



**USAID**  
FROM THE AMERICAN PEOPLE

 **BASICS**

# **BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT**

## **INTERVIEW WITH FAMILY PLANNING SERVICE PROVIDERS**



U.S. Agency for International Development  
Bureau for Global Health  
Office of Health, Infectious  
Diseases and Nutrition  
Ronald Reagan Building  
1300 Pennsylvania Ave., NW  
Washington, D.C. 20523  
Tel: (202) 712-0000  
Email: [globalhealth@phnip.com](mailto:globalhealth@phnip.com)  
[www.usaid.gov/our\\_work/global\\_health](http://www.usaid.gov/our_work/global_health)

BASICS  
4245 N. Fairfax Dr., Suite 850  
Arlington, VA 22203  
Tel: (703) 312-6800  
Fax: (703) 312-6900  
Email: [basics@basics.org](mailto:basics@basics.org)  
[www.basics.org](http://www.basics.org)

Support for this publication was provided by the USAID Bureau for Global Health

BASICS (Basic Support for Institutionalizing Child Survival) is a global project to assist developing countries in reducing infant and child mortality through the implementation of proven health interventions. BASICS is funded by the U.S. Agency for International Development (contract no. GHA-I-00-04-00002-00) and implemented by the Partnership for Child Health Care, Inc., comprised of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include the Manoff Group, Inc., the Program for Appropriate Technology in Health, and Save the Children Federation, Inc.

## **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?**