

FORM 1-Clinic Review of Documents

GENERAL INFORMATION

1 Reviewers

OFFICIAL DOCUMENTS

Write Y or
N

- | | | |
|--|---|--------|
| 10 Is there a statement that prohibits gender-based discrimination? | <input style="width: 100%; height: 15px;" type="text"/> | I.2 |
| 11 Is there a statement that prohibits gender-based discrimination in personnel promotion and remuneration? | <input style="width: 100%; height: 15px;" type="text"/> | I.3 |
| 12 Is there a statement that prohibits abuse of power in the workplace, for example, against sexual abuse or harassment?
Have studies been made in the past five years with surveys on clients' satisfaction with the services provided and opening | <input style="width: 100%; height: 15px;" type="text"/> | I.4 |
| 13 hours? | <input style="width: 100%; height: 15px;" type="text"/> | V.1 |
| 14 Is there a statement that promotes women's empowerment? | <input style="width: 100%; height: 15px;" type="text"/> | I.1 |
| 15 Is spousal consent required for any kind of service? | <input style="width: 100%; height: 15px;" type="text"/> | I.13 |
| 17 Are suggestions used to make programmatic changes? | <input style="width: 100%; height: 15px;" type="text"/> | VIII.1 |
| 18 Is there any declaration that establishes, as a routine procedure, offering counseling services? | <input style="width: 100%; height: 15px;" type="text"/> | I.12 |

INFORMATION, EDUCATION, AND COMMUNICATION (IEC) AND TRAINING

Y/N

- | | | |
|---|---|-------|
| 19 Is there IEC material on sexual and reproductive health? | <input style="width: 100%; height: 15px;" type="text"/> | VII.2 |
| 23 Do IEC materials include information on the three types of rights? | <input style="width: 100%; height: 15px;" type="text"/> | VII.1 |
| 24 Is there any kind of IEC (leaflets, posters, flyers, brochures, etc.) that contains discriminatory language? | <input style="width: 100%; height: 15px;" type="text"/> | VI.1 |
| 25 Do all IEC materials (e.g., flyers, leaflets, posters, brochures) use gender-neutral language? | <input style="width: 100%; height: 15px;" type="text"/> | VI.2 |

CONTRACEPTIVE METHOD SUPPLY

Y/N

- | | | |
|--|---|------|
| 31 Is there a range of contraceptive methods available according to norms established by the clinic? | <input style="width: 100%; height: 15px;" type="text"/> | I.14 |
|--|---|------|

EQUAL PARTICIPATION

Y/N

- | | | |
|--|---|------|
| 35 Is the percentage of couples who participate in consultations greater than the percentage of men or women who go alone? | <input style="width: 100%; height: 15px;" type="text"/> | I.11 |
|--|---|------|

NOTE: Only questions 15 and 24 accept a negative answer as favorable. The rest of the questions accept positive answers as favorable.

IMPORTANT! Fill in only the GREEN cells. Do not fill in the yellow formula and calculation cells.

**FORM 2-Clinic
Observation of General Conditions**

GENERAL INFORMATION

1 Observer(s)

GENERAL CONDITIONS: AREAS AND EQUIPMENT

Write Y or N

10 Are the clinic areas (hallways, consulting rooms, bathrooms) comfortable and clean?

V.2

11 Does the clinic have functioning equipment?

V.3

12 Are there enough seats available in waiting areas?

V.5

PRIVACY AND CONFIDENTIALITY

Y/N

13 Can the client be heard or seen from outside the consulting rooms?

V.4

ENTERTAINMENT FOR CHILDREN

Y/N

14 Are resources made available (e.g., books, games) for entertaining children who accompany clients?

IV.2

INFORMATION, EDUCATION, AND COMMUNICATION (IEC) AND TRAINING MATERIALS

Y/N

15 Is there visual and accessible information on the services available, fees, and prices?

VII.3

16 Is any educational activity held for clients in waiting areas?

VII.4

20 Can at least one poster, flyer, or other IEC material be seen with information on each type of right?

VII.1

21 Can posters, flyers, or other IEC material be seen with information on sexual and reproductive health?

VII.2

Note: Only question 13 accepts a negative answer as favorable. The rest of the questions accept positive answers as favorable.

IMPORTANT! Fill in only the GREEN cells. Do not fill in the yellow formula and calculation cells.

FORM 3-Clinic Observation of Consultations

GENERAL INFORMATION

1 Observer(s)

Fill in pages 1 and 2

Observation Number

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Main reason for visit

GENERAL CARE

Fill in Y or N

		1	2	3	4	5	6	7	8
11 Does the provider greet the client?	II.1								
12 Does the provider wear a visible identification badge?	II.2								
13 Does the provider address the client respectfully?	II.3								
14 Does the provider use simple language (that the client understands) when providing information?	II.8								
15 Does the provider use illustrative material (brochures, flipcharts or other material) to reinforce information?	II.7								
16 Does the provider ask the client if he or she has questions?	II.12								
17 Does the provider answer/clarify the client's questions?	II.13								
18 Does the provider use discriminatory language?	VI.1								
19 Does the provider make eye contact while speaking to the client?	II.11								
20 Does the consultation/counseling room safeguard the client's privacy? Does the provider devote the entire consultation time to the client, without	V.4								
21 interruptions (such as personal phone calls or conversations with another colleague)?	II.19								
22 Does the provider give reinforcement educational materials to the client (brochures, leaflets, or other materials)?	II.15								

Note: Only question 18 accepts a negative answer as favorable. The rest of the questions accept positive answers as favorable.

IMPORTANT! Fill in only the green cells. Do not fill in the yellow formula and calculation cells.

FORM 4

Client Exit Interviews

GENERAL INFORMATION

1 Interviewer(s)

Number of Interview

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

10 Main reason for visit

CLIENT COMFORT

Write Y or N

12 Is it difficult for you to attend this clinic during existing opening hours? V.11

13 Did you have any difficulties coming to the clinic today? IV.1

14 Did you wait more than half an hour to be seen? II.17

15 Was any educational activity held in the waiting area while you waited to be seen? VII.4

CLIENT-PROVIDER INTERACTION AND TREATMENT

Write Y or N

16 During your visit today, did you feel that any person in this clinic did not treat you well? V.9

19 Were you attended by a provider of the gender you prefer? V.10

20 Did you feel comfortable speaking with the provider today? V.6

AREAS OF THE CLINIC

Write Y or N

23 Did you find any areas of the clinic dirty or uncomfortable? V.2

CONTENTS OF THE CONSULTATION OR COUNSELING SESSION

Write Y or N

29 Did the provider speak to you about at least two sexual and reproductive health subjects? II.4

34 Did the provider speak of at least two issues related to the client's sexual and reproductive health? II.5

35 Did the provider use language that was easy to understand? II.8

36 Did the provider use illustrative materials, such as leaflets or posters, to reinforce information? II.7

37 Did you feel that the time for consultation was sufficient? V.8

38 Did you feel comfortable asking the provider questions? V.7

39 Did the provider clear up concerns and answer questions? II.13

Note: Questions 12, 13, 14, 16, and 23 accept negative answers as favorable. The rest of the questions accept positive answers as favorable.

Important! Fill in only the **GREEN** areas. Do not fill in the yellow formula and calculation cells.

FORM 5-Clinic Personnel Interviews

GENERAL INFORMATION

1 Interviewer							
9 Sex of the interviewee M =Male, F =Female							
10 Position P =Physician, N =Nurse, C =Counselor, A =Administrative Personnel							
11 Seniority							

Number of Interview

1 2 3 4 5 6 7

PROCEDURES AND PRACTICES

		Write Y or N						
15 Have suggestions or recommendations been put into practice? In general, do you think your establishment's director or manager is receptive to the	I.6							
16 opinions and suggestions of personnel?	I.5							
17 Do you feel motivated to give opinions and make suggestions?	I.7							
18 In general, would you define the work environment as cooperative where every employee has a say?	I.8							
19 If you had a family situation that required your presence, do you feel you could ask your supervisor to leave work?	I.9							
20 Do you feel that preferential treatment is given to employees of any one sex?	I.10							
21 Are there some services for which the client requires spousal consent?	I.13							
22 Do you know whether providers wait half an hour after they arrive to start with consultation?	II.16							

GENERAL CONCEPTS

		Write Y or N						
24 Did the provider correctly differentiate the concepts of gender and sex?	III.3							
26 Did the provider define sexual and reproductive health correctly? Did the provider correctly describe at least eighty percent of sexual and reproductive	III.1							
28 health services provided in the institution?	II.18							

CONTENT OF THE CONSULTATION OR COUNSELING SESSIONS

		Write Y or N						
29 Do you feel that there are cultural or medical barriers to approaching sexual and reproductive health subjects in consultations?	II.6							
32 Did the provider know the contraceptive methods offered in this clinic?	III.2							
35 Did the provider know about and promote the dual protection method?	II.20							
40 Did the provider know to perform the Pap test and promote it in the clinic?	II.21							
45 Did the provider know about and promote breast self-examination?	II.22							

Note: Questions 20, 21, 22, and 29 accept negative answers as favorable. The rest of the questions accept positive answers as favorable.

IMPORTANT! Fill in only the **GREEN** areas. Do not fill in the yellow formula and calculation cells.