

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

FORMATTING DATE: 01 Nov 2024
ENGLISH LANGUAGE: 09 Oct 2024

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT OBSERVATION OF FAMILY PLANNING CONSULTATION

FACILITY IDENTIFICATION

QTYPE **F** **P** **O**

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

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CLIENT CODE [FROM CLIENT LISTING FORM]

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PROVIDER INFORMATION

PROVIDER QUALIFICATION CATEGORY:

PROVIDER TYPE 1 01
PROVIDER TYPE 2 02
PROVIDER TYPE 3 03
PROVIDER TYPE 4 04
PROVIDER TYPE 5 05
PROVIDER TYPE 6 06
PROVIDER TYPE 7 07
PROVIDER TYPE 8 08
PROVIDER TYPE 9 09
OTHER TYPE 96

PROVIDER CATEGORY

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SEX OF PROVIDER

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(1 = MALE; 2 = FEMALE)

INFORMATION ABOUT OBSERVATION

DATE

DAY

MONTH

YEAR

2	0	2	

INTERVIEWER'S NAME: _____

OBSERVER'S NUMBER ...

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LANGUAGE OF QUESTIONNAIRE** **01**

LANGUAGE OF INTERVIEW**

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TRANSLATOR USED (YES = 1, NO = 2)

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LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:

01 ENGLISH 03 LANGUAGE 05 LANGUAGE
02 LANGUAGE 04 LANGUAGE 06 LANGUAGE

TEAM

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NUMBER

TEAM SUPERVISOR

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NAME

NUMBER

OBSERVATION OF FAMILY PLANNING CONSULTATION

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

PC

INTRODUCTION AND PROVIDER CONSENT

READ THE FOLLOWING CONSENT STATEMENT TO THE PROVIDER. IF THIS IS NOT THE FIRST CLIENT YOU'RE OBSERVING FOR THIS PROVIDER, DON'T READ THE CONSENT AGAIN, BUT ASK THE PROVIDER IF YOU CAN STAY IN THE ROOM TO OBSERVE THE NEXT CLIENT'S CONSULTATION. RECORD THE ANSWER AS APPROPRIATE, SIGN AND DATE. IF CONSENT IS GRANTED, MOVE TO THE CLIENT CONSENT.

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

Your facility was selected to participate in this study. We will be observing your consultation with this client in order to understand how family planning services are provided in this facility. At the end of the consultation, we will ask you questions about the types of services that you provided. The observation usually takes about 15-20 minutes.

Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor the names of your clients participating in this study will be included in the dataset or in any report; however, there is a small chance that the facility can be identified. Still, we are asking for your help to ensure that the information we collect is accurate.

Participation in the survey is voluntary. You may refuse to answer any question, or you can ask me to leave at any point, if you feel uncomfortable. There is no penalty for refusing to participate, however, we hope you won't mind our observing your consultation.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your facility manager.

Do you have any questions?

Do I have your permission to be present at this consultation?

SIGNATURE OF INTERVIEWER _____

DATE

DAY

MONTH

YEAR .

2	0	2	

PROVIDER AGREES
TO BE OBSERVED . 1

PROVIDER DOES NOT AGREE
TO BE OBSERVED 2 → END



101

CLIENT CONSENT

READ THE FOLLOWING CONSENT STATEMENT TO THE CLIENT

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

This facility was selected to participate in the study. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility. The observation usually takes about 15-20 minutes.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me. There is no penalty for refusing to participate, however, we hope you won't mind our observing the consultation.

After the consultation, my colleague would like to talk with you about your experience here today. In case you need more information about the survey, you may contact the in-charge manager of this health facility.

Do you have any questions for me at this time?

Do I have your permission to be present at this consultation?

SIGNATURE OF INTERVIEWER _____

CLIENT AGREES
TO BE OBSERVED . 1
↓

CLIENT DOES NOT AGREE
TO BE OBSERVED 2 → END

102	RECORD THE TIME THE OBSERVATION STARTED	HOURS <table border="1" data-bbox="1182 1223 1302 1279"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1182 1285 1302 1344"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2									

CLIENT HISTORY AND REPRODUCTIVE INTENTION

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES	GO TO
104	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:		
01	AGE OF CLIENT	A	
02	LAST MENSTRUAL PERIOD (ASSESS IF CURRENTLY PREGNANT)	B	
03	NUMBER OF LIVING CHILDREN	C	
04	LAST DELIVERY DATE OR AGE OF YOUNGEST CHILD	D	
05	BREASTFEEDING STATUS	E	
06	REGULARITY OF MENSTRUAL CYCLE	F	
07	DESIRE FOR A CHILD OR MORE CHILDREN	G	
08	DESIRED TIMING FOR BIRTH OF NEXT CHILD	H	
09	NONE OF THE ABOVE	Y	

PHYSICAL EXAMINATION AND RISK FACTOR ASSESSMENT

105	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:		
01	TOOK THE CLIENT'S BLOOD PRESSURE	A	
02	WEIGHED THE CLIENT	B	
03	ASKED THE CLIENT ABOUT HER SMOKING HABIT	C	
04	ASKED THE CLIENT ABOUT SYMPTOMS OF STIs (E.G., ABNORMAL VAGINAL/URETHRAL DISCHARGE)	D	
05	ASKED THE CLIENT ABOUT ANY CHRONIC ILLNESSES (HEART DISEASE, DIABETES, HYPERTENSION, LIVER DISEASE, OR BREAST CANCER)	E	
06	ASKED THE CLIENT ABOUT ANY MEDICATION THAT SHE CURRENTLY TAKES	F	
07	NONE OF THE ABOVE	Y	

SEXUALLY TRANSMITTED INFECTIONS

106	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV		
01	CLIENT'S PERCEIVED RISK OF STIs/HIV	A	
02	USE OF CONDOMS TO PREVENT STIs/HIV	B	
03	USING CONDOMS ALONG WITH ANOTHER METHOD (DUAL METHOD) TO PREVENT BOTH PREGNANCY AND STIs/HIV	C	
04	NONE OF THE ABOVE	Y	

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES	GO TO
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CONTRACEPTIVE COUNSELING

107	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING:		
01	PROVIDER ASKED OR CLIENT TOLD ABOUT HISTORY OF FAMILY PLANNING USE	A	
02	PROVIDER ASKED OR CLIENT TOLD ABOUT CONCERNS OR PROBLEMS WITH METHODS USED IN THE PAST	B	
03	PROVIDER ASKED IF OR CLIENT TOLD PROVIDER THAT SHE USES ANY METHODS CURRENTLY	C	
04	PROVIDER ASKED IF SHE HAD QUESTIONS OR CONCERNS REGARDING THE METHOD SHE CURRENTLY USES, IF SHE USES ANY METHODS	D	
05	CLIENT TOLD PROVIDER ABOUT CONCERNS WITH OR ASKED QUESTIONS ABOUT CURRENT METHOD, INCLUDING POSSIBLE SIDE EFFECTS OF CURRENT METHOD	E	
06	PROVIDER ASKED CLIENT IF SHE HAS A PREFERRED METHOD OR METHOD OF CHOICE	F	
07	PROVIDER ASKED CLIENT IF SHE HAS ANY QUESTIONS	G	
08	PROVIDER AND CLIENT TALKED SWITCHING IF SHE WANTS TO STOP USING METHOD	H	
09	PROVIDER AND CLIENT TALKED ABOUT TWO OR MORE METHODS	I	
10	NONE OF THE ABOVE	Y	

PRIVACY/CONFIDENTIALITY

108	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY:		
01	ENSURED VISUAL PRIVACY	A	
02	ENSURED AUDITORY PRIVACY	B	
03	ASSURED THE CLIENT VERBALLY OF CONFIDENTIALITY	C	
04	NONE OF THE ABOVE	Y	

METHODS PROVIDED, PRESCRIBED, OR DISCUSSED

109	<p>VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED, PRESCRIBED, OR DISCUSSED DURING THIS VISIT.</p> <p>FOR EXAMPLE, IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. IF OTHER METHOD(S) WAS DISCUSSED, IN ADDITION, CIRCLE THAT METHOD(S) IN COLUMN C. "DISCUSSION" REFERS TO PROVISION OF SOME INFORMATION ABOUT THE METHOD SUCH AS HOW THE METHOD WORKS, WHAT SIDE EFFECTS MAY OCCUR, OR COMPARISON AGAINST METHODS PRESCRIBED OR PROVIDED.</p> <p>IF CLIENT IS CONTINUING, CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.</p> <p>CAUTION! AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A".</p>				
		(A)	(B)	(C)	
	METHOD	PRESCRIBED TO BE FILLED OUTSIDE THE FACILITY	PROVIDED TO CLIENT IN THE FACILITY	DISCUSSED	
01	COMBINED ORAL PILL	A	A	A	
02	PROGESTIN-ONLY ORAL PILL	B	B	B	
03	ORAL PILL (TYPE UNSPECIFIED)	C	C	C	
04	COMBINED INJECTABLE (MONTHLY)	D	D	D	
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) INTRAMUSCULAR (DMPA-IM)	E	E	E	
06 (FN1)	[PER COUNTRY GUIDELINES] PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) SUBCUTANEOUS (DMPA-SC)	F	F	F	
07	MALE CONDOM	G	G	G	
08	FEMALE CONDOM	H	H	H	
09	IUD	I	I	I	
10	IMPLANT	J	J	J	
11	EMERGENCY CONTRACEPTIVE	K	K	K	
12	FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD, CYCLE BEADS, OR PERIODIC ABSTINENCE	L	L	L	
13	VASECTOMY (MALE STERILIZATION)	M	M	M	

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES			GO TO
14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N	N	
15	LACTATIONAL AMENORRHEA METHOD	O	O	O	
16	SPERMICIDE	P	P	P	
17	DIAPHRAGM	Q	Q	Q	
18	OTHER MODERN	X	X	X	
19	NO METHOD	Y	Y	Y	

METHOD USE - FOR PRESCRIBED OR PROVIDED METHODS

	CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT. IF MULTIPLE METHODS ARE PROVIDED OR PRESCRIBED, CIRCLE THE APPROPRIATE LETTERS AS LONG AS THE INFORMATION IS DISCUSSED FOR ANY OF THE METHODS.	
110	CHECK Q109 COLUMNS 'A' AND 'B'. ARE ANY LETTERS OTHER THAN 'Y' CIRCLED? <div style="display: flex; justify-content: center; gap: 50px;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="text-align: right; margin-top: 10px;">→ 112</div>	
111	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	DISCUSSED WHETHER METHOD PROTECTS AGAINST STIs, INCLUDING HIV A	
02	DISCUSSED WHEN THE METHOD BECOMES EFFECTIVE TO PREVENT PREGNANCY B	
03	DISCUSSED HOW LONG THE METHOD IS EFFECTIVE TO PREVENT PREGNANCY . C	
04	DISCUSSED IF AND HOW LONG IT TAKES FERTILITY TO RETURN AFTER STOP TAKING/USING THE METHOD D	
05	EXPLAINED HOW TO USE THE METHOD OR WHEN TO TAKE THE METHOD E	
06	DISCUSSED WHAT TO DO IF FORGET TO TAKE THE METHOD ON TIME FOR PILLS/ INJECTABLES F	
07	DISCUSSED A RETURN VISIT TO RESUPPLY THE METHOD FOR PILLS, INJECTABLES, OR CONDOMS G	
08	DISCUSSED A RETURN VISIT TO CHECK THE METHOD FOR IUD H	
09	DISCUSSED A RETURN VISIT TO CHECK PREGNANCY STATUS FOR EMERGENCY CONTRACEPTIVES (EC) I	
10	DISCUSSED WHAT TO DO IF CLIENTS WANT TO STOP USING OR REMOVE THE METHOD J	
11	DISCUSSED CLIENTS COULD SWITCH TO DIFFERENT METHODS IF A SELECTED METHOD IS NOT SUITABLE AFTER TRYING IT K	
12	NONE Y	

SIDE EFFECTS OR HEALTH RISKS - FOR PRESCRIBED OR PROVIDED METHODS

CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT. IF MULTIPLE METHODS ARE PROVIDED OR PRESCRIBED, CIRCLE THE APPROPRIATE LETTERS AS LONG AS THE INFORMATION IS DISCUSSED FOR ANY OF THE METHODS.

112	CHECK Q109 COLUMNS 'A' AND 'B'. IS 'A', 'B', OR 'C' CIRCLED IN EITHER OR BOTH COLUMNS? OR BOTH COLUMNS?	→ 114
YES <input type="checkbox"/> NO <input type="checkbox"/>		

113	PILLS	
01	BLEEDING CHANGES ARE COMMON SIDE EFFECTS	A
02	POSSIBLE OTHER SIDE EFFECTS CAN OCCUR SUCH AS HEADACHES, DIZZINESS, AND BREAST TENDERNESS	B
03	SIDE EFFECTS ARE NOT SIGNS OF ILLNESS	C
04	MOST SIDE EFFECTS USUALLY BECOME LESS OR STOP WITHIN THE FIRST FEW MONTHS	D
05	WHAT TO DO TO MANAGE IRREGULAR BLEEDING SUCH AS TAKING PILLS REGULARLY	E
06	THE CLIENT CAN COME BACK IF SIDE EFFECTS BOTHER HER OR IF SHE HAS OTHER CONCERNS	F
07	FOR COMBINED ORAL PILL, BLOOD CLOT IS A VERY RARE HEALTH RISK	G
08	NONE OF THE ABOVE	Y

114	CHECK Q109 COLUMNS 'A' AND 'B'. IS 'D', 'E', OR 'F' CIRCLED IN EITHER OR BOTH	→ 116
YES <input type="checkbox"/> NO <input type="checkbox"/>		

115	INJECTABLES	
01	BLEEDING CHANGES ARE COMMON SIDE EFFECTS	A
02	POSSIBLE OTHER SIDE EFFECTS CAN OCCUR SUCH AS WEIGHT GAIN, HEADACHES, AND DIZZINESS	B
03	SIDE EFFECTS ARE NOT SIGNS OF ILLNESS	C
04	MOST SIDE EFFECTS USUALLY BECOME LESS OR STOP WITHIN THE FIRST FEW MONTHS	D
05	THE CLIENT CAN COME BACK IF SIDE EFFECTS BOTHER HER OR IF SHE HAS OTHER CONCERNS	E
06	NONE OF THE ABOVE	Y

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES	GO TO
116	CHECK Q109 COLUMNS A AND B. IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 118
117	IUD		
01	BLEEDING CHANGES ARE COMMON SIDE EFFECTS	A	
02	POSSIBLE OTHER SIDE EFFECTS CAN OCCUR SUCH AS MORE CRAMPS DURING MONTHLY BLEEDING, ACNE, HEADACHES, AND BREAST TENDERNESS OR PAIN	B	
03	SIDE EFFECTS ARE NOT SIGNS OF ILLNESS	C	
04	MOST SIDE EFFECTS USUALLY BECOME LESS OR STOP WITHIN THE FIRST FEW MONTHS	D	
05	THE CLIENT CAN COME BACK IF SIDE EFFECTS BOTHER HER OR IF SHE HAS OTHER CONCERNS	E	
06	PELVIC INFLAMMATORY DISEASE IS A RARE HEALTH RISK IF THE CLIENT HAS STIs AT THE TIME OF INSERTION	F	
07	NONE OF THE ABOVE	Y	
118	CHECK Q109 COLUMNS 'A' AND 'B'. IS CODE 'J' CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 120
119	IMPLANTS		
01	BLEEDING CHANGES ARE COMMON SIDE EFFECTS	A	
02	POSSIBLE OTHER SIDE EFFECTS CAN OCCUR SUCH AS HEADACHES, ABDOMINAL PAIN, AND BREAST TENDERNESS	B	
03	SIDE EFFECTS ARE NOT SIGNS OF ILLNESS	C	
04	MOST SIDE EFFECTS USUALLY BECOME LESS OR STOP WITHIN THE FIRST YEAR	D	
05	THE CLIENT CAN COME BACK IF SIDE EFFECTS BOTHER HER OR IF SHE HAS OTHER CONCERNS	E	
06	NONE OF THE ABOVE	Y	
120	CHECK Q109 COLUMNS 'A' AND 'B'. IS CODE 'M' OR 'N' CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 122
121	MALE OR FEMALE STERILIZATION		
01	PROCEDURE INTENDED TO BE PERMANENT	A	
02	NONE OF THE ABOVE	Y	

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES	GO TO
ADDITIONAL PROVIDER ACTIONS			
122	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:		
01	LOOKED AT CLIENT'S HEALTH CARD AT ANY TIME BEFORE BEGINNING THE CONSULTATION, WHILE COLLECTING INFORMATION OR WHILE EXAMINING THE CLIENT A	
02	WROTE ON THE CLIENT'S HEALTH CARD B	
03	USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING C	
04	WASHED HANDS BEFORE AND AFTER ANY PROCEDURE SUCH AS PELVIC EXAM, INSERTING IMPLANT D	
05	ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTION E	
06	ASKED PERMISSION BEFORE CARRYING OUT ANY EXAMS OR PROCEDURE F	
07	EXPLAINED WHY THEY WERE CARRYING OUT ANY EXAMS OR PROCEDURE G	
08	EXPLAINED THE FINDINGS OF ANY EXAMS OR CONSULTATIONS H	
09	NONE OF THE ABOVE Y	

QUESTIONS TO PROVIDER			
AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS:			
200	Has this client ever visited this facility for family planning services before today's visit?	YES 1 NO 2 DON'T KNOW 8	
201	Has this client ever been pregnant?	YES 1 NO 2 DON'T KNOW 8	
202	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NOT CURRENT USER BUT EVER USED IN THE PAST 2 NOT CURRENT USER AND NEVER USED IN THE PAST 3 NOT DETERMINED 8	} → 205
203	What was the client's main reason for the visit? (FOR CURRENT USER)	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD 2 DESIRE TO CHANGE METHOD 3 DESIRE TO DISCONTINUE FP 4 DISCUSS OTHER PROBLEM 5	

NO.	QUESTION / OBSERVATIONS	CODING CATEGORIES	GO TO								
204	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 SWITCHED METHOD 2 PLANNED METHOD SWITCH NOT RECEIVED TODAY CONTINUED USE OF CURRENT METHOD 3 PLANNED METHOD SWITCH NOT RECEIVED TODAY DISCONTINUED CURRENT METHOD 4 DECIDED TO STOP USING FP METHODS 5	→ 206								
205	What was the outcome of the visit? (FOR NON CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2									
206	RECORD THE TIME THE OBSERVATION ENDED	HOURS <table border="1" data-bbox="1182 683 1302 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1182 741 1302 792"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
THANK THE SERVICE PROVIDER AND THE CLIENT AND MOVE TO THE NEXT DATA COLLECTION POINT.											
Interviewer's comments:											

OBSERVATION OF FAMILY PLANNING CONSULTATION: FOOTNOTES

(FN1) Verify country program and adapt as per country needs or specific injectable. For example, in countries with a Sayana Press program, you may specify "DMPA-SC/ Sayana Press "