treatment
 - Pregnancy test
 - Gynecologic (general)
 - Family planning
 - e. Other (specify) _____ →

If "Other" is not related to sexual and reproductive health, then this client is not eligible.

"Thank you for your time."

End the interview

7. Is this your first time visiting this clinic?
- Yes _____
- No _____

CLIENT EXIT INTERVIEW

General Information

1. How old are you? _____
2. What was the last level and grade of schooling you completed? (Circle the level and write the grade).

Level		Grade
I did not attend school	<input type="checkbox"/>	_____
Primary incomplete	<input type="checkbox"/>	_____
Primary complete	<input type="checkbox"/>	_____
High school incomplete	<input type="checkbox"/>	_____
High school complete	<input type="checkbox"/>	_____
University or more	<input type="checkbox"/>	_____

Acceptability of Services

3. Are the clinic hours convenient for you?
Yes 1
No 2 → Why not? _____
4. Normally, what would you have done if you did not have to come to the clinic today?

5. Did you have to make special arrangements in order to come to the clinic today (for example, did you have to get a baby sitter to take care of your kids, or did you have to take time off from work)?
Yes 1 → What arrangements? _____
No 2
6. What would be the best day and time for you to come to the clinic?
Day: _____ Time: _____
7. Did you find the waiting time acceptable?
Yes 1
No 2

8. Approximately how long did you have to wait throughout your entire visit?
- Less than 15 minutes
 - Between 15 and 30 minutes
 - Between 30 minutes and 1 hour
 - More than one hour
9. What did the clinic provide you with to pass the waiting time? _____

10. What did you do during your wait? _____

11. Do you have any suggestions on better ways to spend the waiting time? _____

Information on the Consultation

12. During the consultation, did you find the room where you had your exam to be comfortable?
- Yes 1
- No 2 → Why not? _____
13. Who attended to you during the consultation/counseling session?
- | | Man | Woman | Did you feel comfortable speaking with him/her? | | |
|----------------------------------|--------------------------|--------------------------|---|--------------------------|----------|
| | | | Yes | No → | Why not? |
| a. Doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Counselor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Other clinic staff (specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
14. Would you prefer to be seen by a man or woman?
- Man → Why? _____
- Woman → Why? _____
- No preference → go to #15

15. During your consultation or counseling session, did you and the service provider discuss the following topics? *Mark all that apply.*

	Discussed enough	Discussed but not enough	Did not discuss
a. The importance of breast self-exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The importance of getting regular Pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk of STI or HIV/AIDS infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Partner's attitude toward family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ways to involve your partner in family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ways to negotiate condom use with your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dual method use (protection against unwanted pregnancy and STI/HIV at the same time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Satisfaction or dissatisfaction with your sexual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Abuse or mistreatment in your sexual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Did you feel uncomfortable speaking about any of the above mentioned topics?

Yes 1 → Which topics? _____
 No 2

Interpersonal Relations

	In a friendly way	In an unfriendly way	→ How so?
17a. How were you treated by the nurse practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17b. How were you treated by the doctor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17c. How were you treated at the reception area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17d. How were you greeted by the clinic staff when you arrived?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17e. Overall, how were you treated by clinic staff?	<input type="checkbox"/>	<input type="checkbox"/>	_____

18. Were the explanations provided during your consultation/counseling session easy to understand?

Yes 1
 No 2 → Please explain _____

19. Did the service provider use drawings or visuals in his/her explanations?

Yes 1 → go to #19a

No 2 → go to # 19b

19a. Do you think that helped you understand better?

Yes 1

No 2 → Why not? _____

Go to #20.

19b. Would you have liked the service provider to use drawings or visuals to improve your understanding?

Yes 1

No 2 → Why not? _____

20. Did you have enough time to ask questions and clarify any concerns?

Yes 1

No 2 → Please explain _____

21. Did you feel comfortable asking questions and clarifying your concerns?

Yes 1

No 2 → Please explain _____

22. After having received information on sexual and reproductive health issues, do you think you were better able to make decisions?

Yes 1

No 2 → Please explain _____

23. What suggestions can you make to improve the services at this clinic? _____

24. Was there anything in particular that you did not like? _____

“THANK YOU FOR YOUR PARTICIPATION.”

INSTRUCTIONS FOR TABULATION SHEET FOR CLIENT EXIT INTERVIEW

- (A) Write the number of clients approached and invited to participate.
- (B) Write the total number of participants.
- (C) Each number corresponds to the same numbered question on the interview form.

Questions 3 - 12

For each question:

- (D) Write the number of respondents who answered YES.
Note: For question 8, the last two options (30 minutes – 1 hour, > 1 hour) have been combined. Put all responses for these options in the row marked 30+ minutes
- (E) Write the number of respondents who answered NO.
- (F) Add the numbers in columns D and E to get the total number of clients who responded to this question.
- (G) Divide the number of NO responses by the total and multiply by 100 to obtain the percentage of negative responses: $(E \div F) \times 100 = G$.
Note: Questions #5 and #8 are exceptions. For these questions, the percentage of YES responses must be calculated: $(D \div F) \times 100 = G$.
- (H) For questions #3, #5, #7 and #12, if the figure in column G is greater than or equal to 5%, place a check in this column to designate it as a question for discussion. For question 8, if the figure in column G is greater than or equal to 5% for 30+ minutes, place a check in this column to designate it as a question for discussion.

Question 13

For each option:

- (J) Write the number of clients who saw a male and the number of clients who saw a female as indicated in column I.
- (K) For each gender, write the number of respondents who answered YES.
- (L) For each gender, write the number of respondents who answered NO.
- (M) Calculate the percentage of negative responses. Divide the number of NO answers by the total number attended by each sex and multiply by 100: $(L \div J) \times 100 = M$.
- (N) Place a check in this column for every option with 5% or more negative response.

Question 14

For each option:

- (O) Write the number of clients who would prefer each sex (man, woman, no preference).
- (P) Write the total number of responses for the question: man + woman + no preference = P.
- (Q) Calculate the percentage of respondents who would prefer each sex. Divide the number of each (man, woman or no preference) by the total number of responses and multiply by 100:
ex: $(\text{man} \div P) \times 100 = Q$.
- (R) Compare the results to the current mix of the clinic's staff (female and male). Place a check mark if this is a question for discussion.

Question 15

For each option:

- (S) Write the number of clients who answered "Discussed enough".
- (T) Write the number of clients who answered "Discussed, but not enough" or "Did not discuss".
- (U) Write the total number of respondents: $S + T = U$.
- (V) Calculate the percentage of clients who answered "Did not discuss" or "Did not discuss enough": $(T \div U) \times 100$.
- (W) Place a check mark if the percentage in column V is 5% or more.

Questions 16 - 23

For each question:

- (X) Write the number of clients who answered YES.
Note: For question 17, write the number of clients who answered "In a friendly way".
- (Y) Write the number of clients who answered NO.
Note: For question 17, write the number of clients who answered, "In an unfriendly way".
- (Z) Write the total number of clients who responded to this question: $X + Y = ZZ$.
- (AA) Calculate the percentage of negative responses: $(Y \div Z) \times 100 = AA$.
Note: Questions #16 is an exception. In this case, the percentage of *positive* responses must be calculated: $(X \div Z) \times 100 = AA$.
- (BB) Place a check mark if the percentage in column AA is 5% or more.

TABULATION SHEET FOR CLIENT EXIT INTERVIEW

(A) Number of women invited to participate: _____

(B) Total number of participants: _____

(C) Question	(D) Yes	(E) No	(F) Total (D+E)	(G) % No Response	(H) Question for Discussion (✓)
Acceptability of Services					
3.					
5.				% YES response _____	
7					
8. Waiting Time					
< 15 minutes				% YES response _____	
15 - 30 minutes				% YES response _____	
30+ minutes				% YES response _____	
12. Room comfortable					

Question	(I) Sex of Provider	(J) Total Number Attended	(K) Yes	(L) No	(M) % No Response	(N) Question for Discussion ✓
Attendant during consultation						
13a. Doctor	Male					
	Female					
13b. Nurse	Male					
	Female					
13c. Counselor	Male					
	Female					
13d. Other clinic staff	Male					
	Female					

Question	(O) Number Who Would Prefer This Sex	(P) Total Number of Respondents (M + F + NP)	(Q) % Who Had a Preference for Each (O ÷ P) x 100	(R) Question for Discussion ✓
14. Client's preference				
Man				
Woman				
No Preference				

Question	(S) Discussed enough	(T) Discussed but not enough AND Did not discuss	(U) Total Number of Respondents	(V) % Negative Response	(W) Question for Discussion (✓)
15. Discussion topics					
15a.					
15b.					
15c.					
15d.					
15e.					
15f.					
15g.					
15h.					
15i.					
15j.					

Question	(X) In a Friendly Way	(Y) In an Unfriendly Way	(Z) Total Number of Respondents	(AA) % Negative Response	(BB) Question for Discussion ✓
16.					
Interpersonal Relations					
17a.					
17b.					
17c.					
17d.					
17e.					
18.					
19.					
19a.					
19b.					
20.					
21.					
22.					

Please comment on any trends, themes, or other issues to discuss at the Analysis Workshop:

ANNEX 5

GUIDE TO SERVICE PROVIDER INTERVIEW

This tool measures service providers' perspectives on the role of the organization in reproductive health, the role of the provider within the organization and the role of the provider as a conduit of the institution's mission. After reviewing the data collected, the evaluation team will determine which areas need to be discussed further. The clinic then develops and implements actions to address the areas needing improvement.

Sample Size and Selection

The exact sample size may vary depending on the clinic staff composition. A maximum of 24 clinic staff and central office staff should be interviewed. For all positions that exist, at least two staff members from each of the following categories should be included:

- doctors
- nurses
- gynecologists/obstetricians
- auxiliary nurses
- counselors, psychologists, social workers
- program directors

The staff members chosen to participate in the staff interview should have worked for at least one year at the institution. In case there are several people who meet this requirement within one professional category, randomly choose a participant by putting the names of all eligible persons in a container and drawing names.

Interviewer Selection

It is strongly recommended that a skilled, experienced interviewer conduct the service provider interviews. Some questions are potentially sensitive and may require someone with experience to draw answers from a provider without making him/her feel uncomfortable. It may be best to enlist someone from outside the organization for this task.

Interviewer Preparation

The interviewer should be familiar with the instrument before beginning. If someone other than a evaluation team member conducts the interviews, preparation will be necessary. The team gender specialist and evaluation specialist should hold a training session specifically for the person who will be performing the service provider interviews. The training should consist of a question-by-question review of the instrument, including examples of probing techniques and

when it is appropriate to probe. A brief explanation of the importance of the interviews and the information sought will help bring the instrument into perspective for the interviewer.

Selection of the Interview Area

Privacy is important for conducting the service provider interviews. Staff being interviewed must be assured that their individual responses will not be heard by or shared with other clinic staff, clients or anyone else. The interviewer should try to maintain a friendly, inviting environment for the provider to respond to the questionnaire. It is important that the interviewer show interest in what the provider has to say.

Scheduling Interviews

Look over the workplan and coordinate with the clinic director to determine the best procedure for scheduling interviews with staff. Let the staff know that each interview takes 10 – 15 minutes to complete. To avoid interfering with clinic activities, it may be necessary to interview staff after clinic hours are completed or during lunch hours.

Guidelines

- Questions 1 – 5 Write down the interviewer's name, clinic's name, country and city where clinic is located, and the date and time of the interview.
- Read the introduction statement to the provider.
- Question 6 Mark the box corresponding to the provider's sex.
- Question 7 Ask the provider how long he/she has been with the organization, and note the response in the blank space.
- Question 8 Ask what his/her level or responsibility is. Mark the corresponding box.
- Question 9 Read the question and then each of the possible responses. Mark the box corresponding to the provider's response. Then ask what types of services are included, and note the provider's response.
- Questions 10 – 13 Write out the definition of sexual and reproductive health that the provider recites. Then ask whether this definition has changed in the past five years. If the response is NO, go to question #14. If the response is YES, ask how it has changed and what impact the change has had on the daily work of the institution.

- Questions 14 – 18 This section includes questions on the institutional environment, such as whether women feel as comfortable as men in making suggestions, whether staff feel comfortable making suggestions and whether senior management are receptive to new ideas. For questions #14 and #15, if the response is NO, skip to question #17. Make sure to write out the complete response for question #16.
- Question 19 Provide the staff member being interviewed the definitions to each of the terms. Ask staff member to choose which one he/she feels captures their work environment most appropriately.
- Question 20 If necessary, provide an example of “a family situation that requires your presence,” such as if a child were sick and required a parent to stay home to take care of him/her.
- Question 21 The purpose of this question is to determine whether the employee feels that there are distinctions in the treatment of men and women in the workplace. If the staff member being interviewed responds YES, ask him/her to provide an example of such a case. Probe: “Do you think the difference in treatment is appropriate?”
- Questions 22 – 23 The purpose of these questions is to determine how long clients wait for the clinic to open. Take note of the time the clinic officially opens. Ask the staff member what time clients usually start arriving at the clinic.
- Questions 24 – 25 The purpose of these questions is to determine whether the medical staff arrives on time at the clinic and whether they start seeing clients immediately thereafter, or if the doctors arrive much later than the clients.
- Questions 26 – 27 The purpose of these questions is to determine whether the clinic or institution has taken any measures to learn about client needs, through client interviews or a less formal methodology such as suggestion boxes or asking clients directly. If the respondent answers NO or DON'T KNOW, skip to question 28.
- For question 27a, ask the respondent what the main findings of the study were.
- Question 28 First, give the respondent the options: Always, Sometimes, Never. Then list each topic, circling the option chosen by the respondent.
- Question 29 Write the response in the service provider’s own words as much as possible.
- Question 30 If the response is YES, ask question #30a and write everything the client says. If the response is NO, skip to question #31.

- Questions 31 – 33 The purpose of these questions is to determine how the institution handles abortion. Because this is a sensitive topic, the respondent may not want to answer the questions. Try as much as possible to obtain answers and ensure the staff member that his/her answers will be kept completely confidential.
- Questions 34 – 37 Dual method use refers to the use of two methods at the same time, a condom to prevent STIs including HIV, and any other method to prevent pregnancy. The purpose of this question is to explore whether the institution is promoting dual method use to their clients.
- Question 38 – 40 Ask the respondent how often he/she promotes Pap smears in family planning consultations, then mark the selected option. Write the response in the provider's own words as much as possible.
- Question 41 – 44 Ask the respondent how often he/she promotes breast self-exams, then mark the selected option. Write the response in the provider's own words as much as possible.

Analysis of the Results

Enter the results in the attached tabulation sheet. If the institution has the necessary resources, the data can be entered into a database and analyzed using a computer. The qualitative data should be consolidated and summarized, without losing too much detail. Themes or comments should be tabulated and then ranked according to how often they were voiced. A sample tabulation sheet for the qualitative data is attached.

Examine the results of the service provider interview, paying special attention to any trends in the data. In general, were the service providers knowledgeable about the institutional mission, policies and definitions? How did providers view their relationship to the institution and their place within it? Did they feel like active participants in decision-making? Have they been given the opportunity to be active participants? What about preferential treatment based on gender? Did the comments from providers coincide with written policy (if it exists)? Suggested categories for analysis include:

- specific services provided;
- institutional definition of sexual and reproductive health;
- receptiveness of management to suggestions and comments made by providers;
- structure of the work environment;
- preferential treatment by gender;
- time lapses between arrival of clients and doctors;
- methods used to learn about client satisfaction;
- topics discussed during counseling sessions and consultations, and frequency of discussion;
- barriers to discussing topics of sexual and reproductive health;

- partner consent for any services;
- recommendations made and information given to women with unwanted pregnancies;
- recommendations made and information given to women with questions about abortion;
- knowledge about the institutional policy on abortion; and
- knowledge and practices regarding dual method use, Pap smears, breast self-exams.

Comment on provider practices. Are the service providers covering all of the appropriate topics?
Comment on the areas of abortion, dual method use, Pap smear and breast self-exams.
Overall, do a few specific points or entire areas need improvement?

Based on the analysis of the results, recommendations for improvement can be made.

10. How does your organization define sexual and reproductive health? _____

11. Has the institutional definition of sexual and reproductive health changed in the last five years?

- Yes 1
- No 2 → go to #14
- Don't know 4 → go to #14

12. How has the definition changed? _____

13. What impact has this change in definition had on the daily work of the institution?

Institutional Climate

14. Have you made any suggestions and/or recommendations to senior management in the last year?

- Yes 1
- No 2 → go to #17

15. In the last year, have you made a suggestion that has been put into place?

- Yes 1
- No 2 → go to #17

16. What was this suggestion/recommendation? _____

17. In general, do you feel that senior management is receptive to staff suggestions and/or recommendations?

- Yes 1
- No 2

18. Do you feel that the clinic encourages you to make suggestions?

- Yes 1
- No 2

19. In general, how would you define the work environment with respect to other employees within the organization (supervisors, support and technical staff)? Choose one:

- Collective/team:** Staff work in teams and resolve problems in groups. Each employee's voice is heard, not only that of high-level or supervisory management. Men and women are equally considered when making decisions. There is coordination, cooperation and communication among all staff.
- Hierarchical:** All decisions are made from senior management without cooperation or consultation with lower levels.
- Semihierarchical:** Refers to an institution where the work environment is in between collective and hierarchical.

20. If you have a family situation that requires your presence, do you feel you can openly explain your situation in order to leave work?

Yes 1
No 2

21. Do you feel that in your work environment, a particular sex is given preferential treatment?

Yes 1
No 2 → go to #22

a. If the response is YES, provide an example: _____

Consideration for Clinic Clients

22. What time do clients begin to arrive at the clinic? _____

23. What time does the clinic officially open? _____

24. What time do the doctors arrive? _____

25. Is there a wait between the time the doctors arrive at the clinic and when they actually begin seeing clients?

Yes 1
No 2

26. Are there mechanisms in place to find out about client needs (e.g., suggestion box, client surveys).

Yes 1
No 2
Don't know 4

27. Has a study been conducted in the last three years to assess the client satisfaction levels at this clinic?

- Yes 1 → go to #27a
- No 2 → go to #28
- Don't know 4 → go to #28

a. If a study was conducted, what were the main findings of the study? _____

Don't know 4

Consultation / Counseling Session Content

28. In general, are the following topics discussed during consultations or counseling sessions?

	Always	Sometimes	Never
a. Relationships with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Client's satisfaction or dissatisfaction with sexual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choice vs. coercion in sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Abuse or mistreatment in client's current sexual relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Risk of STI or HIV/AIDS infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Client's feelings of guilt or inferiority in her sexual relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Partner's attitude toward family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ways to involve a partner in family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ways to negotiate condom use and/or contraceptive use with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Dual method use (protection against unwanted pregnancy and STI/HIV at the same time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How to prevent an unwanted pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What are the barriers that make discussion on these topics difficult? _____

30. Are there any services for which a client needs her partner's consent?

- Yes 1 → go to #30a
- No 2 → go to #31

a. Which services are these? _____

31. What recommendations and/or information do you provide to a woman who comes in with an unwanted pregnancy? _____

32. What recommendations and/or information do you provide a woman who comes in with questions on abortion? _____

33. Do you know the institution's policy on abortion?

- Yes 1 → go to #33a
- No 2 → go to #34

a. Please describe the institution's policy on abortion. _____

34. How do you define "dual method use"? _____

35. In the last month, how often did you mention dual method use to your clients?

- Always 1
- Sometimes 2
- Never 3
- Don't know 4

36. Under what circumstances do you promote dual method use with clients? _____

37. What are the main reasons that you might not promote dual method use with a client?

38. How often do you promote Pap smears in family planning consultations?

- Always 1
- Sometimes 2
- Never 3
- Don't know 4

39. Under what circumstances do you mention Pap smears in family planning consultations?

40. What are the different reasons why it is difficult to promote Pap smears in some family planning consultations? _____

41. How often do you promote and explain breast self-exams?

- Always 1
- Sometimes 2
- Never 3
- Don't know 4

42. Under what circumstances do you promote and explain breast self-exams? _____

43. Under what circumstances do you find that it is not necessary to explain how to conduct a breast self-exam? _____

44. Do you have any other comments or suggestions about the services provided at this clinic?

“THANK YOU FOR YOUR PARTICIPATION”

INSTRUCTIONS FOR TABULATION SHEET FOR SERVICE PROVIDER INTERVIEW

(A) Write the total number of service providers interviewed.

For each question, the key members of the evaluation team will determine whether it is a question for discussion.

Question 9

In the appropriate box, write the number of people who stated that the institutional mission is:

- a. family planning only;
- b. family planning and other services not included within the sexual and reproductive health framework;
- c. reproductive health;
- d. sexual and reproductive health.

Questions 11, 14, 15, 17, 18

For each question:

- (B) Write the number of people who answered YES.
- (C) Write the number of people who answered NO
- (D) Write the number of people who answered DON'T KNOW (if appropriate).

Question 19

In the appropriate box, write the number of people who defined the work environment as:

- (E) Collective/team;
- (F) Hierarchical;
- (G) Semihierarchical.

Questions 20, 21, 25, 26, 27

For each question:

- (H) Write the number of people who answered YES.
- (I) Write the number of people who answered NO.
- (J) Write the number of people who answered Don't Know (if appropriate).

Question 28

For each option:

- (K) Write the number of people who answered Always.
- (L) Write the number of people who answered Sometimes.
- (M) Write the number of people who answered Never.
- (N) Calculate the total number of people who responded to each question: $K + L + M = N$.
- (O) Calculate the percentage of providers who answered Never: $M \div N \times 100 = O$.

Questions 30 and 33

For each question:

- (P) Write the number of people who answered Yes.
- (Q) Write the number of people who answered No.
- (R) Write the number of people who answered Don't Know.

Questions 35, 38, 41

For each question:

- (S) Write the number of people who answered Always.
- (T) Write the number of people who answered Sometimes.
- (U) Write the number of people who answered Never.
- (V) Write the number of people who answered Don't Know.
- (W) Calculate the total number of people who responded to each question: $S + T + U + V = W$.
- (X) Calculate the percentage of providers who answered Never or Don't Know:
 $(U + V) \div W \times 100 = X$.

TABULATION SHEET FOR SERVICE PROVIDER INTERVIEW

(A) Total number of participants: _____

Question	a. FP only	b. FP and other	c. Reproductive health	d. Sexual and reproductive health	Question for Discussion ✓
9. Mission					

Question	(B) Yes	(C) No	(D) Don't Know	Question for Discussion ✓
11				
14.				
15.				
17.				
18.				

Question	(E) Collective/ Team	(F) Hierarchical	(G) Semi- hierarchical	Question for Discussion ✓
19. Define organization				

Question	(H) Yes	(I) No	(J) Don't Know	Question for Discussion ✓
20.				
21.				
25.				
26.				
27.				

SAMPLE QUALITATIVE DATA TABULATION SHEET FOR SERVICE PROVIDER INTERVIEWS

Below are sample responses to question 21 on the Service Provider Interview. This format can be adapted and employed for the tabulation of all qualitative data recorded in open-ended questions: 29, 31, 32, 33a, 34, 36, 37, 39, 40, 42, 43, and 44:

Question 29: What are some barriers that make discussion of these topics (from question 28) difficult?

(A) Response	(B) Tally of response	(C) Total
The client feels embarrassed		4
I don't think it is appropriate		10
I am embarrassed		8
These topics are not necessary for a doctor to discuss		5
That is the job of the counselor		13
Married women get offended		4
I don't feel I am qualified to discuss those issues		9

In this example, seven distinct responses were given to the question. In column A, each distinct response is recorded. In column B, there is a tally mark for each time this response was given by a service provider. Column C is simply the total number of tally marks in column B.

ANNEX 6 GUIDE TO DOCUMENT REVIEW

This section of the study analyzes institutional documents to identify whether the institution incorporates a gender perspective in its policies and procedures. The team gender specialist should conduct the document review. The information to be reviewed includes documents that outline personnel policies as well as IEC materials available and provided to clients. The director of the institution and possibly other staff members may be useful in obtaining all the necessary information required to complete the questionnaire. In some cases, particularly for the questions on practices, the information required should be complemented by actual inquiries to staff members.

The instrument for the document review is divided into five sections, each requiring different types of information. The following table indicates which type of activity is required to complete each section:

Documents necessary for the Document Review

Section	Documents Required	Information Source
Institutional policies	<ul style="list-style-type: none"> • Document with mission statement • Guidelines for service provision • Guidelines/protocols for voluntary surgical contraception • Forms and criteria for informed consent 	Executive director or other appropriate person
Institutional practices	<ul style="list-style-type: none"> • Salary scales and budgeted salaries • Personnel policies/guidelines • Employee manuals 	Executive director or personnel director
Gender-sensitive language*	IEC materials produced (or distributed) by the institution in the last 5 years on STI/HIV and family planning methods – specify by type of material (pamphlets, etc.) and by program.	Executive director or the individual responsible for all IEC materials used by the institution
Consultation content	<p>Sample of clinic histories of 25 gynecological or family planning clients within the last 12 months.</p> <ul style="list-style-type: none"> • Examination of records to determine whether information is collected (either systematically or as extra comments by the providers) on sexuality, violence, abuse of power, STI/HIV, unwanted pregnancy, abortion and condom use • Range and volume of reproductive health services provided 	<ul style="list-style-type: none"> • Using the Management Information System, select records of clients seen in the previous year and take a random sample of those records; pull those files • Without an MIS, take a systematic random sample of files of clients who were seen in the last 12 months (Refer to Annex 4 for instructions)
Composition of clients by sex	<p>Service statistics from the last year</p> <ul style="list-style-type: none"> • As much as possible determine the percentage of consultations and counseling sessions provided for women, men and couples 	If service statistics are not available, this information can be obtained using the same sample of files as in the previous section

* In languages, such as Spanish, with male and female nouns and adjectives, gender-sensitive language includes using los/las or other means of ensuring that the masculine word is not used to represent both male and female.

General Guidelines

1. Meet with relevant staff to familiarize them with the document review process, as well as to present a list of the documents required.
2. Review the documents.
3. Interview the executive director as required to answer any questions not answered by the document review.

Guidelines

- Question 1 If the response is NO, skip to #3.
- Question 2 Take note of the documents in which there is an explicit policy.
- Question 3 Ask the executive director questions 3a through 3d. Then review the documents that the executive director referred to and write out the names of the documents in the appropriate space. If the executive director states that a certain procedure/rule exists, but that it is not explicitly written in a document, check the Yes box but write “not written” in the space provided for “In what document?”
- Question 4 Write out how the institution recruits and promotes its staff. Explain both processes.
- Question 5 These policies refer to written policies or explicit policies of which all staff are aware. If the response is YES, write down the names of the documents in 5a.
- Question 6 Ask the executive director this question, and write down everything he/she mentions.
- Questions 7 – 8 In question 7, if the response is NO, skip to question #9. If the response is YES, write out the names of the documents in which these policies are written. In question #8, write what the policy consists of.
- Question 9 Ask the executive director this question, and write down everything he/she mentions.
- Question 10 If the response is YES, write out the type of study or studies.
- Question 11 Mark the response.
- Questions 12 – 15 If the response is YES, ask the follow-up questions and write out everything the respondent says. For question 13, be sure to ask

separately whether there are spousal requirements for women, and for men (to determine, for example, if tubal ligation requires spousal consent but vasectomy does not).

Question 16 In Column A, write the number of men who belong to the various management levels as well as the average salary earned. In column B, write the number of women in each management level and the average salary earned. In the last column, subtract the difference between the two columns. This column will demonstrate which group earns (on average) more for each management level.

Question 17a - d Enter the number of employees by sex.

Question 18 Enter the number of employees supervised by women, by sex.

Questions 19 – 20 Note the topics covered in the IEC materials.

Question 21 Take a sample of educational materials produced/distributed by the institution in the last five years. Make sure to include the following types of materials in the sample:

- Educational materials from each program/project or subproject produced or distributed (e.g., adolescent, STI/HIV and family planning programs).
- One of each type of material (e.g., a pamphlet, flyer, booklet).

Carefully review each article selected for examples of non-inclusive, discriminatory language. For each article sampled, note the examples. Between five and ten documents should be reviewed, but this will depend on the number of educational materials produced/distributed by the institution. Use additional sheets if more space is necessary.

Question 22 Review the 25 clinic histories and calculate the percentage for each topic. For example, if sexuality was discussed in ten records:
 $(10 \div 25) \times 100 = 40\%$.
A topic has been discussed if it is indicated directly on the history form or if the service provider has made separate notes.

Question 23 Review the clinic histories to determine what specific counseling services are listed.

Question 24 Review the clinic histories to determine whether a range of methods were discussed with the client or only one or a few. List the methods available at the clinic.

Question 25 Since there is no single ideal method mix, the analysis of whether method mix is skewed relies on the evaluators' judgment. Suggestions include: compare the method mix in the sample of 25 clients to overall service statistics for the facility; compare both the sample and the service statistics to overall country data on method mix, such as from Demographic and Health Survey. One factor to be taken into account in the judgment is whether the facility is filling unmet need for a particular method not available elsewhere in the country, for example, if a method such as sterilization or the IUD is not widely available through other sources, the facility may be balancing the country's method mix by concentrating its resources on the underutilized method.

Question 26 Calculate the percentage of consultations that were for women clients, men clients, and couples. Record the total number of consultations.

Analysis of the Results

Examine the results of the document review, paying special attention to any patterns or trends. Do any general themes or characteristics recur in the institution's policies? Do practices comply with policy? Do any of the documents require improvement, or are any or them particularly useful? In the existing materials, is the language used appropriate for fostering positive gender attitudes? Overall, do a few specific points or entire areas need improvement? Possible areas to look at include:

- specific policies prohibiting gender-based discrimination;
- protocol regarding sexual harassment;
- procedures for determining client satisfaction, complaints, suggestions;
- procedures for making programmatic changes based on client suggestions;
- spousal consent;
- gender-based differences in salary scales;
- gender composition of employees and board members; and
- gender-sensitive language in IEC materials.

It is important to note specific examples in the analysis of the document review. This will enable a targeted approach to implementing all recommended changes. Based on the analysis of the results, recommendations for improvement can be made.

DOCUMENT REVIEW GUIDE

The focus of this review is to determine to what extent a gender perspective is integrated into the policies and structure of the organization. This review consists of key questions on important institutional documents and on the institution's protocols and procedures. To complete this task, it is necessary to work with the Executive Director's office to ask the necessary information and obtain the required documents.

Institutional Policies

1. Is there an explicit policy that prohibits gender-based discrimination?
 - Yes
 - No → go to #3

2. In which documents does this exist? _____

3. Are there specific policies that prohibit gender-based discrimination in terms of:

	Yes	In what document?	No
a. staff recruitment	<input type="checkbox"/>	_____	<input type="checkbox"/>
b. salaries	<input type="checkbox"/>	_____	<input type="checkbox"/>
c. benefits	<input type="checkbox"/>	_____	<input type="checkbox"/>
d. promotion/access to decision-making positions	<input type="checkbox"/>	_____	<input type="checkbox"/>

4. How are staff recruited and promoted? _____

5. Are there written policies or guidelines that prohibit the abuse of power within the association, for example, against sexual harassment?
 - Yes
 - No → go to #6

- 5a. In which document does this exist? _____

6. What would the institution do in the case of an employee who complains of sexual harassment? _____

7. Are there policies or administrative protocols that require taking specific gender needs into consideration for the provision of care? For example, mandating hours of service convenient for women who work, or childcare for women who arrive accompanied by children?
Yes → In what document? _____
No → go to #9
8. What does this policy or administrative protocol consist of? _____

9. How were the clinic hours decided upon? _____

10. Has the institution conducted a study within the last five years (such as a client interview) to find out clients' preferences for service hours?
Yes → What type of study? _____
No
11. Has a study been conducted within the last five years to obtain client satisfaction with services provided?
Yes
No

Review the current mission statement, by-laws and statutes.

12. Is there a declaration to promote women's empowerment in any document? No
Yes → In what document(s)? _____

13. Does the institution have spousal any clinical procedures or services?
- 13a. Woman needs husband's consent. No
Yes → Which ones? _____

- In what document(s)? _____

- 13b. Man needs wife's consent. No
Yes → Which ones? _____

- In what document(s)? _____

14. Does the institution have mechanisms in place to obtain client opinions, complaints or suggestions (e.g., example, suggestion box, client satisfaction studies)? No
 Yes → *What mechanisms?* _____
15. Does the institution have mechanisms in place to make programmatic changes based on client suggestions and feedback (from client interviews or suggestions)? No
 Yes → *What mechanisms?* _____

Institutional Practices

16. Please fill out the following table for each job level currently filled within the institution. The director of personnel should fill out the table in order to keep the salary scales confidential.

Grade/ Level	(A) Men		(B) Women		Difference* (Column A – Column B)
	Number	Average Salary	Number	Average Salary	
Highest level					
Second highest level					
Third highest level					
Fourth highest level					
Total					

* If the difference between the two columns is positive, this indicates that the average salary for men is higher than that for women. If the difference is negative, this indicates that women earn higher average salaries than men.

- | | # of men | # of women |
|--|----------|------------|
| 17a. Clinic staff in managerial positions | _____ | _____ |
| 17b. Administrative office staff in managerial positions | _____ | _____ |
| 17c. Board of directors members | _____ | _____ |
| 17d. Staff with budgetary supervision | _____ | _____ |
| 18. Number of staff members supervised by women | _____ | _____ |

Educational Material

Inclusive language refers to the use of he/she, etc. and the use of messages that include language directed to both men and women. For example: a document that includes STD symptoms in both men and women would be an example of inclusive language.

Examples of **discriminatory language** include descriptions of women as docile and powerless, and men as violent, irresponsible and controlling.

Examples of **nondiscriminatory language** include references to a woman who has control over her decisions; women in leadership positions; images of female doctors; men who share in household chores (such as feeding children, changing diapers, cooking).

19. Are there educational materials on male and female sexuality?

Yes

No

20. Do the IEC materials include information on the following topics:

	Yes	No
a. Right to family planning	<input type="checkbox"/>	<input type="checkbox"/>
b. Sexual and reproductive rights	<input type="checkbox"/>	<input type="checkbox"/>
c. Women's rights	<input type="checkbox"/>	<input type="checkbox"/>
d. Client rights	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

21. Analyze all IEC materials produced in the last five years (or a sample of materials). Make sure to include different types of educational materials, such as pamphlets and flyers, and include IEC materials from different programs and on varying topics, such as AIDS, STIs, adolescents and family planning. Fill out the following questions for these materials.

Item 1

Type of material: _____

Topic: _____

a. Describe any examples of:

Inclusive language

Non-inclusive language

b. Describe any examples of:

Discriminatory language

Nondiscriminatory language

Item 2

Type of material: _____

Topic: _____

a. Describe any examples of:

Inclusive language

Non-inclusive language

b. Describe any examples of:

Discriminatory language

Nondiscriminatory language

Item 3

Type of material: _____

Topic: _____

a. Describe any examples of:

Inclusive language

Non-inclusive language

b. Describe any examples of:

Discriminatory language

Nondiscriminatory language

Item 4

Type of material: _____

Topic: _____

a. Describe any examples of:

Inclusive language

Non-inclusive language

b. Describe any examples of:

Discriminatory language

Nondiscriminatory language

Item 5

Type of material: _____

Topic: _____

a. Describe any examples of:

Inclusive language

Non-inclusive language

b. Describe any examples of:

Discriminatory language

Nondiscriminatory language

Consultation Content

Review 25 clinical histories.

22. Calculate the percentage of histories in which the following topics were documented (either as part of the history sheet or as comments made by the provider) as having been discussed:

- a. Sexuality _____%
- b. Violence and other abuse of power _____%
- c. Sexually transmitted infections _____%
- d. Unwanted pregnancy _____%
- e. Abortion _____%
- f. Condom use _____%

23. What counseling services are offered at the clinic? _____

24. What is the mix of family planning methods offered? _____

25. Is there any indication that services are skewed towards a particular method of family planning? Please comment. _____

Equal Participation

26. If this information is available as part of the service statistics from the previous year, perform a review of those statistics to obtain the percentages. If this information is not routinely collected, base the percentages on a sample of 25 clinical histories.

Source of information (circle one): Service statistics Sample of files

Of the total number of consultations, what percentage were:

- a. Women only _____%
- b. Men only _____%
- c. Couples _____%
- d. Total number _____%

ANNEX 7

SYNTHESIS AND PREPARATION OF THE FINAL REPORT

Once the data are tabulated, the evaluation team will analyze and synthesize the quantitative and qualitative results. In the Analysis Workshop, the executive director, members of the evaluation team, and relevant members of management and clinic staff will use this information to develop a Plan of Action to respond to any areas identified as needing improvement.

The first step in this process is for the executive director and team coordinator to select a workshop facilitator. This person should be a member of the institution with sufficient authority to facilitate a meeting with high-level staff effectively, and someone who can work in conjunction with the coordinator of the evaluation team.

Next, prepare the necessary documents for each person who will participate in the workshop:

- list of “Questions for Discussion” as determined from each method;
- key findings of quantitative data from all methods used;
- key findings of qualitative data from all methods used; and
- indicators for Quality of Care from a Gender Perspective (Annex 8).

During the Analysis Workshop, the participants will use the synthesized information and the list of “Questions for Discussion” to identify broad areas that need improvement. In some cases, the participants may decide that one of the “Questions for Discussion” does not actually pose a threat to the ability of the organization to provide high-quality, gender-sensitive care and therefore does not need to be addressed.

After identifying broad areas for improvement, participants should identify indicators to track changes and improvements over time. The indicators in Annex 8 can be used, or the workshop participants can designate other indicators. The evaluation specialist is key to completing this task effectively.

Based upon the areas for improvement and the corresponding indicators, the participants will identify specific actions that should lead to a positive change in the designated indicators and, consequently, to better quality of care. An indicator may necessitate action in various areas. For example, shortcomings in the use of inclusive and gender-sensitive language may require establishment of new policy, document modification and training of service providers. In developing specific action, consider the following factors:

- the institution’s mission and goals
- correspondence of an action to the indicators
- available resources
- staff time and training

The discussion would benefit greatly by taking into consideration client and provider comments made in the interviews.

A crucial factor in the success of the Plan of Action is the designation of key individuals who will be responsible for ensuring the implementation of the plan. It is imperative that these persons have the necessary authority to make the stated changes or to assign specific tasks to the appropriate individuals. Please see the sample Plan of Action on the next page.

The establishment of a timeline is also a key factor in ensuring that the results of the assessment and Analysis Workshop are incorporated into the institution. The timeline includes target dates for the implementation of specific actions. Some actions can be implemented at once, and others require a series of steps that will be implemented over a certain amount of time. It is important to incorporate into the timeline a midterm assessment of progress and a follow-up evaluation of the effectiveness of the actions taken. Please see the sample timeline on the next page.

The final report will be the synthesis and documentation of the findings of the assessment and resulting Plan of Action and timeline. It should be a collaborative effort between the gender specialist and the key decision-maker on the team, as well as the executive director. It is best that the final report be written shortly after the development of the Plan of Action. The ideal final report will include:

- brief background and any special notes on procedure;
- key findings of quantitative data;
- key findings of qualitative data;
- designated “issues for discussion” as determined from each method;
- targeted areas for improvement and corresponding indicators;
- Plan of Action; and
- timeline.

SAMPLE PLAN OF ACTION

Area for Improvement	Indicator	Action	Department Responsible	Person(s) Responsible	Deadline
Inclusive and gender-sensitive language	<ul style="list-style-type: none"> • Use of inclusive language in documents 	<ul style="list-style-type: none"> • Draft policy statement on the use of inclusive language in all institutional literature • Revise documents 	Office of the Executive Director	Renata David	June 24, xxxx
	<ul style="list-style-type: none"> • Percent of observed clients that were called by their names • Percent of observed clients that were called by diminutives 	<ul style="list-style-type: none"> • Develop a guide for service providers on the use of gender-sensitive language • Service provider training 	Director of Clinical Services	Maria Castro	July 30, xxxx May 1, xxxx

SAMPLE TIMELINE

Action	Date(s) of Implementation	Assessment of Progress	Evaluation
Develop a guide for service providers on the use of gender-sensitive language	Completed guide due: February 28, xxxx	Ongoing through to completion	June, xxxx
Service provider training	No later than May 30, xxxx	Second round of observations.	October, xxxx

ANNEX 8: INDICATORS FOR QUALITY OF CARE FROM A GENDER PERSPECTIVE

Indicator	Instrument and question to find information about the indicators			
	Document Review	Observations	Interviews with Users	Interviews with Staff
Institutional Policies and Practices				
Existence of policies that prohibit gender based discrimination ¹	X			X
Existence of policies that prohibit the abuse of power and sexual harassment in the institution	X			
Existence of policies and procedures to ensure gender based equity in the promotion of staff	X			
Existence of a mechanism that prohibits spousal consent	X		X	
Existence of a declaration in the institution's mission that promotes women's empowerment	X			
Percent of managerial positions filled by women	X			
Percent of managerial positions with budgetary responsibility filled by women	X			
Percent of senior positions in the institution filled by women	X			
Percent of the positions with highest salaries filled by women	X			
Percent of staff that feel that institution's senior staff are receptive to their opinions/ suggestions			X	
Percent of staff that that the institution has an equitable work environment ²				X

¹ Existence of policies that prohibit the gender based discrimination in terms of recruitment of staff, salaries, benefits, and promotion towards decision-making positions.

² Equitative refers to the notion that one sex is not given preferential treatment over another.

Indicator	Instrument and question to find information about the indicators			
	Document Review	Observations	Interviews with Users	Interviews with Staff
Percent of staff that report providing information/ recommendations to clients who seek information on abortion				X
Percent of staff that know the institutional policy regarding abortion				X
Availability and provision of Pap smears, breast exams, vaginal secretion cultures and STD detection		X	X	X
Provider Practices				
Percent of clients that were called by their name		X		
Percent of clients that were called by a diminutive ³		X		
Percent of consultations/counseling sessions where client was directly addressed in conversation with the service provider.		X	X	
Percent of consultations/counseling sessions where the service provider explores themes of sexual and reproductive health ⁴		X	X	X
Percent of consultations/counseling sessions where the health professional explored topics related to the client's sexual health ⁵		X	X	X
Use of didactic material (drawings, slides, pictures) for explanations during consultations		X	X	
Percent of consultations/counseling sessions where the service provider explained the details of clients' treatment		X		

³ Examples of diminutives are "honey, babe, sweetheart, dear, etc."

⁴ Sexual and reproductive health includes AIDS/STD prevention, uterine and breast cancer prevention, prevention of unwanted pregnancies.

⁵ Topics in sexual health include satisfaction with sexual life, existence of abuse or mistreatment in clients' sexual life, risks in contracting an STD or HIV/AIDS, feelings of guilt, etc.

Indicator	Instrument and question to find information about the indicators			
	Document Review	Observations	Interviews with Users	Interviews with Staff
Percent of consultations/counseling sessions where the provider asked the client if she had questions or doubts		X	X	
Percent of consultations where the provider explained what he/she was doing during the pelvic exam		X		
Percent of staff that know the institutional mission				X
Percent of staff that know the definition of sexual and reproductive health				X
Percent of staff that promote “dual-method use”, Pap smears, and breast self-exams			X	X
Convenience to Client				
Percent of women that find the hours of operation (of the institution) convenient			X	
Existence of a child care area at the service delivery point		X		
Client Satisfaction				
Existence of a mechanism to know client opinions on clinic hours, client satisfaction studies	X		X	X
Existence of conditions to ensure client confidentiality and privacy ⁶		X	X	
Sufficient seats available for clients in waiting areas		X	X	
Percent of clients that report overall satisfaction with services received			X	
Percent of clients that report feeling comfortable asking questions and clarifying doubts during consultation			X	
Percent of clients that report sufficient time with service provider			X	

⁶ Existence of a specific area for counseling consultations and area where privacy is ensured and where the user feels confident and comfortable to speak.

Indicator	Instrument and question to find information about the indicators			
	Document Review	Observations	Interviews with Users	Interviews with Staff
Use of Gender Sensitive Language				
Use of non-discriminatory ⁷ language	X	X	X	
Use of inclusive language ⁸	X	X	X	
Information, Education and Communication				
Existence of IEC materials with information on sexual and reproductive rights (including women's rights)	X	X		
Existence of IEC materials with information on sexual and reproductive health issues ⁹	X	X		
Visual display of information on services offered and prices list.		X		
Existence of educational activities for clients in the waiting area ¹⁰		X	X	
Monitoring and Evaluation				
Existence of a mechanism to make programmatic changes based on information gathered from clients	X		X	

⁷ Non-discriminatory language refers to the use of gender-based stereotypes. For example, this would include references to women with control over their decisions, women in leadership positions, images of female doctors; men who share in household chores (such as feeding children, changing diapers, cooking, etc).

⁸ Inclusive language refers to the use of he/she, etc. and the use of messages that include language directed to both men and women. For example, a document that includes STD symptoms in both men and women would be an example of inclusive language.

⁹ Includes the following themes: family planning, contraceptive methods, STDs, HIV/AIDS, sexual health, gender-based violence, and cancer detection.

¹⁰ This refers to informal chats, videos, and group discussions with staff, lectures and television programs on sexual and reproductive health topics.