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| **Basic evaluation of family planning in Senegal** |

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| **Family Planning Client Interview Grid** |

**SECTION 1: ELEMENTS D’IDENTIFICATION**

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| --- | --- |
| **IDENTIFICATION** | **CODE** |
| NAME OF REGION\_ | ­­ |
| NAME OF THE DEPARTMENT | ­­ |
| DISTRICT NAME | ­­ |
| TYPE DE STRUCTURE (EPS = 1 ; CS = 2) |  |
| SI EPS (EPS1 = 1 ; EPS2 = 2 ; EPS3 = 2) |  |
| SI CS (CS1 = 1 ; CS2 = 2) |  |
| TYPE OF LOCATION (RURAL = 1 URBAN = 2) |  |
| NAME OF THE INSTITUTION | ­­ |
| DATE DE L’INTERVIEW | DD MM Year  ­­ |
| INTERVIEW START TIME | HH MIN |
| INTERVIEW END TIME | HH MIN |
| CODE OF THE INVESTIGATOR | ­­ |

**SECTION 2: SELECTION OF ELIGIBLE SPONSORS**

*[Eligible Respondents: Clients who have visited the health facility for a family planning service and have left the facility]*

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| --- | --- | --- | --- |
| 100a | Has this client been discharged from the maternity ward's consultation (SC) or hospitalization (SH)? | SC 1  SH 2 |  |
| 100b | What service(s) did he receive? | Family planning 1  Prenatal consultation 2  Pregnancy complications 3  Childbirth 4  Postnatal consultation 5  Child survival 6  Child weighing/vaccination 7  Other (specify) 8 | END |

**SECTION 3: GENERAL INFORMATION ABOUT THE RESPONDENT**

*We'll start with a few questions about you and your household.*

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 301 | Gender of the client? | Man 1  Wife 2 |  |
| 302 | How old are you (respondent)? | Age in completed years |  |
| 303 | Can you read and/or write?  [Several options possible | Read Has  Write B  Neither reading nor writing C | 305 |
| 304 | What is the highest grade level you have reached? | Primary 1  College 2  High school 3  Upper 4  Never attended school..................... 0 |  |
| 305 | What is your current professional situation? | Paid employment (Salaried / AGR) 1  Unemployed 2  Unemployment 3  Retired 4  Pupil / student 5 |  |
| 306 | What is your current marital status? | Married 1  Widow 2  Divorced 3  Separate 4  Bachelor 5  Cohabitation 6 |  |
| 307 | What is your place of residence, urban or rural? | Urban 1  Rural 2 |  |
| 308 | What is the distance between your home and the health facility (in which we are located)? | Kilometers  *If < 1km, put 000*  *If you don't know, put 999* |  |
| 309 | What type of transport did you use to come here to this health facility? | Transport public 1  Private Vehicle 2  Ambulance Government 3  Walking 4  Other (specify) 6 |  |
| 310 | What type of transport do you usually use to get to this health facility? | Transport public 1  Private Vehicle 2  Ambulance Government 3  Walking 4  Not constant / depends on the situation 5  Other (specify) 6 |  |
| 311 | What is the average travel time with today's average between your home and the health facility? | Minutes  Don't know 98 |  |

**SECTION 4: SERVICE UTILIZATION AND CARE EXPERIENCES**

| **Q NO** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| 401 | VERIFIEZ Q100a {OPD}  SI Q100a = 1 | Otherwise | 404 |
| 402 | What time did you arrive at the health facility today?  *If the respondent does not know the exact time, ask them for an approximation. If he cannot give an approximate time, use the mention "don't know"* | HH MIN  Don't know 98 |  |
| 403 | What time did you see the provider (doctor/nurse/advisor)?  *If the respondent does not know the exact time, ask them for an approximation. If he cannot give an approximate time, use the mention "don't know"* | HH MIN  Don't know 98 |  |

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| --- | --- | --- | --- |
| 404 | VERIFIEZ Q100a {OPD}  SI Q100a = **2** | Otherwise | 414 |
| 405 | What time did you arrive at the health facility on the day of admission?  *If the respondent does not know the exact time, ask them for an approximation. If he cannot give an approximate time, use the mention "don't know"* | HH MIN  Don't know 98 |  |
| 406 | When were you admitted to the health facility? | Immediately **1**  On the same day **2**  The next day 3  After two days or more 4 | **408** |
| 407 | What were the reasons for the delay in your admission to the health facility? | Lack of bed availability Has  Lack of staff B  Lengthy paperwork and paperwork C  Relaxed attitude of the staff D  Delay in raising money E  Delayed family decision-making F  Other (specify) X |  |
| 408 | How many days were you admitted to this health facility? | Number of days |  |
| 409 | Was a stretcher and/or a wheelchair available in the health facility to transfer you? | Yes 1  No 2  Don't know 8 |  |
| 410 | Have you been referred to this health facility by a service provider from another facility? | Yes 1  No 2  Don't know 8 |  |
| 411 | Has the provider given or prescribed medication to take the time to be admitted here? | Yes, he gave me medication 1  Yes, he gave me a prescription 2  He gave me a prescription and medication 3  Not 4 | 414 |
| 412 | Can I see all the medications that have been administered and all the prescriptions that have been dispensed?  *Circle the answers describing the medications and prescriptions you are seeing.* | Has all the medications 1  Taking medication 2  Medicines not presented, has only prescriptions 3 |  |
| 413 | Have you been clearly told how much of each medication to take and for how long?  *If '****No****' or '****Don't know****', refer the respondent to the provider at the end of the interview* | Yes 1  Not 2  Don't know 8 |  |
| 414 | Have you paid any amount for the services received in the health facility? | Yes 1  Not **2**  Don't know **8** | 416 |
| 415 | How much did you pay for these services? | Amount in FCFA |  |
| 416 | Have you **ever used anything** or tried any way to delay or avoid pregnancy? | Yes 1  Not **2**  Don't know **8** | 418 |
| 417 | What did you use or do to delay or avoid pregnancy? | Pills A  Injectable B  Male condom C  Female condom D  Contraception d’urgence And  SAYS F  Implants G  Female sterilization (tubal ligation) H  Male sterilization (vasectomy) I  Exclusive Breastfeeding (MAMA) J  Traditional method.  Other X |  |
| 418 | What is the **main** family planning service for which you came to the health facility? | Adopt an FP approach **1**  Changing the method 2  Ending FP 3  Finding solutions to the side effects of the current method 4  OrHold information about a PF method **5**  Other (specify) **6** | 420  420 |
| 419a | Are you having (have you) been having problems with the current method? | Yes 1  No 2 | 420 |
| 419b | What problems are you having (have you had) with the current method? | Irregular vaginal bleeding A  Nausea B  Headaches C  Bloating D  Skin changes And  Mood swings F  Other X |  |

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| --- | --- | --- | --- |
| 420 | CHECK Q416 { Always in Use }  SI Q416 = **1** | Otherwise | 423 |
| 421 | Before coming to this facility, did you (or your partner use) any method to avoid pregnancy? | Yes 1  Not 2 | 424 |
| 422 | What method did you/your partner use (the last one) before coming to this center? | Pills A  Injectable B  Male condom C  Female condom D  Contraception d’urgence And  SAYS F  Implants G  Female sterilization (tubal ligation) H  Male sterilization (vasectomy) I  Exclusive Breastfeeding (MAMA) J  Other X |  |

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| --- | --- | --- | --- |
| 423 | CHECK Q421 {Not currently used}  SI Q421 = **2** | SI Q421 = **1** | 426 |
| 424 | Have you or your partner thought about using a particular method before coming to this center? | Yes 1  Not 2 | 426 |
| 425 | What method(s) were you or your partner thinking of?  *If a woman or man mentions several methods, circle as many as they mention.* | Pills A  Injectable B  Male condom C  Female condom D  Contraception d’urgence And  SAYS F  Implants G  Female sterilization (tubal ligation) H  Male sterilization (vasectomy) I  Exclusive Breastfeeding (MAMA) J  Other X |  |

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| --- | --- | --- | --- | --- | --- |
| 426 | CHECK Q421 {Currently in use}  SI Q421 = **1** | SI Q421 = **2** | | | 430 |
| 427 | Have you/your partner thought about changing methods before coming to this reception structure? | Yes 1  Not 2 | | | 430 |
| 428 | Did you/your partner have a particular family planning method in mind before coming to the health facility today? | Yes 1  Not 2 | | | 430 |
| 429 | What method(s) have you considered changing?  *If a woman or man mentions several methods, circle as many as they mention.* | Pills Has  Injectable B  Male condom C  Female condom D  Contraception d’urgence And  SAYS F  Implants G  Female sterilization (tubal ligation) H  Male sterilization (vasectomy) I  Exclusive Breastfeeding (MAMA) J  Other X | | |  |
| 430 | What family planning method did you receive at the health facility today, or did you get a prescription or referral?  *Circle all methods for which the respondent has a prescription or recommendation or that he or she has received in the facility.*  *If the interviewee continues to use a previous method and has not received a prescription or guidance during this visit, code "y".*  *Check the prescription packaging to confirm the type of Pill or Injection* |  | **Receipt** | **Prescribed/Interim for prescription** |  |
| Pills | Has | Has |
| Injectable | B | B |
| Male condom | C | C |
| Female condom | D | D |
| Contraception d’urgence | E | E |
| IUD | F | F |
| Implants | G | G |
| Female sterilization (tubal ligation) | H | H |
| Male Sterilization/ Vasectomy | I | I |
| Exclusive Breastfeeding (MAMA) | J | J |
| Other | X | X |

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| --- | --- | --- | --- |
| 431 | VERIFIEZ Q422, Q425, Q429 et Q430  SI Q422/Q425/Q429 **≠** Q430 | Otherwise | 433 |
| 432 | What are the reasons that led you to receive or prescribe different family planning methods than those initially considered by you/your partner? | Method not available in the structure Has  The health structure does not provide the method B  Healthcare provider suggested it C  Medical incapacity D  Other (specify) X |  |

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| --- | --- | --- | --- |
| 431E | VERIFIEZ ????????  IF???????????? | Otherwise | 435 |
| 434 | What are the reasons why you did not receive the family planning services you needed? | Service not available Has  The Claimant was not available B  Didn't find the Claimant to be competent enough C  Referred to another institution D  Had no money to pay E  Waiting time too long F  Called on another date G  No female service provider H  Other (specify) X |  |
| 435 | What was the result of this visit? | Continue or start again with the same method 1  Change Method 2  Stopping the method because of a problem 3  Stop using the method (optional – no problem) 4  Adopt a method 5  Will decide later 6  Request to come back another day 7  Returned 8  Other (specify) X |  |

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| --- | --- | --- | --- |
| **Thank you for answering my questions about your family planning consultation. I will now ask you about the specific services you received during your family planning consultation today. I know it's hard to remember some of them, but it's okay if you don't remember them, but try to tell me what you remember because it will be very helpful in learning more about the quality of FP services provided in the health facility?**  **During your consultation today, please let me know if the provider (doctor/nurse/counsellor) asked you any questions about the following.** | | | |
| 437 | Did he ask you if you wanted to have another child? | Yes 1  No 2  Don't know 8 |  |
| 438 | Did he ask you when you would like to have another child? | Yes 1  Not 2  Don't know 8 |  |
| 439 | Did he ask you about your last experience on the use of family planning methods? | Yes 1  Not 2  Don't know 8 |  |
| 440 | Did he ask you if you had any method in mind before coming to the health facility? | Yes 1  Not 2  Don't know 8 |  |
| 441 | Did he ask you about your preference in terms of family planning method? | Yes 1  Not 2  Don't know 8 |  |
| 442 | Did he provide you with information about different family planning methods? | Yes 1  Not 2  Don't know 8 |  |
| 443 | Did he tell you about the FP method you chose? | Yes 1  Not 2  Don't know 8 |  |
| 444 | Did he tell you about the way the method you chose worked? | Yes 1  Not 2  Don't know 8 |  |
| 445 | Did he tell you about the possible side effects of the method you chose? | Yes 1  Not 2  Don't know 8 |  |
| 446 | Has he talked to you about what you should do when you notice any side effects or problems with the method you have chosen? | Yes 1  Not 2  Don't know 8 |  |
| 447 | Did he tell you about the warning signs of the method you chose? | Yes 1  Not 2  Don't know 8 |  |
| 448 | Did he tell you when to come back to the health center for a follow-up visit? | Yes 1  Not 2  Don't know 8 |  |
| 449 | Did he give you an appointment card for the follow-up visit? | Yes 1  Not 2  Don't know 8 |  |
| 450 | Did he tell you about other sources from which you could obtain family planning products? | Yes 1  Not 2  Don't know 8 |  |
| 451 | Has he told you about the possibility of changing your family planning method if it no longer suits you? | Yes 1  Not 2  Don't know 8 |  |
| 452 | Did he provide you with information while strongly encouraging a method? | Yes 1  Not 2  Don't know 8 |  |
| 453 | Has it provided you with methods that protect against HIV/AIDS and other STIs? | Yes 1  Not 2  Don't know 8 |  |
| 454 | Did the provider allow you to ask questions? | Yes 1  Not 2  Don't know 8 |  |
| 455 | Has the provider answered all your questions to your satisfaction? | Yes 1  Not 2  Don't know 8 |  |
| 456 | During your visit, can you say that you were treated well by the provider? | Yes 1  Not 2  Don't know 8 |  |
| 457 | How do you assess the information you received about the family planning method you chose versus what you wanted? | I have received all the information 1  I received most of the information 2  I received little information 3  I have not received the information 4  Don't know/can't remember 8 |  |
| 458 | Has the service provider recommended one method to you rather than another?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/can't remember 8 |  |
| 459 | Do you feel that you are out of sight during your interview with the provider and that no other clients or patients in the health facility could see you during your consultation (such as during a physical examination)?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/Don't remember 8 |  |
| 460 | Did you feel able to discuss your problems with doctors, nurses, or other providers, without others not involved in your care overhearing your conversations?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 461 | Do you think that your personal information that you have shared with the provider will be confidential?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 462 | Do you feel that the doctor, nurse or other staff members treated you with respect?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 463 | Do you feel that the doctors, nurse or other staff have treated you in a friendly manner?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 464 | Do you think the environment of the sanitary structure, including the toilets, is clean?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 465 | How did the experience go with the arrangements made in the health facility while waiting for a service? For example, the seating arrangement, the order of calls, etc. | Very well 1  Ok 2  Bad 3  Very poor 4  Can't say anything 8 |  |
| 466 | Did you feel that you could ask all your questions to the doctors, nurses or other staff members of the health facility?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8 |  |
| 467 | Did you feel that doctors, nurses or other staff in the health facility involved you in decisions about your care?  *If so, would you say all the time, most of the time or a few times?*  *If the respondent says that he or she has not made a decision, put "not applicable"* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/don't remember 8Non applicable 9 |  |
| 468 | Would you say that you were treated differently because of a personal characteristic, such as your age, marital status, number of children, education, wealth, or something of the sort?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/Don't remember 8 |  |
| 469 | Did you feel like you were being treated brutally? For example, have you been pushed, beaten, slapped, pinched, physically coerced, or gagged, or otherwise physically abused?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/Don't remember 8 |  |
| 470 | Did you feel like doctors, nurses, or other health care providers shouted at you, scolded you, insulted you, threatened you, or spoke rudely to you?  *If so, would you say all the time, most of the time or a few times?* | Yes, all the time 1  Yes, most of the time 2  Yes, sometimes 3  No, never 4  Don't know/Don't remember 8 |  |
| 471 | Given your experience today, would you say that you are completely satisfied, partially satisfied, or not at all satisfied with the family planning services provided? | Yes, completely satisfied 1  Yes, partially met 2  Not at all satisfied 3  Can't say anything 8 | 473  473 |
| 472 | What are the reasons for this dissatisfaction?  *If the respondent mentions several reasons, circle the number of reasons they mention* | Manque d’installations A  Poor quality of service B  Poor client-caregiver relationship C  Fees too high D  Other (specify) X |  |
| 473 | If necessary, will you return to this health facility in the future for family planning services? | Yes 1  Not 2  Can't say anything 8 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Thank you for answering my questions about your visit. I will now ask you a few questions about some common problems that clients face in healthcare facilities. As I mention each of these issues, please let me know if any of them have been a problem for you today, and if so, it is a major or minor issue.** | | | |
| 475 | Was the waiting time to consult a service provider in this health facility a problem?  *IF YES, would you say that this is a major or minor problem?* | Yes, posed a major problem 1  Yes, had a minor issue 2  No, not a problem 3  Don't know 8 |  |
| 476 | Were the opening and closing hours of the health facility a problem?  *IF YES, would you say that this is a major or minor problem?* | Yes, posed a major problem 1  Yes, had a minor issue 2  No, not a problem 3  Don't know 8 |  |
| 477 | Has the number of days during which services are available in this health facility caused you a problem?  *IF YES, would you say that this is a major or minor problem?* | Yes, posed a major problem 1  Yes, had a minor issue 2  No, not a problem 3  Don't know 8 |  |
| 478 | Have you been a problem with the costs of family planning services in this health facility?  *IF YES, would you say that this is a major or minor problem?* | Yes, posed a major problem 1  Yes, had a minor issue 2  No, not a problem 3  Don't know 8 |  |
| 479 | Is it the health facility offering family planning services closest to your home? | Yes 1  No 2  Don't know 8 | END  END |
| 480 | What is the main reason why you did not go to the health facility closest to your home?  *If the respondent mentions several reasons, ask for the most important reason or the main reason* | Service schedule is not suitable 1  Bad reputation 2  Dislikes the staff 3  Poor quality of care 4  High cost of services 5  Lack of medication 6  I was referred here 7  Service not offered 8  Bad reception 9  Other 96  Don't know 98 |  |

**INVESTIGATOR'S OBSERVATIONS**