Record-Review Checklists for Reproductive Health Services
<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client identification information is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Date of visit is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Client’s reason for visit is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Client’s medical history is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Client’s reproductive health history is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. General physical examination was conducted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Client’s signs and symptoms are recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Any prescriptions or treatment are recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Follow-up plans are recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Staff signatures are present.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Entries are legible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments on records reviewed:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Note: This checklist can be used to review the records for clients of any reproductive health services. For surgical procedures, please also use the Surgical Record-Review Checklist.
**SURGICAL RECORD-REVIEW CHECKLIST**

Site: ________________________     Date: ______________     Reviewer: _______________________

(Select 10 records at random.)

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client identification information is recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Physical examination was completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Informed consent form was signed and attached.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Information on intraoperative medications is recorded:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Time of administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Names of medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Dosage of medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Intraoperative vital signs are recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Procedure notes are recorded in detail (e.g., type of incision, findings, type of surgery, and type of suture).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Postoperative vital signs are recorded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Complications**

(Note cases in which a complication occurred.)

| 8. Complication is described in detail (e.g., type of incision, findings, type of surgery, and type of suture). |   |   |   |   |   |   |   |   |   |    |       |
| 9. Treatment procedure is described in detail.                                  |   |   |   |   |   |   |   |   |   |    |       |
| 10. Medication given is recorded.                                                |   |   |   |   |   |   |   |   |   |    |       |
| 11. Discharge status is recorded.                                                |   |   |   |   |   |   |   |   |   |    |       |

Comments on records reviewed:________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

EngenderHealth  55
Client Interview Guide for Reproductive Health Services
Client Interview Guide for Reproductive Health Services

Greet the client and introduce yourself:

My name is ________, and I work here. We are trying to improve services for clients, and we would like your honest opinion of how well we are doing and what we need to improve—both the good things and the bad things. This interview is private and confidential. You are free not to answer any questions you do not want to, and if you do not want to take part in the interview at all, you do not have to. Your name will not be used. This will take about 10 minutes. Your ideas are important to us—may I ask you a few questions?

SITE: ___________________________ DATE: _______________

NAME OF INTERVIEWER: _______________________________

Note to interviewer: Ask the questions printed in boldface type. Check (✓) responses that the client gives. Write additional notes in the spaces provided.

1. Is this your first visit to this facility, or is it a follow-up visit?
   First visit ...........✓ Follow-up visit...........☐

2. Is the client female or male?
   Female...............✓ Male.........................☐

3. What type of services did you come for today?
   Check responses given. (Do not read the responses to the client.)
   a. Antenatal care...........................................☐
   b. Labor and delivery.....................................☐
   c. Postpartum and newborn care......................☐
   d. Family planning........................................☐
   e. Postabortion care.....................................☐
   f. Reproductive tract infections (RTIs), including sexually transmitted infections (STIs)..........................☐
   g. HIV..................................................................☐
   h. Gynecological services...................................☐
   i. Men’s reproductive health services...................☐
   j. Infertility.........................................................☐
   k. Other: ..................................................................☐

4. Did you get the services you came for?
   Yes....✓ No....☐

If no: Why not? What happened?

(continued)
Client Interview Guide for Reproductive Health Services (continued)

5. How long did you have to wait before you saw a doctor or nurse today?
   __________ minutes

6. What did you do while you were waiting?

7. Were you given information today?
   Yes.....☐  No.....☐

   If yes: What type of information were you given? (Check all that the client mentions.)
   a. Antenatal care.........................................................☐
   b. Labor and delivery....................................................☐
   c. Postpartum and newborn care.................................☐
   d. Family planning......................................................☐
   e. Postabortion care....................................................☐
   f. RTIs, including STIs ..................................................☐
   g. HIV.............................................................................☐
   h. Gynecological disorders............................................☐
   i. Disorders of the male reproductive system....................☐
   j. Infertility.....................................................................☐
   k. Harmful practices......................................................☐
   l. Other: __________________________________________________

8. Do you feel that the staff explained information clearly?
   Yes.....☐  No.....☐

9. Were you able to spend enough time with the service provider to discuss your needs?
   Yes.....☐  No.....☐

10. Are there any areas of the clinic that you think need improvement, to make them cleaner, more comfortable, or more private?
    Yes.....☐  No.....☐

   If yes: Please tell me which ones and why.

   __________________________________________________________________________

(continued)
Client Interview Guide for Reproductive Health Services (continued)

11. Were the staff respectful?
   Yes…  No…

12. Could the service you received in any of the departments have been improved?
   Yes…  No…

   *If yes: What could have been better?*

13. Were you asked to pay for services you received today?
   Yes…  No…

14. Are the services in this clinic affordable to most people in this community?
   Yes…  No…

15. What have you heard from your family or friends or others in your community about the quality of services at this clinic?

   ____________________________

   ____________________________

Note to interviewer: If this is the client’s first visit to the facility, *skip to question 19.*
If he or she has been here before, continue below.

16. [For those who have been here before] When did you first come to this clinic?

   ____________________________

17. [For those who have been here before] Since you first started coming here, has the quality of services improved, stayed the same, or gotten worse?
   a. Improved ……………………
   b. Stayed the same ………
   c. Gotten worse ………………

18. [For those who have been here before] What has changed to make things:
   a. Better? _______________________________
   b. Worse? _______________________________

(continued)
19. What do you like most about this clinic? Why?

_____________________________________________________________________________________

_____________________________________________________________________________________

20. What do you like least about this clinic? Why?

_____________________________________________________________________________________

_____________________________________________________________________________________

21. Is there anything you think could be done to improve services here?

_____________________________________________________________________________________

_____________________________________________________________________________________

I would like to answer any questions that you have before you leave. Is there anything that concerns you, or anything that I can help you with?

Thank you for your help and ideas!
Client-Flow Analysis Forms for Reproductive Health Services
## CLIENT REGISTER FORM

Client number: _____  Date: __________________ Time client arrived at facility: _______

Sex:  Male ____  Female ____

Primary reason for visit (see Service Type codes): ____

Secondary reason for visit (see Service Type codes): ____

Visit timing: First visit for primary service ___  Follow-up visit for primary service ___

<table>
<thead>
<tr>
<th>Staff member's initials</th>
<th>Time service started</th>
<th>Time service completed</th>
<th>Contact time (in minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Second contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Third contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Fourth contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Fifth contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>Sixth contact</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Comments: ___________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**Codes: Service Type**

A—Antenatal care  E—HIV
B—Postpartum and newborn care  F—Gynecological services
C—Family planning  G—Men's reproductive health services
D—Reproductive tract infections  H—Infertility  I—Other (if chosen, please describe)
(RTIs), including sexually transmitted infections (STIs)
# CLIENT-FLOW CHART

(Use as many pages as necessary)

<table>
<thead>
<tr>
<th>Client number</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total time (in minutes)</th>
<th>Contact time (in minutes)</th>
<th>Waiting time (in minutes)</th>
<th>Service type (primary)</th>
<th>Service type (secondary)</th>
<th>Visit timing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Codes: Service Type**
- A—Antenatal care
- B—Postpartum and newborn care
- C—Family planning
- D—Reproductive tract infections (RTIs), including sexually transmitted infections (STIs)
- E—HIV
- F—Gynecological services
- G—Men’s reproductive health services
- H—Infertility
- I—Other (please describe)

**Codes: Visit Timing**
- 1—First visit
- 2—Follow-up visit

| Total                     |         |          |                         |                           |                          |                        |                         |              |          |
### CLIENT-FLOW CHART SUMMARY

<table>
<thead>
<tr>
<th>Page</th>
<th>Total number of clients</th>
<th>Total time (in minutes)</th>
<th>Total contact time (in minutes)</th>
<th>Percentage of client time spent in contact with staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Page 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Average number of minutes per client** (rounded to a whole number): ________
(divide “Total time” by “Total number of clients”)

**Average contact minutes** (rounded to a whole number): ________
(divide “Total contact time” by “Total number of clients”)

Site: __________________  Date: __________________  Session: __________________
Action Plan and Follow-Up Forms for Reproductive Health Services
# Action Plan

<table>
<thead>
<tr>
<th>Problem</th>
<th>Cause(s)</th>
<th>Recommendation</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
</table>
## Action Plan Follow-Up

<table>
<thead>
<tr>
<th>Problem</th>
<th>Cause(s)</th>
<th>Recommendation</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

72 EngenderHealth
References


