



**COPE<sup>®</sup>**  
**for Reproductive  
Health Services:**  
*A Toolbook  
to Accompany  
the COPE<sup>®</sup>  
Handbook*



# **COPE<sup>®</sup>** **for Reproductive** **Health Services:**

*A Toolkit  
to Accompany  
the COPE<sup>®</sup>  
Handbook*

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## Preface

In 1994, the International Conference on Population and Development (ICPD) in Cairo adopted the following definitions of reproductive and sexual health (UN, 1995):

“REPRODUCTIVE HEALTH is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”

SEXUAL HEALTH aims at “the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.”

As readers of this volume are likely all too aware, on a global scale there are many challenges to attaining the state of reproductive health described above. The day-to-day realities of women’s health are more accurately reflected by these data:

- At least 100 million women in the developing world have an unmet need for family planning (Bongaarts, 1997).
- By the end of 2001, 40 million adults and children were living with HIV or AIDS (UNAIDS, 2002).
- An estimated 340 million cases of curable sexually transmitted infections occurred worldwide in 1999 (WHO, 2001a).
- Twenty million unsafe abortions take place each year, 95% of them in the developing world, and complications of unsafe abortion kill at least 78,000 women every year (FCI, 2000).
- Complications arising during pregnancy and childbirth cause the deaths of more than one-half million women every year, the vast majority in the developing world, and in the least-developed countries the lifetime risk for maternal death is one in 16 (WHO, 2001b).
- While the worldwide annual number of live births has stabilized at around 131 million per year, the number of women dying each year as a result of unintended pregnancy has increased (Daulaire et al., 2002).
- In the developing world, nearly 380,000 new cases of cervical cancer are identified every year (Ferlay et al., 2001).
- Over the next decade, 600 million girls will become adolescents, the largest such group of young women in human history (Daulaire et al., 2002).

These figures reveal major challenges for providers of health care services. They indicate the very real difficulties that women and men face in gaining access to quality services to meet their reproductive health needs.

Since the 1994 ICPD in Cairo and the 1995 United Nations (UN) Fourth World Conference on Women in Beijing, the field of population has turned its focus toward a more comprehensive approach to reproductive and sexual health needs in a more integrated fashion. The shift to integrated reproductive health services has included an increased focus on the rights of clients, on the quality of care, on informed choice, and on gender sensitivity. What is equally important is that this shift incorporates a greater recognition of clients' broad, inter-related sexual and reproductive health needs and of the changes required throughout the health care system to meet those needs. This newer perspective involves:

- *Redefining service provision* to include following a holistic, quality, client-oriented approach; assuring that services are youth-friendly, male-friendly, and gender-sensitive; and ensuring a rights perspective (human rights, women's rights, and reproductive rights). A sexual and reproductive health approach involves assessing the interrelationship between clients' needs, as well as promoting awareness among clients of their bodies, reproductive cycles, and sexuality.
- Importantly, linking clients to comprehensive care encompasses the need for comprehensive services, but does not imply that every site must offer all services. It may simply involve adapting or revitalizing those already in place or establishing a referral system. Above all, it involves an awareness of the interconnectedness of clients' health care needs.
- In *addressing underlying issues*, providers should be sensitive to clients' needs that may lie beyond what they initially express during a visit, understanding and addressing as much as possible the interpersonal and social issues that may underlie a client's health care decisions and that may be determinants of poor health. With a reproductive health approach, providers tend to be more aware of and sensitive to the context of decision making, including poverty and economic dependence, cultural influences, beliefs and practices, and gender-based power imbalances (e.g., the threat of violence or coercion).

Since 1988, in collaboration with partners in developing countries, EngenderHealth has been developing and refining COPE<sup>®</sup>, a staff-driven process to improve access to and quality of services. COPE, which stands for "client-oriented, provider-efficient" services, was originally developed for family planning services. It has been adopted in an ever-increasing number of countries, organizations, and health care facilities and has, over time, been adapted for use with other health care services. This version of the COPE toolkit has been adapted to help providers consider the broader reproductive health needs of their clients.

## Acknowledgments

COPE, which originated as a quality improvement process for family planning services, was developed by EngenderHealth\* with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development (USAID). As noted in the acknowledgments to the handbook *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), “AVSC International has been developing and refining the COPE technique since 1988.... This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients.” The COPE tools for reproductive health included in this book are part of that evolutionary process and have been made possible by support from USAID and from the British Department for International Development.

Many individuals and organizations around the world where COPE is now used contributed to EngenderHealth’s development of this new toolbox. In particular, we thank the staff of all institutions and sites that have provided feedback on this COPE toolbox, which focuses on a broad set of reproductive health issues.

Special mention is due to the management, staff, and clients of the following organizations and institutions that helped us think through these revisions:

- The Family Planning Association of Tanzania (UMATI)
- The Ministry of Health, Tanzania
- Marie Stopes International, Tanzania
- The Family Planning Association of Kenya
- The Ministry of Health, Kenya
- The Christian Health Association of Kenya
- The Directorate of Family Planning, Bangladesh
- Concerned Women for Family Planning, Bangladesh
- World Vision, Bangladesh
- Urban Family Health Partnership, Bangladesh
- Rural Service Delivery Partnership, Bangladesh

In addition, we thank colleagues from JHPIEGO’s Maternal and Neonatal Health Program and from PRIME II.

Within EngenderHealth, the current and former staff in New York and in field offices who have contributed their expertise are many more than we can name individually, but you know who you are and we express our deepest thanks. A few EngenderHealth staff in New York were charged with the final writing of these guides, with comments and suggestions from their colleagues, guided by the staff of the Quality Improvement Team and with contributions from the Clinical Services, HIV/STI, and Maternal Care/Postabortion Care teams and from field staff. Michael Klitsch, Karen Landovitz, Anna Kurica, Margaret Scanlon, and Virginia Taddoni were responsible for the editing, design, and production of this toolbox.

Last but not least, we should make special mention of the contributions of Grace Wambwa and former staff member Pamela Lynam, without whose vision, patience, and persistence we would not have been able to produce this document.

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\* Before 2001, EngenderHealth was known as AVSC International.



## About COPE

COPE is an ongoing quality improvement (QI) process used by health care staff to assess and improve the quality of care that they provide. Two assumptions inform the COPE process:

- Recipients of health care services are not passive patients waiting to be seen by experts, but rather are autonomous health care consumers, or clients, who are responsible for making decisions about their own health care and who deserve—indeed, have a right to—high-quality health care.
- Health care staff desire to perform their duties well, but without administrative support and critical resources, they cannot deliver the high-quality services to which clients are entitled.

COPE was developed around a framework of seven clients' rights and three staff needs that are implicit in these two assumptions (see Figure 1, page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be.

COPE empowers staff to proactively and continuously assess and improve the quality of their services. COPE's emphasis on the role of staff in continuous QI makes this possible. It recognizes staff as the resident experts on quality and fosters teamwork by encouraging all levels of staff to collaborate in identifying obstacles to high-quality care and efficiently using existing resources to overcome those obstacles. At the same time, rather than finding fault with individual staff members, COPE focuses on identifying problems in service-delivery systems and processes. When staff work on COPE, they develop a sense of ownership of the assessment findings, become invested in implementing the recommendations they derive from the process, and feel good about the quality of services they deliver and about their contributions to the facility and to the health of their community.

## About This Toolkit

The COPE process has four tools—Self-Assessment Guides, a Client-Interview Guide, Client-Flow Analysis, and the Action Plan. These tools enable supervisors and their staff to discuss the quality of their services, identify problems that interfere with the delivery of quality services, identify the root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems.

## Figure 1. The Rights of Clients and the Needs of Staff

### The Rights of Clients

**Information:** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

**Access to services:** Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

**Informed choice:** Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

**Safe services:** Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

**Privacy and confidentiality:** Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

**Dignity, comfort, and expression of opinion:** All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

**Continuity of care:** All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

### The Needs of Health Care Staff

**Facilitative supervision and management:** Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

**Information, training, and development:** Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

**Supplies, equipment, and infrastructure:** Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

*Adapted from: Huevo & Diaz, 1993; IPPF, 1993.*

COPE is a staff-driven process that combines both an approach and a set of tools. EngenderHealth's first COPE handbook, published in 1995 (*COPE: Client-Oriented, Provider-Efficient Services*), was focused on family planning. But clients around the world expect quality in all health services, and family planning services are not isolated from other types of health care. Over time, providers have expressed the need for such tools for other health services, so the COPE process and set of tools have since been adapted for use in other health services (see Figure 2).

## Figure 2. COPE Toolbooks: Addressing a Range of Health Services

In addition to this toolkit, the following COPE toolbooks are currently available:

- *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995)
- *COPE<sup>®</sup> for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *Community COPE: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

Most of the above toolbooks are currently being revised for use in conjunction with the new edition of the *COPE Handbook*. In addition, new toolbooks on such topics as adolescent reproductive health care and services related to HIV and STIs are being developed.

In 2003, EngenderHealth revised the original handbook to include additional information about how to conduct COPE and began producing a set of accompanying toolbooks, of which this is the first. In this document, EngenderHealth has adapted the COPE tools to address a full range of topics reflecting a reproductive health approach to services.

Since EngenderHealth's first COPE handbook was published, health care staff and managers have repeatedly asked for the tools to be expanded to include other aspects of reproductive health services besides family planning. In response, EngenderHealth produced this document for managers, supervisors, and COPE facilitators who wish to involve service providers and other staff in the QI process. Among the reproductive health topics addressed in the tools are:

- Antenatal care
- Labor and delivery
- Postpartum and newborn care
- Postabortion care
- Family planning
- Reproductive tract infections, including sexually transmitted infections (STIs)\*
- HIV and AIDS

\* For more information on reproductive tract infections, including sexually transmitted infections, see EngenderHealth, 2003.

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- Gynecological services
- Men's reproductive health services<sup>†</sup>
- Sexuality
- Infertility
- Prevention of harmful practices

These content areas are addressed through each of the COPE tools. There are 10 self-assessment guides for reproductive health services, each based around the 10 clients' rights and staff needs (see Figure 1 and explanation, below).

This volume also contains a Client-Interview Guide, a Client Record-Review Checklist and Surgical Record-Review Checklist, and forms needed to conduct a Client-Flow Analysis. A brief overview of the COPE process, including a description of each of these tools, is presented below. For a detailed explanation of the COPE process and of the use of each tool, please refer to the *COPE Handbook*, the reference and "how-to" manual that accompanies this toolkit.

## Implementing COPE

### Getting Started

Before conducting COPE, facilitators should read through the *COPE Handbook* in its entirety and become familiar with the process and the tools. The initial COPE exercise takes place over a period of two to three days. Follow-up exercises should be conducted every three to six months thereafter and take two or three days to complete, depending on whether the facility opts to perform a Client-Flow Analysis. (For an overview of the COPE process, see Figure 3.)

### The Facilitator

When the decision is made to implement COPE at a facility for the first time, the facility administrator should obtain the services of an experienced COPE facilitator. This is usually an external facilitator, from the headquarters organization or from a technical assistance agency, who has experience with implementing COPE. During the initial exercise and the first follow-up exercise, a staff member from the site receives training to become a site facilitator. With the assistance of the external facilitator (if needed), the site facilitator will be responsible for all subsequent COPE exercises at the site.

### Preparing for a COPE Exercise

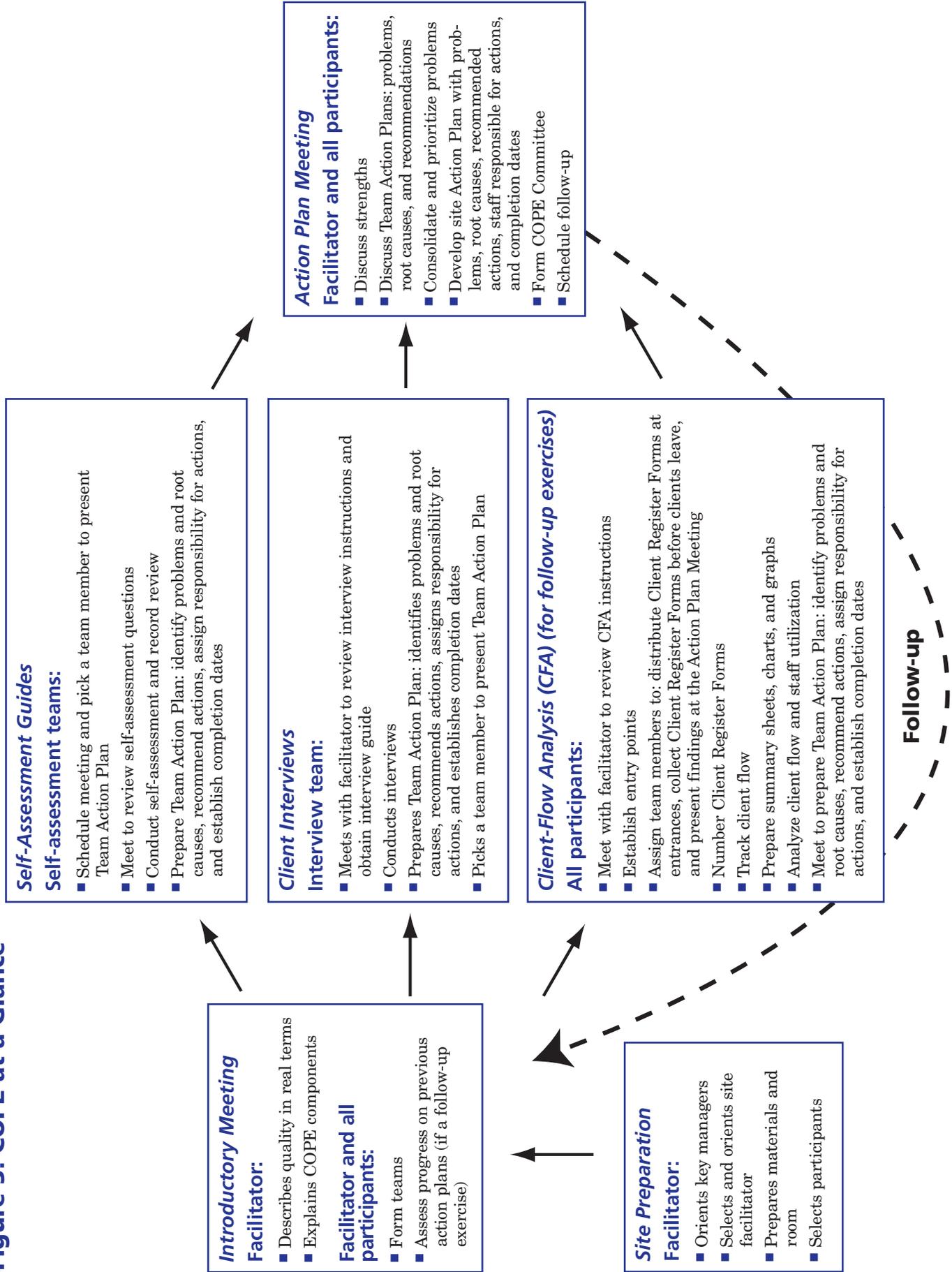
Through site visits or correspondence, the external facilitator should use the time leading up to the initial COPE exercise to:

- Build consensus with key managers about the importance of QI
- Orient site managers to COPE
- Gather information about the site
- Instruct management on selecting staff participants and a site facilitator for follow-up COPE exercises
- Schedule the COPE exercise
- Prepare materials for the exercise

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<sup>†</sup> For more information on men's reproductive health services, see AVSC International, 2000.

**Figure 3. COPE at a Glance**



For follow-up COPE exercises, the external or site facilitator should schedule the exercise, prepare the materials, and help the administration select staff participants.

### The Introductory Meeting

Each COPE exercise begins at an Introductory Meeting, during which the COPE facilitator explains COPE to all of the participants and the participants form teams to work with each of the tools (detailed below).

### The Four COPE Tools

COPE uses four tools—the Self-Assessment Guides, the Client-Interview Guide, the Client-Flow Analysis, and the Action Plan. The COPE tools are practical and easy-to-use data collection and analysis forms that are designed to be *flexible*, so that each site can adapt them to meet its particular needs. These tools are as follows:

- *Self-Assessment Guides*. After COPE participants form teams, each team is responsible for reviewing one or more of the 10 Self-Assessment Guides. Each guide consists of a series of questions related to the quality of reproductive health services (based on international standards and guidelines) in the context of one of the clients' rights or staff needs identified as critical to high-quality care (see Figure 1). The team members review the questions during their normal workday and decide which questions reveal a problem that they have observed or experienced at their site. Depending on the size of the facility and the number of staff reviewers, one or two team members also review between 10 and 20 client records (and between 10 and 20 surgical records, where applicable), using the Client Record-Review Checklist and the Surgical Record-Review Checklist to identify strengths and weaknesses in record keeping. After going through the self-assessment questions individually or as a team, the team members meet to discuss the problems they identified, determine their root causes, and recommend solutions, including who will implement the recommendations and when. They record their findings in a team Action Plan, for discussion at the Action Plan Meeting. A more detailed description of how to conduct the self-assessments and record reviews can be found in the *COPE Handbook* (page 38). (See Figure 2 for a list of the COPE toolbooks that are currently available, covering a range of health services.)
- *Client-Interview Guides*. Although the number of interviews may vary, generally three to five COPE participants volunteer to conduct a total of approximately 15 interviews (i.e., three to five interviews per volunteer). The client interview team conducts informal individual interviews with clients who have completed their clinic visit, using the client interview form as a guide. Using open-ended questions, the interviewers encourage each client to discuss his or her opinions about services received, what was good and bad about the visit, and how the quality of the services could be improved. The interviewers record the clients' responses and then meet to discuss their findings. One of the interviewers prepares the findings—as a Team Action Plan—for presentation at the Action Plan Meeting. A more detailed description of how to conduct the client interview can be found in the *COPE Handbook* (page 39).
- *Client-Flow Analysis (CFA)*. The purpose of the CFA is to identify the amount of time that clients spend waiting and the ways in which staff are utilized, so as to remove bottlenecks and improve the use of staff time. CFA team members track the flow of each reproductive health client who enters the clinic during a specified time period—for example, from 8 a.m. to noon or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the clinic until the time they leave, by recording each contact they have with a provider and its duration. One or two team members then complete the Client-Flow

Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan (or in some other format) for presentation at the Action Plan Meeting. EngenderHealth recommends that sites not perform CFA at the first COPE exercise. A more detailed description of how to conduct the CFA can be found in the *COPE Handbook* (page 74).

- *Action Plan.* When COPE participants have completed the self-assessment, the client interviews, and the CFA (if performed), they convene at the Action Plan Meeting to discuss, consolidate, and prioritize the problems and recommendations in the Team Action Plans. Through this process, the group develops a site Action Plan that lists:
  - ▲ Each problem identified
  - ▲ The root causes of the problem
  - ▲ The actions recommended to solve the problem
  - ▲ The staff members responsible for implementing the recommended actions
  - ▲ The completion date for each action

A more detailed description of how to develop an Action Plan can be found in the *COPE Handbook* (page 40).

## COPE Follow-Up

Once the COPE exercise is completed, the facilitator and the staff agree on a date for a follow-up exercise. At the follow-up exercise, the participants meet again and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from the previous exercise. CFA may be conducted at the first follow-up exercise, particularly if client waiting time or staff utilization were identified as a problem at the initial exercise. In addition, staff may wish to repeat one or more of the other tools during the follow-up exercise. COPE exercises should be conducted every three to six months to follow up on the previous Site Action Plan and to identify new issues that need to be addressed. A more detailed description of COPE follow-up can be found in the *COPE Handbook* (page 55).

If no QI committee exists at the site, the site manager may wish to establish a COPE Committee. This committee receives routine reports on progress in implementing the COPE Action Plan, provides support to the COPE facilitator and staff (as needed or requested), and reports to management about COPE activities (as needed or requested). The committee members may be selected before the conclusion of the Action Plan Meeting.



.....  
**Self-Assessment  
Guides for  
Reproductive  
Health Services**  
.....



## Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

The group working on this guide should include staff who usually provide client education, as well as staff who may give clients information on reproductive health and the services available at the facility. At least one member of the clinical staff should participate in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
---------	----------	----------------	---------	---------

*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Can all staff—including guards, cleaners, and other support staff—inform clients about the following?
  - Which reproductive health services are available at your facility
  - Where services are available
  - At what times services are available
  - What services cost
  - What contraceptive methods are available
2. Are signs showing the following information about reproductive health services prominently displayed throughout your facility?
  - Place
  - Days
  - Times
  - Costs
3. Does your facility conduct the following educational activities or make available the following materials about a variety of general and reproductive health matters, to engage clients while they wait for services or are in the hospital?
  - Health talks and demonstrations (for example, on family planning, maternal health care, breastfeeding, sexually transmitted infections [STIs], nutrition and food preparation, general hygiene and safe drinking water, and prevention of local infectious diseases)
  - Posters and pamphlets
  - Videos or slide shows

4. Do staff at your facility provide clients with information and counseling about reproductive health, as follows:
  - Do staff discuss a range of reproductive health topics with clients?
  - Do staff tailor information to clients' needs?
  - Do staff use appropriate, nontechnical, local language that clients can understand?
  - Are educational aids, such as pamphlets, posters, anatomical models, and contraceptive samples, available?
  - Do staff explain how the reproductive system works, including sexual behavior and dysfunction?
  - Do staff explain the benefits, risks, contraindications, side effects, or other consequences of any treatment, procedure, or contraceptive method?
  - Do staff tell clients about available alternative treatments, procedures, or contraceptive methods?
  - Do staff fully explain what will happen during clinical procedures or examinations before they are undertaken?
  - Do staff ask clients to repeat key information to make sure clients understand?
  - Do staff give clients both oral and written instructions about treatments, procedures, and contraceptive methods that they receive?
  
5. Do staff provide information on reproductive health issues, including family planning, to the following clients?
  - Adolescents and young adults (both male and female)
  - Women of all ages, regardless of their marital or reproductive status
  - Men of all ages, regardless of their marital or reproductive status
  - Disabled clients
  - Members of different social and ethnic groups
  - Clients who practice various sexual behaviors
  
6. Do antenatal clients receive information on the following topics?
  - Antenatal and postpartum nutrition, exercise, and rest
  - Why, where, and when to return for follow-up care, including warning signs
  - The importance of seeking medical attention if problems arise
  - Safe labor and delivery, including the importance of having a birth plan that ensures having a skilled attendant during childbirth and having transport in case of emergency
  - Infant care, including immunization schedules and child nutrition
  - Breastfeeding and breast care, including lactational amenorrhea (LAM), and recommendations for prevention of HIV infection, according to local standards
  - Family planning for the postpartum period and beyond
  - Sex during pregnancy and the postpartum period
  
7. Do labor and delivery clients receive information on the following topics?
  - What will happen to them before, during, and after delivery
  - What pain control is available

- Where they will be cared for within the facility
  - Where partners and family members may stay during labor and delivery
8. Do postpartum clients receive information on the following topics?
- Postpartum nutrition, exercise, and rest
  - Why, where, and when they and their infants need to return for follow-up care, including warning signs
  - The importance of seeking medical attention if problems arise
  - Infant care, including cord care, immunization schedules, and child nutrition
  - Breastfeeding and breast care, including LAM, and recommendations for prevention of HIV infection, according to local standards
  - Family planning for the postpartum period and beyond
  - Sex during the postpartum period
9. Do partners and family members receive information about pregnancy, labor, safe delivery, and postpartum care? (See questions 6, 7, and 8.)
10. Do family planning clients receive information that will help them select a contraceptive method or methods suitable for their personal situation and reproductive intentions? For example, are they given information about the following?
- Methods that provide emergency, temporary, and permanent protection from pregnancy
  - How methods work and how they are used
  - Method effectiveness, health benefits, common side effects, and the warning signs of complications
  - The transmission and prevention of HIV and STIs
  - Male and female condoms (if available) as protection both against HIV and STIs and against pregnancy
  - The option of dual method use for preventing pregnancy and HIV or STIs
  - How and when to obtain or order more supplies
  - The possibility of changing methods
  - Why, where, and when to return for follow-up care
  - How clients can communicate with their partner(s) about family planning and any method chosen
11. Do staff inform all clients about the importance of dual protection for preventing pregnancy and HIV or STI infection?
12. Do prospective male and female sterilization clients receive the following information?
- The intended permanence of the method and the availability of temporary contraceptive methods
  - What to expect during and after surgery
  - Common side effects and the warning signs of complications
  - The possibility of failure

## COPE Reproductive Health Toolkit

- The fact that sterilization does not provide protection against HIV infection and other STIs
  - That the client is free to change his or her mind at any time before the procedure
  - Why, where, and when to return for follow-up care
13. After sterilization surgery, do clients receive the following information?
- How to care for the wound
  - Why, where, and when to return for follow-up care, including warning signs
  - The importance of seeking medical attention if problems arise
  - When they can resume normal activities (e.g., work or sexual relations)
  - The role of condoms in preventing HIV and STIs, even when contraception is no longer needed
14. Are vasectomy clients instructed to use condoms or another temporary contraceptive method for 12 weeks after the vasectomy? Are they given condoms after surgery if this is the temporary method they will use? Do staff explain the role of condoms in preventing HIV and STIs, even when contraception is no longer needed?
15. When clients come to the facility with abortion complications, do they receive counseling, emotional support, and information about treatment?
16. Do postabortion clients receive the following information before leaving the facility?
- How to care for themselves after treatment
  - Why, where, and when to return for follow-up care, including warning signs
  - The importance of seeking medical attention if problems arise
  - When they can resume normal activities (e.g., work or sexual relations)
  - That fertility returns within 11 days after an abortion
  - That if they want to prevent pregnancy, they can begin using a contraceptive method right away
  - Where and how to obtain other reproductive health services, including family planning
17. Do all reproductive health clients receive the following information on HIV and STIs?
- How infections are transmitted
  - How to prevent transmission (including a demonstration of condom use)
  - When and where to come for STI screening and HIV voluntary counseling and testing
  - Where they can receive treatment if they are infected
18. Do clients with HIV infection and other STIs receive information and counseling about the following?
- How to comply with treatment instructions and why compliance is important
  - How to inform partners and advise them about treatment
  - How to prevent reinfection
19. Do all female clients receive information about the availability and location of cervical cancer screening services? If the facility provides screening and cervical abnormalities are indicated, do clients receive information about treatment and follow-up care?

20. Do staff show female clients how to examine their breasts, explain what an abnormality might feel like, and tell them what to do and where to go if they detect an abnormality?
21. Do all male clients aged 40 and older receive information about prostate cancer, testicular cancer, testicular self-examination, and the availability and location of screening?
22. Do all female clients aged 45 and older receive the following information about perimenopause and menopause?
  - When perimenopause and menopause generally begin
  - The symptoms of perimenopause and menopause, and what happens to a woman's body
  - How perimenopause and menopause can affect a woman's sexuality
  - Whether a perimenopausal woman can become pregnant
  - Whether a perimenopausal or menopausal woman can become infected with HIV and STIs
  - How a perimenopausal or menopausal woman can manage her symptoms (including nutrition, sleep, and activity or exercise)
23. Does your facility provide information and counseling to clients concerned about infertility? Do staff refer clients to other service providers for information and screening for infertility if needed?
24. Do all clients receive information and counseling about harmful practices that are common in the area served by the facility (for example, neglect of girls, including their nutrition and health care; poor nutrition or nutritional taboos for women in the antenatal or postpartum period; or sexual initiation with sex workers)?
25. In places where female genital cutting (FGC) is prevalent, are staff familiar with the practice and its health consequences? Do they discuss FGC with clients, as appropriate?
26. Do staff provide information and counseling or referral about the following aspects of reproductive health, which are either new or frequently neglected?
  - Emergency contraception
  - Family planning methods for postabortion clients, postpartum clients, and adolescents
  - Disorders of the reproductive system (for example, cervical, breast, prostate, or testicular cancer; incontinence; uterine prolapse; or fistulae)
  - Reproductive and sexual health for men and women
  - Menstrual hygiene
  - Sexuality (for example, normal sexual response, range of sexual expression, or sexual dysfunction)
  - Factors that affect fertility (for example, timing of intercourse, smoking, alcohol, STIs, or pelvic inflammatory disease)
  - Sexual and domestic violence
  - Harmful practices or factors that may affect reproductive and sexual health (for example, marriage at a young age or FGC)

**COPE Reproductive Health Toolbook**

27. Are materials or posters available that inform clients of their rights to quality health care?

**Other Issues That You Think Are Important:**

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

## Clients' Right to Access to Services

Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

The group working on this guide should include at least one staff member who provides reproductive health information, counseling, or services. It may also be useful to include a member of management in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Do all staff know if and where the following health services are available within the facility? Do they direct clients to these services?
  - Antenatal care
  - Labor and delivery
  - Postpartum and newborn care
  - Family planning
  - Postabortion care
  - Treatment for reproductive tract infections (RTIs)
  - Treatment for sexually transmitted infections (STIs)
  - Treatment for HIV and AIDS
  - Treatment for gynecological disorders (including cervical cancer screening)
  - Treatment for disorders of the male reproductive system
  - Infertility
  - Other preventive health services
  - Laboratory
  - Pharmacy
2. Do clients have access to a preventive physical examination, either through your facility or elsewhere in the community (including outreach services for antenatal and postpartum care and immunization)?
3. Do clients have access to counseling, treatment, or referral for reproductive health services that your facility does not usually provide?

4. Do staff try to minimize the number of visits a client has to make for each service?
5. Are reproductive health services offered at times that are convenient for clients, including working women and men and adolescents? Are emergency services available 24 hours a day, seven days a week, at your facility or by referral?
6. Does your facility have adequate staff coverage at its busiest times?
7. Do staff work to help clients who have difficulty traveling to your facility?
8. Do staff work to help clients who cannot afford to pay for reproductive and sexual health services get the care they need?
9. Do staff work to overcome other barriers to services (for example, unreasonable requirements regarding age, parity, marital status, or parental or spousal consent)?
10. Do the following clients have access to reproductive health information, counseling, and services?
  - Adolescents and young adults (both male and female)
  - Women of all ages, regardless of their marital or reproductive status
  - Men of all ages, regardless of their marital or reproductive status
  - Disabled clients
  - Members of different social and ethnic groups
  - Clients who practice various sexual behaviors
11. If the facility is a hospital, do men and women in all wards and outpatient departments have access to reproductive and sexual health information and services?
12. Are contraceptive methods and services that can be used immediately after delivery available to women who want them?
13. For mothers of newborns, are efforts made to serve both the mother and the child at the same time (for example, at the postpartum visit, does the woman receive information on family planning, breastfeeding, and immunizations for the infant, and is the baby examined during the visit)?
14. Do clients have access to a range of contraceptive methods that meet their different needs, including the different stages of their lives?
15. Are women with abortion complications treated promptly? Is treatment provided without the requirement that the woman accept sterilization or some other contraceptive method?
16. Does the facility provide the following RTI, HIV, and STI services to clients and to their partners? If not, can it provide referrals for clients who want these services?
  - Information

- Prevention counseling (including pretest and posttest counseling for HIV and STIs)
  - Counseling for clients who have been diagnosed with HIV infection or another STI
  - Screening
  - Diagnosis
  - Treatment
17. Do all clients (men, women, and adolescents) have access to free or affordable condoms? Can men get condoms at places other than the family planning or maternal and child health clinic?
18. If the facility cannot provide screening and treatment for disorders of the reproductive system, do staff refer clients for these services?
19. Does the facility provide the following services for infertility? If not, does it provide referrals for clients who need these services?
- Information
  - Counseling
  - Screening
  - Diagnosis
  - Treatment
20. Before ending any client visit, do staff ask clients if there is another service they need?

**Other Issues That You Think Are Important:**

21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_



## Clients' Right to Informed Choice

Clients have the right to make a voluntary, well considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help a client reach an informed choice.

The group working on this guide should include medical staff and other staff who provide reproductive health information, counseling, or services.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Does the facility offer choices in reproductive health services appropriate to the client population and the setting? For example:
  - *Maternal health:* Are women allowed to keep their babies with them in the postpartum ward? Do clients have a choice in delivery position and involvement of family members and others who accompany them?
  - *Family planning:* Is a range of methods available? Are temporary, permanent, and emergency methods available? Are both provider-dependent and provider-independent methods available?
  - *Postabortion care:* Do clients have the opportunity to receive other sexual and reproductive health services after being treated for abortion complications?
  - *HIV and sexually transmitted infections (STIs):* Do clients have the opportunity to learn about dual protection? Condom use? Abstinence? Are clients counseled about how to prevent transmission or reduce risk? Are clients helped to determine their risk for HIV and STIs? If appropriate, do clients have access to voluntary counseling and testing services, either through your facility or by referral?
  - *Disorders of the reproductive system:* Whenever possible, do clients have a range of treatment options from which to choose?
  - *Infertility:* Do clients have the opportunity to involve their partner in informational, counseling, and screening sessions?
2. Do clients receive information about available choices (e.g., treatments, procedures, and contraceptive methods), including both the advantages and disadvantages of each alternative?
3. Do health care staff do each of the following?
  - Actively encourage clients to talk and ask questions

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- Listen attentively and respectfully to clients and respond to their questions
  - Discuss clients' reproductive goals, needs, and service options
  - Assist clients to make an informed choice
  - Ask clients whether the information was explained clearly and what further questions they might have
4. Do providers discuss the possibility of involving partners and family members in clients' decision making, when appropriate?
  5. If a client wants to discontinue using a contraceptive method, do staff do the following?
    - Treat the client's wishes with respect
    - Discuss with the client the reasons for wanting to discontinue
    - Offer appropriate alternatives
    - Provide support and information if the client wishes to become pregnant
  6. Are mechanisms in place to ensure informed consent for all surgical procedures and treatments?
  7. Do all clients who receive sterilization services and other surgical procedures sign a consent form, and is this form kept as a part of the medical record?
  8. Before any procedure or treatment, do staff reconfirm that a client wants to proceed?
  9. In general, do family planning clients usually receive the method of their choice?
  10. For options not available at the facility, do staff refer clients to another department or facility where services are available?

### Other Issues That You Think Are Important:

11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

## Clients' Right to Safe Services

Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

*Note:* While some of these issues are treated in other self-assessment guides, this guide emphasizes the behavior of staff in ensuring client safety.

Depending on the services available at the facility, the group working on this guide should include clinical staff from the following departments: maternal health, family planning, HIV and sexually transmitted infections (STIs), infectious diseases, gynecology, men's services, and operating theater. This group should also include representatives from the following categories of staff: clinician, surgeon, nurse, technical or medical assistant, housekeeper or cleaner, and administrator or manager.

If your facility performs surgical procedures, a member of the group working on this guide will need to complete the Surgical Record-Review Checklist. Because of the length of this guide and because one group member will need to complete an additional form, group members should not be asked to work on other guides.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Do staff follow current, written service-delivery guidelines for each of the reproductive health services provided at the facility?
2. Is a qualified service provider always available either at the facility or by referral (24 hours a day) for consultation in case of complications and emergencies?
3. Is the facility prepared to stabilize and transport, or to treat, clients who present with emergencies (such as shock, severe bleeding, severe infection, obstructed labor, and eclampsia)?
4. Can clinical staff start an IV for fluid administration?
5. Can clinical staff perform cardiopulmonary resuscitation (CPR) and artificially ventilate?

6. Are clinical staff aware of complications that have arisen from care given at the facility?  
Do staff work to prevent these complications from occurring?
7. Do clinical staff know how to manage complications that arise at the facility?
8. For clients who have laboratory tests performed:
  - Is a system in place for them to receive their results?
  - Is it clear who is responsible for informing clients about test results?
  - Based on test results, are counseling and treatment provided, or do staff refer clients to an appropriate service for counseling and treatment?
9. Are all clients screened before treatments, medical procedures, medications, and contraceptive methods are provided? (Screening includes a medical, sexual, and reproductive health history, a physical examination, and appropriate laboratory tests.)
10. Do clients receive written and oral information about the following (both before and after a procedure)?
  - The risks associated with the treatment, procedure, medication, or contraceptive method they are receiving
  - Warning signs
  - Where to go for emergency and follow-up care
11. Are staff aware of requirements for reporting complications, including how and when to report them?
12. Do staff report complications as required?
13. Is there a regular forum for appropriate personnel to analyze and discuss reported complications and service statistics? (Weekly or monthly meetings are the norm in many parts of the world.) Are records kept of such meetings?
14. Do meetings about and reviews of complications result in changes and improvements in practice?

## Infection Prevention Practices

15. Is the facility always clean?
16. Do staff have access to current, written guidelines on infection prevention? Do they follow the guidelines to protect clients and themselves from infections?
17. Do staff wash their hands with soap and running water in the following situations?
  - Before and after each clinical procedure, including physical examinations
  - After handling waste
  - After using the toilet

18. Are disposable needles and syringes used whenever possible and discarded after a single use? Are reusable needles and syringes properly processed for reuse?
19. Are needles and other sharp objects disposed of in puncture-resistant containers immediately after use?
20. Are reusable instruments and other items used in clinical procedures decontaminated in a 0.5% chlorine solution for 10 minutes before processing?
21. After decontamination, are instruments and other items cleaned with detergent and water using a brush?
22. Are instruments and other items properly sterilized or high-level disinfected before use?
23. Are all items stored dry?
24. Do staff wear heavy-duty utility gloves to clean used instruments and other items in the following situations?
  - When handling medical waste
  - When performing housekeeping tasks
25. Are instruments cleaned in a designated receptacle (e.g., sink or bucket separate from where handwashing is done)?
26. Are surfaces (such as examination and operating tables) wiped with a 0.5% chlorine solution after each procedure?
27. Is medical waste handled safely and disposed of by burning or burying—including when handled by the local municipality or commercial entity?
28. Is aseptic technique used during clinical procedures?
29. Is shaving of the surgical site avoided?
30. During a pelvic examination:
  - Does the service provider wear gloves?
  - Does the service provider use a clean speculum that has been high-level disinfected or sterilized?
31. Do staff use appropriate protective clothing when handling blood and other body fluids?

## For Maternal Health Services

### Antenatal Care

32. Are women monitored to identify early signs of the four most serious pregnancy-related complications?
- Preeclampsia
  - Infection
  - Premature labor
  - Obstructed labor
33. Are all pregnant women screened by history, physical examination, and laboratory tests for reproductive tract infections (RTIs), including STIs, and HIV? When necessary, are they treated?
34. Are pregnant women offered dietary supplements (for example, iron, vitamin A, folic acid, or iodine)?
35. Are women offered tetanus injections during the antenatal period?
36. If malaria, hookworm, or tuberculosis are common in the area served by the facility, are pregnant women screened and treated if necessary?

### Labor and Delivery

37. Are obstetric clients assessed within minutes upon arrival, and are emergency cases treated?
38. Do staff take appropriate preventive measures with the “6 cleans”?
- Clean hands and nails
  - Clean perineum
  - Clean delivery surface
  - Clean umbilical cord cut or blade
  - Clean cord care (including clean tie and cord stump)
  - Nothing unclean introduced into the vagina
- Do they provide a clean wrap for the baby? A clean cloth for the mother?
39. Can staff performing deliveries do the following?
- Repair a cervical, vaginal, or perineal laceration
  - Manually remove a placenta
  - Start an IV and provide fluids
  - Perform bimanual uterine compression
40. Do clinical staff quickly manage shoulder dystocia (entrapped shoulder after the delivery of the head)?

41. Can clinical staff perform safe instrumental delivery by forceps or vacuum extraction?
42. Can clinical staff perform emergency cesarean sections? If not, do they have a referral system in place?
43. Do staff use partographs (labor progress charts or graphs)?
44. Do staff know how to identify and manage dysfunctional labor (including using oxytocin, when appropriate)?
45. Do staff know how to prevent, identify, and manage postpartum hemorrhage, particularly how to use oxytocin and methylergonovine maleate (Methergine) (indications, route, and dose)?
46. Do staff know how to manage toxemia, particularly how to use magnesium sulphate or diazepam (indications, route, and dose)?

### **Postpartum and Newborn Care**

47. Does the facility provide essential immediate care for newborns (for example, resuscitation, cord care, warmth, and eye care)?
48. Do staff perform neonatal evaluation and resuscitation, as needed?
49. Do all newborns receive preventive care for neonatal eye infection (for example, tetracycline ointment, erythromycin ointment, or silver nitrate eyedrops)?
50. Is the baby put to the mother's breast immediately after birth?
51. Is the mother given support to breastfeed as soon as possible, and is rooming together encouraged?
52. Is a system in place to ensure that women are checked (either in the hospital, at the clinic, or at home) 24 hours, 48 hours, and one week after delivery?

### **For Family Planning Services**

53. Do staff follow eligibility criteria to screen family planning clients?
54. Do staff assess women considering an intrauterine device (IUD) for their risk for RTIs, HIV, or STIs by taking a detailed history and performing a physical examination? Are those who have or are at risk for infection tested, treated, and counseled about other contraceptive options?
55. Before inserting an IUD, do staff assess uterine size and position?

56. Do staff use the appropriate insertion technique for different IUDs and for different time periods (for example, interval, postpartum, or postabortion)?
57. Do staff appropriately manage expulsion or infection after IUD insertion?
58. Do staff use appropriate injection technique for injectable contraceptives?
59. Do staff use appropriate insertion technique for Norplant implants?
60. Does the facility work to prevent frequent problems with removal of Norplant implants (for example, difficulty in removal, breakage of capsules, inability to remove the capsules, or multiple visits for removal)?

## **For Postabortion Care**

61. When possible, do staff use manual vacuum aspiration (MVA) instead of sharp curettage for treatment of incomplete abortion?
62. If women with abortion complications are not currently treated at the facility, is a system in place for stabilization and prompt referral and treatment?

## **For Surgical Procedures (such as Minilaparotomy, Laparoscopy, Other Gynecological Surgery, and Vasectomy)**

63. Are clients screened for surgery through history-taking, physical examination, the taking of vital signs, and appropriate laboratory tests?
64. Before surgery, do staff ensure the following?
  - The client has fasted appropriately
  - The surgeon has examined the client
  - The surgeon and assistant follow correct practices for scrubbing, gowning, and gloving
  - Only essential people are allowed in the operating theater
  - The surgical site is cleaned with soap and water
  - The surgical site is swabbed with an antiseptic solution, moving outward from the incision site
  - The operating theater has been cleaned since the last procedure
  - All necessary medications, equipment, and supplies for the procedure are available, unexpired, and functioning in the operating theater
  - Emergency medications, equipment, and supplies are available, unexpired, and functioning in the operating theater
65. Is local anesthesia the preferred regimen for the following procedures?
  - Tubal ligation by minilaparotomy

- Treatment of incomplete abortion
- Vasectomy

66. If other anesthesia regimes are available, do staff implement them appropriately?
67. Do staff know the maximum safe doses of the anesthetics and other medications used?
68. Do staff know and recognize the signs of anesthetic overdose? Do staff know what to do if there is an anesthetic overdose?
69. For all abdominal surgery, are clients asked to empty the bladder before surgery?
70. To prevent injury, does the surgeon practice careful entry, use gentle and precise surgical technique, minimize tissue damage, attend to hemostasis, and use instruments appropriately?
71. Are the client's vital signs monitored before, during, and after surgery?
72. Is information about vital signs and medications recorded completely, accurately, and legibly on the client's record form?
73. Do staff know what to do if complications occur during surgery (for example, bladder injury, bowel injury, cardiorespiratory distress, excessive bleeding, or vasovagal reaction)? Is a referral system in place in case of complications?
74. Within the first two hours after surgery, are clients monitored for vital signs and checked for bleeding?
75. Before clients are discharged after surgery, do staff assess them to see if they can stand, eat, urinate, and repeat postprocedure instructions?
76. If sedation or general anesthesia is used for an outpatient procedure, do staff make sure that someone is there to accompany the client home?
77. Are all clients given postoperative instructions, both orally and in writing?

**Other Issues That You Think Are Important:**

78. \_\_\_\_\_
79. \_\_\_\_\_
80. \_\_\_\_\_



## Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality during delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

The group working on this guide should include staff who provide reproductive health information or services or who are responsible for record keeping (including receptionists, gatekeepers, and guards).

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Do providers discuss client care with other staff members only when necessary?
2. Do staff respect clients' wishes about whether to provide information to family members, including spouses and all who accompany them?
3. Are client records kept in a secure space, with access strictly limited to authorized staff?  
Do staff make sure that clients do not have access to others' records?
4. Does the facility have private space so that counseling sessions, physical examinations, and procedures cannot be observed or overheard by others?
5. Do staff take measures to ensure that counseling sessions and examinations are not interrupted?
6. When a third party is present during a counseling session, an examination, or a procedure, do staff explain the person's presence and ask the client's permission?
7. When discussing a client's care with other staff members, do service providers respect confidentiality by speaking in a private space, so the conversation cannot be overheard?
8. Are all laboratory test results kept confidential?
9. Are all services offered in a manner that is respectful, confidential, and private?

**Other Issues That You Think Are Important:**

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

## Clients' Right to Dignity, Comfort, and Expression of Opinion

All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Groups working on this guide should include a range of staff involved in reproductive health care, including service providers, counselors, receptionists, gatekeepers, and guards, among others.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Are clients and all who accompany them to the facility welcomed and addressed with respect?
2. Do all staff (including guards, receptionists, medical staff, administrative support staff, and laboratory and pharmacy staff) treat all clients with kindness, courtesy, attentiveness, and respect?
3. Do clients have an opportunity to suggest what the facility can do to provide higher-quality services (e.g., through client suggestion boxes, client satisfaction surveys, client interviews, etc.)?
4. Do staff respect clients' opinions, even if they are not the same as their own?
5. If details are discussed in the presence of the client, are clients encouraged to participate in these discussions?
6. If clients want partners or family members to participate in discussions about their care, do staff make efforts to facilitate this? Similarly, if clients do *not* want partners or family members involved, do staff support their wishes?
7. Do staff perform physical examinations and other procedures with the client's dignity, modesty, and comfort in mind (including providing clients with adequate drapes or covering, as appropriate, and explaining the procedure)?

8. The list below describes some areas of the facility that clients may use. Do you think these areas are pleasant and comfortable? For example, is there enough space? Is the space well organized, clean, well lit, comfortable, and well ventilated?
- Toilet facilities
  - Registration, reception, and waiting areas
  - Counseling areas
  - Examination and procedure rooms
  - Pharmacy
  - Labor and delivery rooms
  - Maternity wards
  - Neonatal wards
  - Gynecology wards
  - Male wards
  - Emergency rooms
  - Operating theaters (preoperative holding areas and operating areas)
  - Recovery areas (both the ward and the toilet facilities)
9. Do you think client waiting times for services are reasonable?
10. Do staff work to reduce unnecessary waiting times for clients (e.g., by having a nurse or other health professional provide services to the client when it is not necessary to wait for a doctor)?
11. Is there an established system in place for receiving clients (e.g., first-come, first-served, or by appointment) that staff follow (except for emergencies)?
12. Are records organized so that retrieval is quick and easy?
13. Do staff feel that clients get adequate time with health care providers?
14. Do staff always explain to clients what sort of examination or procedure will be done, what to expect, and why the examination or procedure is needed?
15. Do staff ensure that the client is comfortable and experiences the least possible amount of pain during procedures (e.g., during labor, tubal ligation, vasectomy, treatment of abortion complications, insertion and removal of Norplant implants, or insertion of an IUD)?
16. If the client is awake during a procedure, do staff engage the client as appropriate to facilitate surgery and comfort (e.g., by coaching the client during delivery, engaging the client in conversation to distract him or her from a painful procedure, or offering comfort to a client in distress)?
17. Are reproductive health services offered in an atmosphere that is inviting for men? For adolescents?

**Other Issues That You Think Are Important:**

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_



## Clients' Right to Continuity of Care

All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The group working on this guide should include reproductive health service providers, administrators, staff who are responsible for supplies, and field and community workers.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. For all services provided, are all clients told the following?
  - If and when to return for routine follow-up care
  - That they can return any time if they have questions or concerns
2. For all services provided, are all clients told what to do if they experience problems, including warning signs?
3. Are follow-up visits scheduled with the convenience of the client in mind?
4. Do staff work to ensure that clients receive the service for which they are referred (e.g., do staff explain to clients where to go, escort them whenever they can, and help arrange transport for them)?
5. When clients travel a long distance to the facility for reproductive health services (e.g., treatment of abortion complications, labor and delivery, female sterilization, or vasectomy), are they informed about where they may obtain follow-up services in their local community, if available?
6. Does the facility have sufficient and reliable supplies so that a client can receive medications, contraceptives, and laboratory tests, among others, without delay?
7. Do clinical staff know which medications can be replaced with others in case of stock-outs (e.g., antibiotics for treatment of sexually transmitted infections [STIs], contraceptive methods, including emergency contraceptive methods, and anesthetics)?

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- 8. For clients who have laboratory tests performed:
  - Is a system in place for them to receive their results?
  - Is it clear who is responsible for informing clients about test results?
  - Based on test results, are counseling and treatment provided, or do staff refer clients to an appropriate service for counseling and treatment?
  
- 9. Are clients' medical and health records completed properly, with information essential for continuity of care?
  
- 10. Can family planning clients (and other reproductive health clients, as appropriate) get resupplied with their method or medication without a long wait or other barriers to access?
  
- 11. If clients want to discontinue using a medication or contraceptive method, do staff do the following?
  - Treat their wishes with respect
  - Discuss with them their reasons for wanting to discontinue
  - Offer appropriate alternatives
  - Provide support and information if they wish to become pregnant
  
- 12. Are procedures in place to discuss partner notification, when appropriate, with clients diagnosed with HIV or an STI?
  
- 13. If clients scheduled for a surgical procedure do not return for the procedure, do staff try to find out why?
  
- 14. If clients do not return for follow-up care, do staff try to find out why?

**Other Issues That You Think Are Important:**

- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_

## Staff Need for Facilitative Supervision and Management

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

The group working on this guide should include administrators or managers, as well as reproductive health service providers and support staff.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
---------	----------	----------------	---------	---------

*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Does the facility's management emphasize quality services and demonstrate commitment to providing them?
2. Is management supportive, encouraging, and respectful of staff?
3. Does the facility have a system for getting staff ideas on how to improve the quality of services? Are staff encouraged to make suggestions about improving the quality of services?
4. Are staff responsibilities clearly delineated?
5. Are staff fully occupied and well utilized during the entire time they are working? Are work shifts clearly explained and well organized?
6. Do external supervisors (at area, regional, and headquarters levels) provide staff with constructive feedback during supervisory visits?
7. Does management motivate staff to perform well by doing the following?
  - Recognizing work well done
  - Providing timely and constructive feedback
8. Are department and clinic reports submitted regularly and on time?
9. Do supervisors and staff routinely discuss, interpret, and learn from service statistics, reports, and other data to help them improve services?

10. Is an audit system in place to address major and minor complications that arise from care given at the facility?
11. Are the following records properly filled out and periodically reviewed by supervisors?
  - Birth records, including partographs (labor progress charts or graphs)
  - Medical record forms, including client records and informed consent
  - Ward or clinic registers
  - Operating theater register
  - Laboratory records
  - Complication reports or records
  - Death records and death-reporting forms
  - Reportable-disease forms
  - Inventory supply forms
12. Do all staff understand the reasons and procedures for completing records and storing them properly?
13. Does the facility have sufficient trained staff to provide all services available at the facility on a regular basis?
14. Do supervisors organize activities to assess the learning needs of facility staff? Do they ensure that training activities take place there regularly?
15. Do supervisors ensure that staff have, know, and follow current, written service-delivery guidelines for each reproductive health service provided at the facility?
16. Do supervisors ensure that staff from different departments or wards share information, make referrals within the facility, and visit other parts of the facility to give health talks, among others?
17. Do supervisors ensure that all aspects of service delivery (including counseling, clinical procedures, and infection prevention practices) are observed, and that constructive feedback is provided to maintain high quality of care?
18. Does a mechanism exist to encourage communication and improve collaboration between community health workers and staff at the facility?
19. Do staff show respect for and pay attention to the following colleagues?
  - Support staff
  - Staff from other departments
  - Community workers who refer clients
20. Are support staff included in discussions pertinent to their work?

21. Are good referral mechanisms in place when the facility is unable to address a health problem?
22. For all reproductive health services provided at the facility, has the supervisor created a system for ensuring that the following functions are carried out?
- Counseling (e.g., explaining the procedure, providing support and assistance, and providing information about the availability of family planning and other reproductive health services)
  - Giving health talks to clients in the clinic or wards
  - Coordinating services and referrals with other departments, wards, or institutions
  - Filing and maintaining records
  - Organizing quality improvement activities
  - Monitoring and supervising on a regular basis, including the laboratory
  - Maintaining community relations
23. Do supervisors work with staff to ensure that the facility has the following?
- Reliable supplies
  - Functioning equipment
  - Adequate infrastructure
24. Do supervisors ensure that there is a system in place for assessing client satisfaction?
25. Do supervisors provide timely updates to service providers on service-delivery guidelines?

**Other Issues That You Think Are Important:**

26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_



## Staff Need for Information, Training, and Development

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

The group working on this guide should include a cross-section of staff representing all departments within the facility.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When
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*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Have all staff been oriented to the following topics?
  - The need for providing quality services
  - The health services provided at the facility
  - Infection prevention in service delivery
2. Have appropriate staff been oriented to the following topics?
  - The reproductive system and how it works
  - Warning signs during pregnancy, delivery, and the postpartum period
  - Breastfeeding
  - Contraceptive methods and their use, including emergency contraception
  - The transmission and prevention of HIV and other sexually transmitted infections (STIs)
  - The importance of dual protection
  - Reproductive health for both women and men, including reproductive tract infections (RTIs)
  - Postabortion care
  - Factors that affect fertility (for example, timing of intercourse, smoking, alcohol use, STIs, and pelvic inflammatory disease)
  - Other topics in preventive health, such as nutrition and breast self-examinations
3. Are all staff trained in all of the necessary standards and procedures, including those for infection prevention, and do they feel prepared to practice them?
4. Do staff understand that fumigation (fogging) is an ineffective infection prevention measure?

## COPE Reproductive Health Toolbook

5. Do staff have access to current reference books, guidelines, charts, posters, and other materials on all areas of services offered?
6. Do staff know current, written service-delivery guidelines for each reproductive health service provided at the facility?
7. Do staff participate in activities to assess their own learning needs and those of their co-workers?
8. Do staff regularly participate in training events, to acquire new skills or to maintain or improve existing skills (e.g., within the past year, has the facility provided an update for staff on counseling skills, clinical skills, or infection prevention practices)?
9. Have staff been trained to counsel clients about sexuality?
10. Do staff have the skills needed to educate and counsel the following clients about reproductive health?
  - Pregnant women
  - Breastfeeding women
  - Postpartum women
  - Perimenopausal women
  - Women who come for treatment of abortion complications
  - Clients who come for HIV, RTI, or STI services
  - Adolescents and young adults (both male and female)
  - Men of all ages, regardless of their marital or reproductive status
  - Women of all ages, regardless of their marital or reproductive status
  - Disabled clients
  - Members of different social and ethnic groups
  - Clients who practice various sexual behaviors
  - Victims of sexual or domestic violence
11. Have all staff who counsel clients about clinical procedures observed the procedures being performed?
12. Do all service providers know how to refer clients for health information and services outside their area of expertise?
13. For each reproductive health service provided at the facility, have service providers been trained in the following?
  - Providing the service
  - Recognizing and managing related complications and emergencies
14. Are the technical skills of clinical staff and other staff assessed and upgraded on a regular basis?

15. Are staff trained in record keeping and reporting (including reporting complications and deaths)?
16. Are all maternal health staff able to use a partograph (a labor progress chart or graph)?
17. Are clinical staff able to provide all contraceptive methods that involve a clinical procedure (the intrauterine device [IUD], Norplant implants, injectables, tubal ligation, and vasectomy)?
18. Are clinical staff able to address RTIs, including STIs, as follows?
  - Assessing risk
  - Diagnosing
  - Treating or referring
19. Are clinical staff able to address HIV, as follows?
  - Assessing risk
  - Diagnosing
  - Treating or referring
20. Have clinical staff been trained how to screen for cervical cancer, and are they able to do so?
21. Are laboratory staff trained in the diagnostic tests they are expected to perform, and do they feel prepared to perform them?
22. In places where female genital cutting (FGC) is prevalent, are staff familiar with the practice and its health consequences? Do staff feel prepared to address these health consequences?
23. Are staff able to address the adverse health consequences of other harmful practices that their clients may face?
24. Do staff feel that they have the knowledge and skills they need to provide quality services?

**Other Issues That You Think Are Important:**

25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_



## Staff Need for Supplies, Equipment, and Infrastructure

Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

The group working on this guide should include a reproductive health service provider (for example, a doctor or nurse), an operating theater nurse, staff who work in supplies and purchasing, and one staff member who has budgeting authority to change the items and quantities ordered.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please include it.*

1. Does the facility have a reliable supply of clean water?
2. Does the facility have a reliable source of electricity?
3. Does the facility have adequate temperature control (heating or cooling), as needed?
4. Does the facility have adequate lighting in examination rooms, procedure rooms, and operating theaters?
5. Does the facility have emergency transport available and functioning during all hours of service?
6. During the last six months, has the facility had all of the medications and expendable supplies that were needed?
7. During the last six months, has the facility had all of the equipment that was needed, and was it in working order?
8. Do staff who work with stocks that expire always observe the first-expired, first-out (FEFO) rule?
9. Are all medications and contraceptives that are in stock within the expiration date?

10. Does the facility keep an inventory to help staff know when to reorder supplies?
11. Does the facility have a system for obtaining new supplies quickly?
12. Are medications and other supplies kept in a manner that ensures good preservation (for example, away from water and heat)?
13. Does the facility have a system for procuring, maintaining, and repairing equipment?
14. Are handwashing facilities available in examination and procedure rooms?
15. Does the facility have separate facilities for handwashing and for cleaning instruments (e.g., sinks, buckets, soap, etc.)?
16. Do staff have enough buckets, containers, bleach, and water to ensure that a 0.5% chlorine solution is always available in each examination room, procedure room, and operating theater?
17. Do staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (e.g., containers for sharps, as well as a functioning incinerator, a covered pit, and/or municipal or commercial means of waste disposal)?
18. Does the facility have equipment and supplies for sterilization or high-level disinfection available and working properly?
19. Does the facility have supplies such as gloves, needles and syringes, and antiseptic solutions available in the necessary quantities?
20. If the facility performs any of the following tests, are supplies available for (a) taking the test, (b) preserving specimens, and (c) analyzing or transporting specimens?
  - Hemoglobin/hematocrit
  - Urinalysis
  - Pregnancy tests
  - Pap smears
  - Saline/KOH wet prep (for diagnosis of yeast infection, etc.)
  - Tests for reproductive tract infections, including sexually transmitted infections
  - Tests for HIV
  - Sperm analysis
21. Is the furniture adequate in all areas of the facility, including client waiting areas, procedure rooms, and wards? Is there enough furniture? Is it clean, sturdy, and undamaged?
22. Does the facility have a system for ordering client-education materials?

- 23. Are relevant client-education materials available and displayed for each type of reproductive health service provided (e.g., posters, brochures, and models)?
  
- 24. Are relevant job aids (e.g., wall charts, flipcharts, etc.) available and accessible for each type of reproductive health service provided?
  
- 25. Does the facility have adequate and accessible space to store all reference materials?

**Other Issues That You Think Are Important:**

- 26. \_\_\_\_\_
- 27. \_\_\_\_\_
- 28. \_\_\_\_\_



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**Record-Review  
Checklists for  
Reproductive  
Health Services**

.....



### CLIENT RECORD-REVIEW CHECKLIST

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

(Select 10 records at random.)

Checklist Item	1	2	3	4	5	6	7	8	9	10	Total
1. Client identification information is recorded.											
2. Date of visit is recorded.											
3. Client's reason for visit is recorded.											
4. Client's medical history is recorded.											
5. Client's reproductive health history is recorded.											
6. General physical examination was conducted.											
7. Client's signs and symptoms are recorded.											
8. Any prescriptions or treatment are recorded.											
9. Follow-up plans are recorded.											
10. Staff signatures are present.											
11. Entries are legible.											

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.)

Checklist Item	1	2	3	4	5	6	7	8	9	10	Total
1. Client identification information is recorded.											
2. Physical examination was completed.											
3. Informed consent form was signed and attached.											
4. Information on intraoperative medications is recorded: <ul style="list-style-type: none"> <li>■ Time of administration</li> <li>■ Names of medications</li> <li>■ Dosage of medications</li> </ul>											
5. Intraoperative vital signs are recorded.											
6. Procedure notes are recorded in detail (e.g., type of incision, findings, type of surgery, and type of suture).											
7. Postoperative vital signs are recorded.											
<b>Complications</b> (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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Client Interview  
Guide for  
Reproductive  
Health Services**

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# 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?***

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(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?***

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**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?**

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*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?**

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**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)

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

**19. What do you like most about this clinic? Why?**

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

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

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**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 \_\_\_\_

	Staff member's initials	Time service started	Time service completed	Contact time (in minutes)
First contact	_____	_____	_____	_____
Second contact	_____	_____	_____	_____
Third contact	_____	_____	_____	_____
Fourth contact	_____	_____	_____	_____
Fifth contact	_____	_____	_____	_____
Sixth contact	_____	_____	_____	_____
Comments:	_____			
	_____			
	_____			
	_____			

**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 (if chosen, please describe)





### CLIENT-FLOW CHART SUMMARY

Site: \_\_\_\_\_ Date: \_\_\_\_\_ Session: \_\_\_\_\_

Page	Total number of clients	Total time (in minutes)	Total contact time (in minutes)	Percentage of client time spent in contact with staff
Page 1				
Page 2				
Page 3				
<b>Totals</b>				

**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")

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# **Action Plan and Follow-Up Forms for Reproductive Health Services**

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# Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When

## Action Plan Follow-Up

Problem	Cause(s)	Recommendation	Status	Comments

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