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 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

INTERVIEW WITH FAMILY PLANNING SERVICE PROVIDERS



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Rapid Facility Functionality Assessment of Family Planning Services for the Integration of Health Timing and Spacing of Pregnancy within Child Health Programs

For interviews with Family Planning Service Provider at hospitals, community health centers and health posts in the districts.

Date of Assessment:

Facility Name:.....

Name of sub District:..... **Name of District:**.....

Type of Facility: Hospital Community Health Center Health Post Others

Assessment Team (Name of Interviewers):

Name of Interviewee(s)

Facility Contact Person: _____ **Phone:**

General

Ask to speak with the District Health Program Officer, Midwife or person in charge health facility who is present today.

Introduce yourself, briefly explain the purpose of your visit and ask if she/he would be willing to answer few questions about healthy timing and spacing of pregnancy and family planning services in the facility.

Hello. My name is _____. My colleagues and I are here on behalf of the Ministry of Health and TAIS project to conduct a joint rapid assessment to learn more about your services in birth healthy timing and spacing of pregnancy and family planning. The information you provide is very important and valuable to us and will be used for the intended purpose. The information will be kept anonymous and will not be used as an assessment relating to your career. If you agree to participate we will need about _____ minutes to complete our questionnaire. We do appreciate your time and responses.

THANK YOU

1. Among the following services, please clarify which services you can perform? Have you been trained on these services during the last 2 years?

Ask questions and place (X) into the relevant box	Can do	Received training in the last two years	Notes (if needed)
1. Provide counseling on natural family planning	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide counseling on Lactation Amenorrhea Method (LAM)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide counseling on modern contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>	
4. Provide and/or guide on the use of contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide and/or guide on the use of condoms	<input type="checkbox"/>	<input type="checkbox"/>	
6. IUD insertion and removal	<input type="checkbox"/>	<input type="checkbox"/>	
7. Give injections for contraception	<input type="checkbox"/>	<input type="checkbox"/>	
8. Norplant insertion and removal	<input type="checkbox"/>	<input type="checkbox"/>	
9. Male sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	
10. Female sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	
11. Provide counseling on genital tract infections/ sexually transmitted diseases, including HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	

2. When was the last time that your MCH DPO provided you with professional support like advising and counseling you on your work and performance? Check one best response

- Never
 In the past month
 In the past 6 month
 In the past year
 I have no supervisor
 Do not know

3. Are you satisfied with your work in the family planning clinic? Yes No

Please give reason(s) for your answer:

4. In your opinion, what are the 3 greatest problems facing this health facility right now regarding family planning? What are solutions to these problems?

Problem 1.	Solution
Problem 2.	Solution
Problem 3.	Solution

5. Do you have any further questions for the assessment team?