PROVIDER SURVEY INTERPRETATION GUIDE
PROVIDER SURVEY OF FAMILY PLANNING PRACTICES

PART I. DEMOGRAPHICS

1-4. Questions 1-4 of the demographics are informational only. For questions 5-6, if many providers have not been trained on a method, it may be useful to start with a formal training.

PART II. CONTRACEPTIVE METHOD AVAILABILITY

7. If methods are unavailable or limited throughout the clinic, clinic management may explore reasons for this. If providers perceive that methods are unavailable but they are actually available, information can be given to providers about what is available at the clinic and what requires referrals.

PART III. PROVIDER PRACTICES

8. **The answer to this question can be used to assess access to IUDs for nulliparous women.** Based on the MEC, IUDs are safe to use in women regardless of their parity. If the respondent answers "Not often or never," further exploration may help determine the reasons for this, and interventions to improve access can be tailored to the reasons indicated on the survey. If providers are restricting their use because of incorrect beliefs, there can be targeted training explaining the safety and efficacy of IUDs in nulliparous women. If there are patient barriers to use, educational information or outreach may be considered. If there are existing protocols that do not allow this, they can be updated and disseminated accordingly.

9. If more tests are required than the boxes checked below, it may be helpful to review the guidance in the SPR related to what exams and texts are medically required prior to initiating a contraceptive method. Unnecessary exams and tests may be a barrier to accessing contraception. It may be necessary to clarify what is required versus what is offered or available. Clinical protocols can help reduce unnecessary testing.

Test or exam	Combined Pills	Progesto-gen-only pills	DMPA or NET-EN injection	Implants	Intrauterine Devices
Not available	☐	☐	☐	☐	☐
Blood pressure	☐	☐	☐	☐	☐
Weight	☐	☐	☐	☐	☐
Breast exam	☐	☐	☐	☐	☐
Pelvic exam	☐	☐	☐	☐	√
Cervical cytology (Papanicolaou smear)	☐	☐	☐	☐	☐
STI risk assess-ment	☐	☐	☐	☐	√
HIV screening	☐	☐	☐	☐	☐

10-13. **The answers to questions 10-13 can be used to assess access to contraceptive methods for adolescents and adult women.** According to the SPR, all methods should be available to be started on the same day of the visit regardless of the timing of menses for both adolescents and adult women, as long as a clinician is reasonable certain that the client is not pregnant. This is known as "Quick Start." If providers are not offering this service, further provider training and education may be helpful. Additionally, clinical protocols for Quick Starting contraception can help facilitate this.

14. Not all clients require a routine pregnancy test prior to initiating a contraceptive method. The SPR provides a clear checklist to help determine whether or not a pregnancy test may be necessary.

15. **All of these time periods are appropriate times to start contraception.** This question is again referencing the importance of Quick Start. The SPR can help provide guidance around when a contraceptive method can be safely initiated.

16. **This question can help assess barriers to contraception provision. If the respondent answers "often or very often", the reasons (a-f) checked by the respondent can be explored to identify interventions to improve access.**

If (a) is checked, this may indicate supply chain issues.

If (b) is checked, this may be justified if most clients seeking family planning care have a complicated medical condition. Because this is rarely the case, it may be necessary to review the MEC with the providers and ensure that methods are not unnecessarily restricted because of medical conditions.

If (c) is checked, this another indication that the safety of Quick Start may need to be addressed.

If (d) is checked, this could be justified, however rarely should this be the case with a majority of clients. It may be useful to review the SPR checklist to help providers determine how to be reasonably certain that a woman is not pregnant.

If (e) is checked, consider reviewing the SPR guidance regarding necessary exams and tests prior to initiating contraception. Only truly required tests should limit the receipt of a contraceptive method.

If (f) is checked, further provider training on method use or insertion may be necessary.

17. **All of these topics should be covered in counseling either "very often" or "often."** If this is not happening and providers do not feel comfortable with contraceptive counseling, further training around counseling may be useful for the clinic. For others, it may be a matter of time and resources. Some clinics could consider dividing the responsibility of this counseling so that one clinician is not responsible for covering all of these topics. A health care provider, health educator, or community health worker can be responsible for covering each of these topics to the degree that they are comfortable.