



# COPE® FOR COMPREHENSIVE ABORTION CARE SERVICES

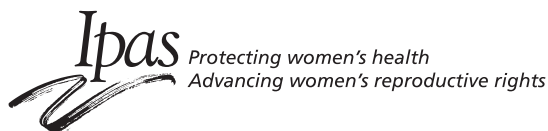
A Toolbook to Accompany the COPE® Handbook

EngenderHealth's Quality Improvement Series



# COPE<sup>®</sup> for Comprehensive Abortion Care

*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 established internationally agreed definitions of reproductive health and rights. In addition, governments specifically addressed the tragic consequences of unsafe abortion and agreed that “in circumstances where abortion is not against the law, such abortion should be safe” (UN, 1994). In 1999, at a special session of the United Nations General Assembly to review the ICPD, governments further agreed that “...in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible” (UN, 1999).

These actions were taken in recognition that unsafe abortion represents a public health crisis of enormous proportions and is a major contributor to maternal mortality and morbidity. According to available data and estimates from the World Health Organization (WHO, 2007):

- Nearly 20 million women experience an unsafe abortion each year, more than 97% in developing countries.
- As many as 66,500 women die as a result of abortion complications, 36,000 in Africa and more than 24,000 in South-Central Asia.
- Nearly half of the deaths, more than 30,000 each year, are among young women under the age of 25.

These figures demonstrate the challenges that women face in obtaining access to safe abortion in many developing countries, even where abortion is legal for certain indications.

Since 1999, the international community has taken steps to address unsafe abortion. In 2003, the World Health Organization issued *Safe Abortion: Technical and Policy Guidance for Health Systems* (WHO, 2003). In the past decade, a number of countries have expanded services for women within the framework of comprehensive abortion care, a set of services that includes safe induced abortion for all legal indications, treatment of incomplete and unsafe abortion, contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing, counseling, and other reproductive health services. A full comprehensive abortion care model was initially developed by Ipas and has been introduced and adapted in an increasing number of countries (Hyman & Castleman, 2005; Hyman & Kumar, 2004).

Since 1988, in collaboration with partners in developing countries, EngenderHealth has been developing and refining COPE®, a staff-driven process to improve access 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 needs of clients for comprehensive abortion care services.





# Acknowledgments

COPE<sup>®</sup>, which originated as a quality improvement process for family planning services, was developed by EngenderHealth<sup>1</sup> with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development (USAID). EngenderHealth has been developing and refining the COPE technique and tools since 1988. The COPE tools presented in this toolkit for improving comprehensive abortion care services are part of the evolutionary process of developing COPE tools for different areas of reproductive health and were made possible by support from the R3M Project (Reducing Maternal Mortality and Morbidity) in Ghana.

Many individuals and organizations in Ghana and in the United States contributed to the development of this toolkit. EngenderHealth, the R3M Project, and Ipas especially wish to thank the following individuals who participated in the review of the comprehensive abortion care tools and the organizations and facilities that helped us to organize and conduct the field test: Comfort Antwi from the Ministry of Health; Ellen Asare and Evelyn Owusu-Acheaw, from Ghana Health Service, Koforidua; Christiana Danso and Getrude Amoako-Adusei, from Ghana Health Service, Accra; and Emilia Thompson, Ghana Health Service (retired). We also thank the staff of the Koforidua Regional Hospital, Achimota Hospital, and Ashiaman Health Center who participated in COPE exercises during the field test of the tools published here.

Within EngenderHealth, current and former staff in New York and in field offices who made a significant contribution to the development of the curriculum and provided valuable feedback included: Dr. Jean Ahlborg; Dr. Carmela Cordero; Betty Farrell; Dr. N. S. Kanlisi; Eunice Adjei; Victoria Ellen Davis; Patience Darko; Mercy Laadi Achaw (intern); and Anna Kaniauskene, primary writer and developer of this toolkit.

We would like to express special thanks to individuals from Ipas who helped in the preparation of this toolkit. The technical team from Ipas-Ghana—Dr. Joseph Mills, Josephine Addy, Amanda Adu-Amankwah, Gertrude Voetagbe, and Koma Jehu-Appiah—contributed to the initial review of draft materials and facilitated the field test. Other Ipas staff who contributed to planning, materials development, and review include Bill Powell, Barbara Crane, Mary Luke, Shirley Owino, and William Sampson. Thanks also go to Jamie McLendon for his assistance with the toolkit design.

Michael Klitsch edited this toolkit and provided overall publishing management; the toolkit was typeset by Kathy Strauss, Imagewerks; the cover was designed and typeset by Weronika Murray.

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1 Before 2001, EngenderHealth was known as AVSC International.



## About COPE<sup>®</sup>

COPE<sup>®</sup> is an ongoing quality improvement (QI) process and set of tools 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 individuals 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 other 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 on page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care.

COPE empowers staff to proactively and continuously assess and improve the quality of their services (ideally, in ongoing dialogue with the users of the services). COPE's emphasis on the role of staff in continuous QI makes this possible. It recognizes staff members 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 in 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 their contributions to the facility and to the health of their community.

## About This Toolkit

The COPE process uses four tools that are included in this toolkit—Self-Assessment Guides (including a Client Record-Review Checklist), the Client-Interview Guide, Client-Flow Analysis forms, and the Action Plan format. These tools enable supervisors and the staff to discuss the quality of comprehensive abortion care services, identify problems that interfere with the delivery of quality services, identify the root causes of those problems, recommend

**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: Huezo & Diaz, 1993; IPPF, 1993.*

ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems. This toolkit is to be used in conjunction with the *COPE® Handbook*.

COPE is staff-driven and combines both a process 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, including comprehensive abortion care, which is not isolated from other health services. Over time, as providers have expressed the need for such tools for health services beyond family planning, the COPE process and tools have been adapted for use in other health services (see Figure 2).

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

The following COPE toolbooks are currently available or forthcoming:

*COPE® for Male Circumcision Services: A Toolkit to Accompany the COPE® Handbook* (2009)

*COPE® for Comprehensive Abortion Care: A Toolkit to Accompany the COPE® Handbook* (2009)

*COPE® for HIV Counseling and Testing Services: A Toolkit to Accompany the COPE® Handbook* (2008)

*COPE® for HIV Care and Treatment Services: A Toolkit to Accompany the COPE® Handbook* (2008)

*COPE® for Services to Prevent Mother-to-Child Transmission of HIV: A Toolkit to Accompany the COPE® Handbook* (2004)

*COPE® for Cervical Cancer Prevention Services: A Toolkit to Accompany the COPE® Handbook* (2004)

*COPE® for Reproductive Health Services: A Toolkit to Accompany the COPE® Handbook* (2003)

*COPE® 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)

In addition, COPE tools have been adapted for use in *Quality Improvement for Emergency Obstetric Care: Leadership Manual and Toolkit* (2003).

## Addressing Comprehensive Abortion Care

In this volume, versions of the COPE tools have been adapted to address the relevant range of topics for providing quality comprehensive abortion care. Comprehensive abortion care builds on the elements of postabortion care (PAC), which is the global strategy to reduce death and suffering from the complications of unsafe and spontaneous abortion and which is comprised of five elements:

## COPE for Comprehensive Abortion Care

- Community and service provider partnerships for prevention (of unwanted pregnancies and unsafe abortion), mobilization of resources (to help women receive appropriate and timely care for complications from abortion), and assurance that health services reflect and meet community expectations and needs
- Counseling to identify and respond to women's emotional and physical health needs and other concerns
- Treatment of incomplete and unsafe abortion and complications that are potentially life-threatening
- Contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing
- Reproductive and other health services, preferably provided on-site or via referrals to other accessible facilities in providers' networks

Comprehensive abortion care includes all of the elements of PAC, as well as safe induced abortion for all legal indications. These elements all contribute to reductions in maternal mortality.

This toolkit addresses topics related to all components of comprehensive abortion care services, including:

- Reproductive rights and legal indications for services
- Community linkages
- Counseling and follow-up
- Contraceptive services
- Infection prevention, including instrument processing
- Clinical assessment
- Pain management
- Recommended uterine evacuation methods
- Uterine evacuation methods, including uterine evacuation procedure with manual vacuum aspiration
- Medical abortion
- Prevention and management of complications

The objectives of comprehensive abortion care in Ghana for women are:

- To ensure that the abortion care services provided to women, as permitted by law, are safe, affordable and accessible
- To reduce morbidity and mortality due to unsafe abortion through public awareness on the availability of safe abortion care services and the dangers of unsafe abortion
- To reduce deaths and disability from abortion complications through effective management and/or stabilization and referral
- To improve women's broader reproductive health by integrating abortion care services into other sexual and reproductive health services

- To help women make free and informed decisions regarding their pregnancy, be more informed about health services and follow up care needed, and feel more emotionally comfortable with their decisions through supportive, nondirective reproductive health counseling
- To prevent unwanted pregnancies through contraceptive services, including counseling and method provision

*Woman-centered abortion care* is a comprehensive approach to providing abortion care services that takes into account the various factors that influence a woman's individual needs—both physical and mental—as well as her ability to access services and her personal circumstances. Providing comprehensive abortion care includes a range of services that support women in exercising their sexual and reproductive rights. A comprehensive model that is woman-focused should comprise these key elements:

- *Choice* includes a woman's right to determine the timing of pregnancies, whether to continue or terminate a pregnancy, and to choose from available abortion procedures, contraceptive methods, providers, and a facility. A woman's choice must be informed by complete and accurate information and the opportunity to ask questions, and express concerns to, knowledgeable health care personnel.
- *Access* includes the woman's access to affordable, barrier-free, and culturally appropriate services that are readily available for all legal indications within the law of her country.
- *The fundamental aspects of quality* include the following (although high-quality abortion care varies, depending on local context and the availability of resources):
  - ▲ Tailoring each woman's care to her social circumstances and individual needs
  - ▲ Using internationally recommended abortion care technologies, particularly manual vacuum aspiration (MVA) and medical abortion, as well as appropriate clinical standards and protocols for infection prevention, pain management, management of complications, and other clinical components of care
  - ▲ Offering postabortion contraceptive services, including emergency contraception, to help women prevent unwanted pregnancies and avoid repeat abortions
  - ▲ Providing women with other reproductive health (RH) services or referring them to other appropriate providers for services such as sexually transmitted infection (STI) care, HIV and AIDS services, family planning, counseling on sexual violence, special services for adolescents, etc.

This toolkit is based on the following assumptions:

- That comprehensive abortion care services are in place, with postabortion contraception as a main part of the comprehensive abortion care program
- That only first-trimester abortion care is included

The 10 self-assessment guides, which cover the components of comprehensive abortion care listed above, are organized around the seven clients' rights and three staff needs framework. This volume also contains a Client-Interview Guide, a Client Record-Review Checklist, forms needed to conduct a Client Flow Analysis, and forms for the Action Plan. 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 for COPE.



# Principles Underlying COPE

## Quality Improvement Principles

Quality in health care is often defined as providing client-centered services and meeting clients' needs. The QI process is an effort to continuously do things better until they are done right the first time, every time. There are several reasons to improve the quality of the health care services provided at the facility. Improving quality safeguards the health of both clients and staff, adds features to attract clients, maintains the organization's strengths, and fosters efficiency and cost savings.

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are:

- Focusing on the needs and expectations of external audiences (such as the clients who use the services) and internal audiences (staff from the facility), using a framework of clients' rights and staff needs
- Having all levels of staff become involved in the QI process (with the result that a sense of ownership of quality and of the process for improving quality is developed)
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes, or implementation problems, rather than the fault of individuals (It is vital that staff do not feel threatened and that they participate in the self-assessment process fully.)
- Eliminating the costs of poor quality (e.g., repeat work and waste), which leads to greater efficiency and cost-consciousness
- Enabling continuous staff learning, development, and capacity building (By using the COPE tools, staff learn about updated international standards for health care.)
- Making QI work an ongoing and continuous process

COPE enables staff to apply these principles at service facilities.

## What Are the Benefits of COPE?

- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and staff become accustomed to working as a team.
- **Self-assessment promotes a sense of ownership among staff.** When all levels of staff assess their own services, rather than having the services evaluated by outsiders, they feel that the problems they identify are theirs and they feel responsible for implementing the solutions they develop. This creates a sense of *ownership* and *commitment* to the solutions developed.
- **COPE relies on the wisdom of the experts.** The experts on the services at a facility are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.
- **COPE tools are practical and relatively simple to use.**

- **COPE boosts morale and provides a forum for staff and supervisors to exchange ideas.** Staff members who have used COPE have said, “I knew that we could improve services by doing that, but I never had the opportunity to talk to (the doctor-in-charge) before.” By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale and staff satisfaction with their work.
- **COPE helps to communicate service standards to staff and thereby improves performance.** The COPE Self-assessment Guides are based on international service standards. Using the guides raises staff awareness of the importance of quality, what quality services are, and what is important to clients.
- **COPE is cost-effective.** COPE is inexpensive to do. All that is needed are a few hours of a facilitator’s time, time for staff to participate during regular work hours, flipchart paper, markers, and photocopies of the forms needed for the exercise.
- **COPE is transferable and adaptable from one setting to another and from one health care area to another.**

## 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, page 8.)

### The Facilitator

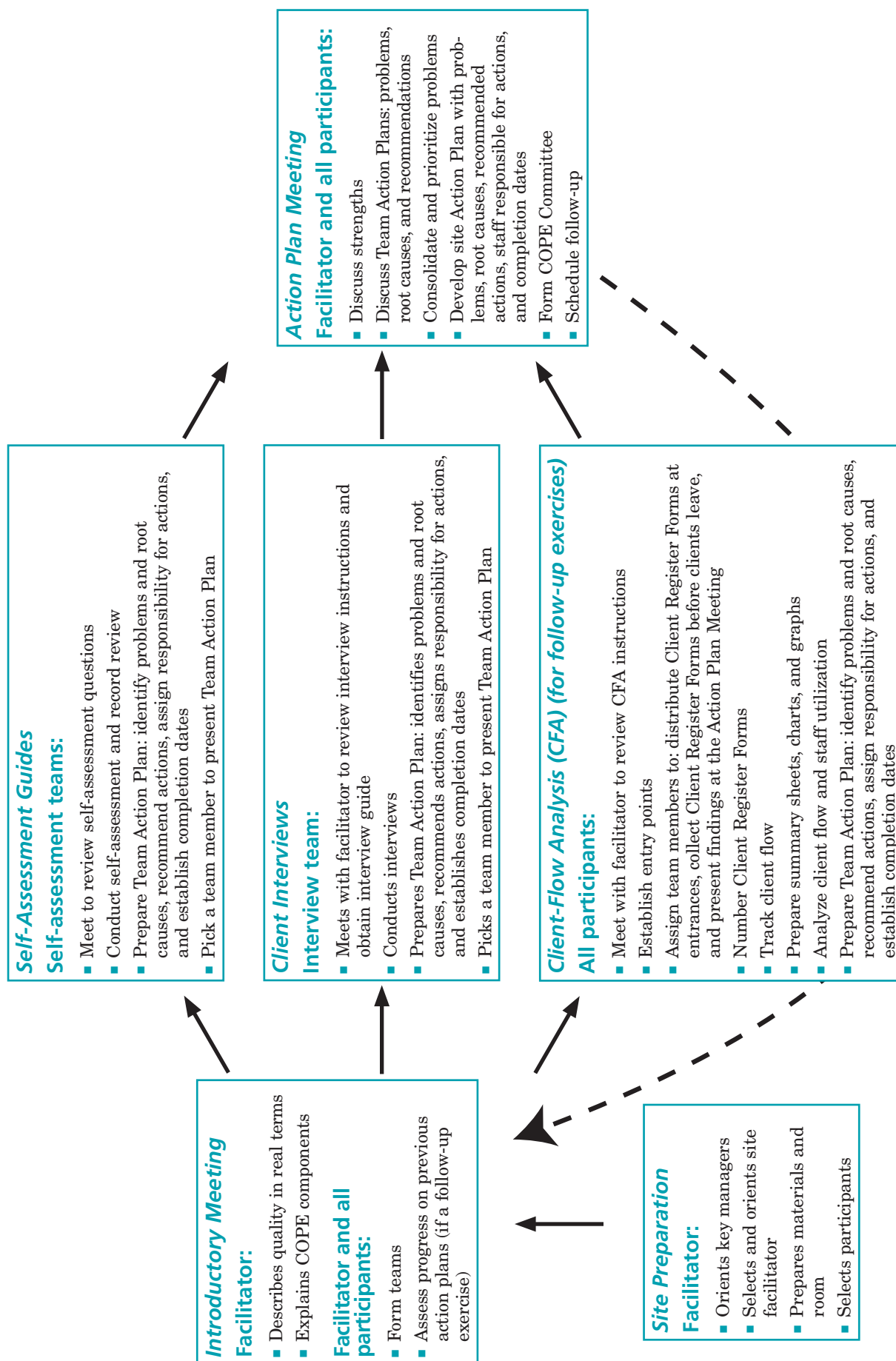
When the decision is made to implement COPE at a facility for the first time, the facility administrator should obtain the services of an experienced COPE facilitator. This is usually an external facilitator (from the headquarters organization or from a technical assistance agency) who has been trained in COPE and has experience with implementing it. 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

Figure 3. COPE® at a Glance



- Schedule the COPE exercise
- Prepare materials for the exercise

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

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 comprehensive abortion care (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 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 facilitate implementation of 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).
- *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

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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 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.

## About COPE for Comprehensive Abortion Services

Abortion, like other public health concerns that are related to sex, gender, and sexuality, is characterized by stigma and discrimination against those advocating for, seeking, and providing services. Nevertheless, research and evaluation are needed to determine how best the public health community can help women access abortion services that are safe and of high quality. Through the informed consent process, we will aim to ensure that confidentiality is maintained for all individuals involved in the COPE process.

Thus, site staff and external facilitators participating in COPE exercises (including service providers who conduct client record reviews) must be advised of the sensitivity of the topic to be discussed at different stages of the process. They all should sign a pledge of confidentiality at the beginning of the exercise (see page 68).





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**Self-Assessment Guides  
for Comprehensive  
Abortion Care Services**

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## Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, the use of contraceptive services, comprehensive abortion care, and 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, contraceptive services, abortion care, and other 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Can all staff—including guards, cleaners, and other support staff—inform clients about the following topics?
  - Where and when abortion care services are available at your facility
  - What services cost, if any cost is required
  - Where and when contraceptive services are available at your facility
  - Which services are not available at your facility but are available by referral to another facility, where that other facility is located, and how clients can get there
2. Are signs showing the following information about reproductive health services prominently displayed throughout your health facility?
  - Place
  - Days
  - Times
  - Costs
3. Does your facility conduct educational activities such as health talks or video and slide demonstrations about a variety of general and reproductive health matters, including abortion care and contraceptive services:
  - Within the surrounding community, including using men to engage the community member and leaders?
  - Within the facility, to reach clients while they are waiting for services or are in the facility?

## COPE for Comprehensive Abortion Care

4. Are educational materials, such as pamphlets, posters, and leaflets, available throughout your facility?
5. Are materials or posters about clients' rights to quality health care available throughout your facility?
6. When clients come to your facility seeking abortion care services, or with complications of abortion, do they routinely receive emotional support, counseling, and information about treatment?
7. Do staff at your facility provide clients with information and counseling about abortion and contraceptive services, as follows?
  - Do staff offer information and counseling about abortion care services, to the extent allowed by local and national laws and policies?
  - Is the information provided by staff updated, factual, and unbiased?
  - Are information messages tailored for the special needs of different groups of clients?
  - Do staff explain information clearly, using appropriate, nontechnical, local language that clients can understand?
  - Do staff explain the benefits, risks, eligibility criteria, side effects, or other consequences of any treatment, procedure, or contraceptive method?
  - Do staff fully explain what will happen during medical procedures or examinations before they are undertaken?
  - Do staff ask clients to repeat key information, to make sure that clients understand?
  - Do staff give clients both oral and written instructions about the treatments, procedures, and contraceptive methods that they receive?
8. Do staff provide information on abortion care and the use of contraceptives 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
  - Women who are survivors of violence
  - Members of different social and ethnic groups
  - Clients who practice various sexual behaviors
9. Do abortion care clients receive information on the following topics?
  - What to expect and how to care for themselves after treatment (completion of the abortion) and the recovery period
  - Why, where, and when to return for follow-up care
  - The importance of seeking medical attention if problems arise
  - Warning signs and what to do if they occur
  - When normal activities (e.g., work or sexual activities) can be resumed

- That fertility returns within 11 days after the abortion
- The importance and benefits of starting and correctly using a family planning method right away and in conjunction with abortion care
- The importance of using contraceptives for healthy timing and spacing (delay of the next pregnancy by at least six months) of a subsequent pregnancy
- Where and how to obtain other reproductive health services, including contraceptive services

10. During counseling sessions, do staff provide information on the following topics?

- Contraceptive methods that provide emergency, short- and long-acting, or permanent protection from pregnancy
- Method effectiveness, how methods work, health benefits, eligibility criteria, common side effects, and warning signs of complications
- Methods that help prevent the transmission of HIV and other sexually transmitted infections (STIs)
- The use of dual protection for preventing pregnancy and STIs/HIV
- How to continue a method, including when and how to obtain new supplies; and why, when, and where to return for follow-up care
- The possibility of changing methods, if desired
- Information on how to communicate with their partner about reproductive health issues, including recovery, using a contraceptive method, and prevention of STIs/HIV

11. Do staff provide following information on STIs and HIV to all clients?

- How infections are transmitted
- How to prevent transmission, including demonstration of condom use
- When and where to come for STI screening and voluntary counseling and testing for HIV
- Where the clients can receive treatment, if needed

12. Do staff provide information and counseling or referral about the following frequently neglected aspects of reproductive health?

- Emergency contraception
- Contraceptive methods for adolescents
- Reproductive health problems
- Reproductive and sexual health and sexuality for men and women
- General hygiene, including menstrual
- Factors that affect fertility
- Sexual and domestic violence (where support services are available)
- Harmful practices (e.g., female genital cutting or marriage at a young age)
- Prevention of cervical cancer through screening (and vaccination, where available)
- Menopausal changes

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

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

## 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 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Are all women who are in need of abortion care (within the context of national and local laws and policies) or management of complications of abortion and contraceptive services able to get them?
2. Do all staff know if, when, and where abortion and postabortion care services are offered within your facility?
  - Abortion care services within the limits of national law and policy (including medical abortion and aspiration techniques)
  - Management of complications of abortion
  - Contraceptive services
  - Follow-up care
  - Treatment or referral for other reproductive health issues
  - Other preventive health care services
  - Laboratory
  - Pharmacy
3. Do staff inform clients of appropriate services that are available elsewhere in the area, but not at your facility?
4. Do clients have ready access to counseling, treatment, or referral for reproductive health services, including abortion, postabortion, and contraceptive services, that your facility does not provide?
5. Do staff try to minimize the number of visits a client has to make for each service?



6. Does your facility have adequate staff coverage at its busiest times, to avoid excessive client waiting times and delays in treatment?
7. Are services offered at times that are convenient for clients, including working women and adolescents? Are emergency services available 24 hours a day, seven days a week at your facility or by easy referral?
8. Does your facility work to help clients who have difficulty traveling to the facility or who cannot afford to pay?
9. Do staff work to overcome other barriers to services (e.g., unreasonable requirements regarding age, or documentation of medical indications for an abortion)?
10. Does your facility conduct educational activities to increase awareness about abortion care and contraceptive services available at the facility?
  - In the communities the facility serves
  - Among in-patient and outpatient clients at the facility
11. Do the following clients have access to information about abortion care and contraceptive services, and to counseling?
  - Adolescents and young adults
  - Clients of all ages, regardless of their marital or reproductive status
  - Disabled clients
  - Women who are survivors of or who experience violence
  - Members of different social and ethnic groups
  - Clients who practice various sexual behaviors
12. Are contraceptive methods and services that can be used immediately after an abortion available to women who want them?
  - Are contraceptive methods and services that can be used immediately after an abortion available in the counseling/procedure areas where comprehensive abortion care services are offered?
  - Is postabortion IUD insertion available immediately after instrument uterine evacuation, when indicated and when the client desires it?
13. Do clients have access to a range of contraceptive methods that meet their different needs, including the different stages of their lives/reproductive intentions?
14. Is voluntary HIV counseling and testing available, either at your facility or by easy referral?
15. Are women with abortion complications treated promptly?
16. Before ending any client visit, do staff ask clients if there is another service they need?

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

- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_



## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

- Does your facility offer choices in reproductive health that are appropriate to the client population and the setting?
  - Abortion care counseling and services
    - ▲ Are the services that are available and the eligibility requirements that are applied to clients consistent with national laws and policies governing abortion? Are the eligibility requirements explained to clients?
    - ▲ Is there a range of options and procedures—for example, medical and/or aspiration techniques—available from which to choose?
  - Counseling on contraception use
    - ▲ Are emergency, short-acting, long-acting, and permanent contraceptive methods available at your facility or by referral?
    - ▲ Are both provider-dependent and provider-independent methods available?
    - ▲ Do clients have the opportunity to learn about dual protection? Condom use? Safer sexual practices?
  - Other reproductive health services
    - ▲ Are women seeking abortion care services or the management of abortion complications screened and offered treatment or referral for other reproductive health problems?
    - ▲ As appropriate, are clients counseled about how to prevent transmission of sexually transmitted infections (STIs), including HIV, or to reduce the risk of transmission?
    - ▲ Is voluntary counseling and testing for HIV available at your facility or with referral? Is it offered routinely to all clients?
  - Follow-up

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- ▲ Are women offered a range of options for obtaining follow-up for identified issues and care, including facilities and services that might be closer to their home?
- 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. Are clients offered information about services that are available elsewhere in the community but not at your facility?
- 4. Do health care staff do each of the following?
  - Actively encourage clients to talk and ask questions
  - 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
- 5. Do providers offer the option of involving partners and family members in discussions and client decision making, if the client desires?
- 6. Once a client has made a decision about treatment or care, do staff treat the client's decision with respect?
- 7. Are mechanisms in place to ensure informed consent for all surgical procedures and treatments?
- 8. Do all clients who undergo surgical procedures sign a consent form, and is this form kept as part of the medical record?
- 9. Before any procedure or treatment, do staff reconfirm that a client wants to proceed?
- 10. In general, do clients receive the abortion care or contraceptive method of their choice?
- 11. For options not available at your facility, do staff refer clients to another department or facility where services are available?

### Other Issues That You Think Are Important:

- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_

## Clients' Right to Safe Services

Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and safe medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and prevention, timely 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 performance 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, contraceptive services, sexually transmitted infections (STIs), HIV, infectious diseases, gynecology, men's services, and operating theater. This group should also include representatives from the following categories of staff: clinician, surgeon, nurse/midwife, technical or medical assistant, housekeeper or cleaner, and administrator or manager.

If your facility performs surgical procedures, a member of the group working in the surgical unit 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Do staff follow current, written service-delivery guidelines for each of the reproductive services available at your facility, including abortion care and counseling on contraceptives and services?
2. Do staff know how to manage complications that arise at your facility or occur in the community?
3. Are the necessary supplies and equipment available to provide quality services and manage potential complications?
4. Is a qualified service provider always available, either at your facility or by referral, 24 hours a day, in case of complications and emergencies?

## COPE for Comprehensive Abortion Care

5. Is your facility prepared to stabilize and transport, or to treat, clients who present with emergencies (such as shock, severe bleeding, severe infection, or ectopic pregnancy)?
6. Can clinical staff start an IV for fluid administration?
7. Can clinical staff perform cardiopulmonary resuscitation (CPR) and artificially ventilate?
8. Are clinical staff aware of complications that have arisen from care given at your facility?  
Do staff work to prevent these complications from occurring?
9. 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?
10. Are all clients screened before treatments, abortion care, and other procedures, medications, and contraceptive methods are provided? (Screening includes a medical, sexual, and reproductive health history, a physical examination, including genital examination, and appropriate laboratory tests.)
11. Do clients receive written and oral information about the following (both before and after any treatment or procedure)?
  - The risks associated with the abortion care and treatment, or another procedure, medication or contraceptive method they are receiving
  - Warning signs
  - Where to go for emergency and follow-up care
12. Are staff aware of requirements for reporting complications, including how and when to report them?
13. Do staff report complications as required?
14. 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?
15. Do meetings about and review of complications result in changes and improvements in practice?

## Counseling, Abortion, and Contraceptive Services

16. Do staff screen for and follow eligibility criteria to screen clients for appropriateness for services and treatment options for the following?
  - Abortion care services
  - Management of complications of abortions
  - Contraceptive services



17. Are women screened by history, physical examination, and laboratory tests where indicated, for reproductive tract infections, including STIs and HIV? Where necessary, are they treated?
18. Do staff monitor women to identify early signs of complications during and after any procedures or treatment, including initiation of contraceptive methods?
19. When instrumental uterine evacuation is indicated, do staff utilize manual vacuum aspiration (MVA)?
20. Is oral pain medication and local anesthesia the preferred pain management strategy for abortion care services and treatment of incomplete abortion?
21. Are staff providing abortion care services able to manage a range of abortion complications, either by immediate stabilization and treatment or by stabilization and referral?
22. Can staff providing abortion care services, including the management of incomplete abortion and other complications, do the following?
  - Administer pain medication and local anesthesia
  - Start an IV and provide fluids
  - Administer medications, including pressors such as epinephrine, uterotonics such as misoprostol, and antibiotics
  - Perform MVA
23. To prevent injury and other complications, are staff performing instrumental uterine evacuation procedures able to do the following?
  - Perform a pelvic examination, including a bimanual exam, and assess uterus size
  - Administer prophylactic antibiotics
  - Clean and apply antiseptic to the cervix and the vagina prior to inserting any instruments
  - Use the “no-touch” technique throughout the procedure
  - Watch for signs of allergic reaction or intoxication when administering local anesthesia
  - Stabilize the uterus during cervical dilation and uterine evacuation
  - Practice careful cervical dilation, where indicated
  - Perform MVA and properly manipulate the intrauterine cannula
  - Document uterine depth and manipulate intrauterine instruments relative to this
  - Monitor for signs of uterine perforation, including increased client discomfort, loss of vacuum, and position of uterine instruments beyond expected uterine fundus
  - Inspect uterine tissue
24. For medication-induced abortion or treatment of incomplete abortion, are staff able to do the following?
  - Confirm and document appropriate gestational age
  - Rule out ectopic pregnancy
  - Inform women of the signs of failed treatment, in addition to other warning signs

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- 25. Do staff explain to all clients what warning signs to look for and what to do if they occur?
- 26. Are all clients given postprocedure instructions, both oral and written?

## Infection Prevention Practices

- 27. Is your facility always clean?
- 28. Do staff have access to current, written guidelines on infection prevention? Do they follow the guidelines to protect clients and themselves from infection?
- 29. Are job aids posted to promote standard infection prevention practices (e.g., handwashing, proper waste disposal, instrument processing)?
- 30. Do staff wash their hands with soap and running water before and after each procedure and client contact?
- 31. Are disposable needles and syringes used whenever possible and discarded after a single use? Are reusable needles and syringes properly processed for reuse?
- 32. Are needles and other sharp objects disposed of in puncture-resistant containers immediately after use?
- 33. Are reusable instruments and other items used in clinical procedures decontaminated in a 0.5% chlorine solution for 10 minutes before processing?
- 34. After decontamination, are instruments and other items cleaned with detergent and water, using a brush where appropriate?
- 35. Are instruments and other items properly sterilized or high-level disinfected before use?
- 36. Are all items stored dry?
- 37. Are MVA instruments processed and stored and reused correctly, according to guidelines? Are syringes stored separately from differently processed cannulas?
- 38. Do staff wear appropriate utility gloves for protection when cleaning instruments, handling medical waste, and performing housekeeping tasks?
- 39. Do staff use appropriate protective clothing when handling blood and other body fluids?
- 40. Are instruments cleaned in a designated receptacle (a sink or bucket separate from where handwashing is done)?
- 41. Are surfaces such as examination and operating tables wiped with a 0.5% chlorine solution after each use?
- 42. Is medical waste handled safely and disposed of properly, either by burning or by burial, either at your facility or by the designated provider?

43. During a pelvic examination, does the provider do the following?

- Wear clean gloves
- Use a speculum that has been cleaned and high-level disinfected or sterilized?

44. During medical and aspiration procedures, do staff do the following?

- Use the “no-touch” technique during clinical procedures
- Ensure that all used instruments are correctly processed and stored
- Avoid shaving the procedure areas
- Appropriately prep procedure areas with antiseptic
- Follow guidelines on the appropriate use of prophylactic antibiotics

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

45. \_\_\_\_\_

46. \_\_\_\_\_

47. \_\_\_\_\_



## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

1. Do providers discuss client care with other staff members only when necessary?
2. Do staff ask the woman in private whether she wants to invite anyone else in for the counseling session?
3. Do staff respect clients' wishes about whether to provide information to family members, including spouses and partners who accompany them?
4. Are client records kept in a secure place, with access strictly limited to authorized staff?
5. Does your facility have the necessary space and organization so that counseling sessions, physical examinations and procedures cannot be observed, overheard or interrupted by others?
6. Do staff take measures to ensure that counseling sessions and examinations are not interrupted?
7. When other staff are present during counseling, examinations, or procedures, do staff explain the person's presence and ask the client's permission?
8. When a client's care is discussed, do staff ensure that the discussion cannot be overheard?
9. Are all laboratory results kept confidential?
10. Are all services offered in a manner that is respectful, confidential, and private?
11. Are clients reassured that their information, treatment, and records will be kept confidential?

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

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

13. \_\_\_\_\_

14. \_\_\_\_\_

## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. 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?
2. Are women seeking abortion care services or treatment for complications of abortion treated with the same kindness and respect as women experiencing spontaneous abortion?
3. Do clients have an opportunity to suggest what your 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 and treatment decisions, 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)?

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8. Are women offered appropriate pain relief for treatment and procedures? If a woman is in significant discomfort, is she offered additional pain relief?
9. The list below describes some of the areas of your facility that clients may use. Do you think these areas are pleasant and comfortable? 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 areas
  - Pharmacy
  - Lab area
  - Operating theater/procedure room
  - Emergency room
  - Recovery areas
  - Wards
10. Do you think that client waiting times for services are reasonable?
11. When the waiting time becomes longer than expected, do staff apologize and explain to clients the reason for the delay?
12. Do staff address clients' concerns about misconceptions, myths, and rumors?
13. Do staff work to reduce unnecessary waiting times or the number of visits necessary to manage a problem?
14. Is there an established system in place for receiving clients (e.g., first-come, first-served, or by appointment) that staff follow for nonemergency situations?
15. Are records retrievable, and is retrieval quick and efficient?
16. Do staff feel that clients get adequate time with health care providers, including counselors?
17. Do staff explain to clients what sorts of examination or procedure will be done, what to expect, and why the examination is needed?
18. Do staff ensure that the client is comfortable and experiences the least possible amount of pain during procedures?
19. If the client is awake during a procedure, do staff engage the client (as appropriate) to facilitate the procedure and her comfort (e.g., by coaching the client, engaging the client in conversation, or offering comfort to a client in distress)?
20. Are counseling, abortion, and contraceptive services offered in an atmosphere that is inviting for different type of clients? For clients with special needs (e.g., disabled persons)?



Other Issues That You Think Are Important:

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



## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

- For all services provided, are all clients told the following?
  - If and when to return for routine follow-up care
  - That they can return at any time if they have questions or concerns
  - What to do if they experience warning signs of complications
- Are follow-up visits scheduled with the convenience of the client in mind?
- If clients are referred elsewhere for services or follow-up, do staff work to ensure that clients receive the service for which they were referred? Do staff explain to clients where to go, escort them whenever possible, and help arrange transport?
- When clients travel a long distance to your facility for services, are they informed where they may obtain follow-up services in their local community, if these are available?
- Does your facility have sufficient and reliable supplies so that a client can undergo procedures and receive medications, contraceptives, and outcomes of laboratory tests, among others, without delay? Are supplies sufficiently reliable to ensure future resupply of medications or contraceptive methods?
- To ensure continued care, 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, contraceptive methods/back-up [including emergency contraception], antiseptics, and anesthetics)?
- For clients who have laboratory tests performed, are the following services in place?
  - A system that ensures they receive their results
  - Clear responsibility for informing clients about test results
  - Provision of counseling and treatment based on test results, or referral of clients to an appropriate service for counseling and treatment

## COPE for Comprehensive Abortion Care

8. Are clients' medical and health records and referral forms completed properly, with information essential for continuity of care?
9. Can clients get resupplied with their contraceptive method or medication without a long wait or other barriers to access?
10. If clients opt for treatment different from that offered at your facility, or if they decide to defer or discontinue use of a contraceptive method, do staff do the following?
  - Treat their wishes with respect
  - Discuss the reasons for their decision
  - Offer appropriate alternatives
11. If clients do not return for follow-up care, do staff try to find out why?

### Other Issues That You Think Are Important:

12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Does your facility’s management emphasize quality services and demonstrate commitment to providing them?
2. Is management supportive, encouraging, and respectful of staff?
3. Does your facility have a system for collecting staff suggestions about how to improve the quality of services? Are staff encouraged to make suggestions about improving the quality of services?
4. Are staff roles and responsibilities clearly defined?
5. Do external supervisors (at area, regional, and headquarters levels) provide staff with constructive feedback during supervisory visits?
6. Does management motivate staff to perform well by doing the following?
  - Recognizing work well done
  - Providing timely and constructive feedback
7. Are department and clinic reports submitted regularly and on time?
8. Do supervisors and staff routinely discuss, interpret, and learn from service statistics, reports, and other data to help them improve services?
9. Is an audit system in place to address major and minor complications that arise from care given at your facility?

## COPE for Comprehensive Abortion Care

10. Are the following records correctly filled out and periodically reviewed by supervisors?
  - Client registers (clinic, procedure area, ward)
  - Procedure/treatment registers (e.g., for contraceptive services, abortion care services, gynecologic services, etc.)
  - Record forms such as client records and informed consent
  - Laboratory records
  - Complication reports or records
  - Death records and death-reporting forms
  - Inventory supply forms
11. Do all staff understand the reasons and procedures for completing records and storing them correctly?
12. Does your facility have sufficient trained staff to provide all services expected to be available there on a regular basis?
13. Do supervisors organize activities to assess the learning needs of facility staff? Do they ensure that training activities take place there regularly?
14. Do supervisors ensure that staff have, know, and follow current written laws, policies, and service-delivery guidelines for counseling, abortion care, and contraceptive services provided at your facility?
15. Does management work to ensure that the care offered by all staff is consistent with service-delivery guidelines?
16. Do supervisors ensure that staff from different departments or wards share information, make referrals within your 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 your facility? Is this mechanism actively supported?
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 your facility is unable to provide indicated care?

22. Has the supervisor created a system for ensuring that the following functions are carried out?

- Counseling (e.g., conducting preabortion and postabortion counseling, explaining the procedure, providing support and assistance, and providing information about the availability of contraceptive and other reproductive health services, treatment and contraception options, and other reproductive health services)
- Health talks for clients in the clinic or wards
- Coordination of services and referrals with other departments, wards, or institutions
- Filing and maintenance of records
- Organization of quality improvement activities
- Regular monitoring and supervision, including in the laboratory
- General housekeeping/cleaning and inventory of supplies
- Instrument processing
- Maintenance of community relations

23. Do supervisors work with staff to ensure that your 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 participating in the COPE exercise.

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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Have all staff at your facility been oriented and recently updated on the following topics?
  - The need to provide comprehensive, quality services
  - Values clarification training for abortion care services
  - The range of health services provided
  - Any recent changes to services offered
  - Infection prevention in service delivery
  - Counseling and basic preventive health education in service delivery
2. Have appropriate staff been oriented to the following topics?
  - The reproductive system and how it works, including timing of optimal fertility
  - Contraceptive methods and their correct use, including emergency contraception
  - Safe and appropriate options for terminating pregnancy within the terms of the law
  - Options and procedures for managing incomplete abortion and other abortion complications
  - Warning signs suggesting complications in reproductive health and their management, including those of abortion care and use of contraceptive methods
3. Are all staff trained in the necessary standards and procedures, including those for counseling and infection prevention, and do they feel prepared to practice them?
4. Do staff have access to current reference books, guidelines, charts, posters, and other materials in the areas of offered services?

## COPE for Comprehensive Abortion Care

5. Do staff know current, written service-delivery guidelines for comprehensive abortion and contraceptive services?
6. Do staff participate in activities to assess their own learning needs and those of their co-workers?
7. 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 your facility provided an update for staff on counseling skills, clinical skills, or infection prevention practices)?
8. Do staff have the skills needed to educate and counsel clients of all ages and backgrounds about the following topics?
  - Decisions related to continuing or terminating a pregnancy
  - Options and procedures for legally terminating a pregnancy in the first trimester within the terms of the law
  - Options and procedures for managing complications of early pregnancy and abortion
  - Contraceptive options and the benefits of contraceptive use following an abortion
  - Risk of and prevention of transmission of sexually transmitted infections (STIs), including HIV
  - Risk of and prevention of physical and sexual violence
9. Have all staff who counsel clients about clinical procedures observed the procedures being performed?
10. Do all service providers know how to refer clients for health information and services outside of their area of expertise?
11. For the reproductive health services provided at your facility, have service providers been trained in the following?
  - Providing the service
  - Recognizing and managing related complications and emergencies
12. Are the technical skills of clinical staff and other staff assessed and upgraded on a regular basis?
13. Are staff trained in record keeping and reporting (including reporting complications and deaths)?
14. Are clinic staff able to provide all offered contraceptive methods and uterine evacuation methods that require a clinical procedure (gestational dating, manual vacuum aspiration, insertion of the intrauterine device and the hormonal implant, intramuscular injections for injectable methods, tubal ligation, and vasectomy)?

15. Are clinic staff able to address reproductive tract infections, including STIs and HIV, as follows?
- Assessment of risk
  - Diagnosis
  - Treatment or referral
16. Are staff able to address the adverse health consequences of the harmful practices that their clients may face, such as physical and sexual violence or female genital cutting?
17. Do staff feel that they have the knowledge and skills they need to provide quality comprehensive abortion care services?

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

18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_



## 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)	Recommendations	By Whom	By When

*If you are aware of a problem at your facility that is not addressed in this guide, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Does your facility have a reliable supply of clean water?
2. Does your facility have a reliable source of electricity?
3. Does your facility have adequate temperature control (heating or cooling, as needed)?
4. Does your facility have adequate lighting in examination rooms, procedure rooms, and operating theaters?
5. Does your facility have adequate transport available and functioning during all hours of service?
6. During the last six months, has your facility had all of the medications and expendable supplies that were needed (for comprehensive abortion care and contraceptive services in particular), including manual vacuum aspiration (MVA) equipment and/or medications for uterine evacuation?
7. During the last six months, has your facility had all of the medications and expendable supplies that were needed for adequate pain management for women undergoing uterine evacuation (whether by aspiration or medications)?
8. During the last six months, has your facility had all of the equipment that was needed (for comprehensive abortion care and contraceptive services in particular), and was it in working order?
9. Do staff who work with stocks that expire always observe the first-expired, first-out rule?

## COPE for Comprehensive Abortion Care

10. Are all medications and contraceptives that are in stock within the expiration date?
11. Are contraceptive supplies available in the counseling/procedure areas where comprehensive abortion care services are offered?
12. Does your facility keep an inventory to help staff know when to reorder supplies and equipment, including for MVA?
13. Does your facility have a system in place for obtaining new supplies quickly, including record forms, logs, and other data and information collection forms?
14. Are medications and other supplies kept in a manner that ensures good preservation (protection from heat, light, and moisture) and easy access (in emergencies)?
15. Does your facility have a system for procuring, maintaining, and repairing equipment?
16. Are handwashing facilities available in examination and procedure rooms?
17. Does your facility have separate facilities for handwashing and for cleaning instruments (e.g., sinks, buckets, soaps, detergents)?
18. 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?
19. 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)?
20. Does your facility have equipment and supplies for sterilization or high-level disinfection, including a necessary energy supply, available and working properly?
21. Does your facility have supplies such as gloves, needles and syringes, and antiseptic solutions available in the necessary quantities?
22. If your facility performs any of the following tests, are supplies available for taking the test, preserving specimens, and analyzing or transporting specimens?
  - Hemoglobin/hematocrit
  - Urinalysis
  - Pregnancy testing
  - Tests for reproductive tract infections, including sexually transmitted infections (STIs) and HIV
  - Visual confirmation of products of conception
23. Is the furniture adequate in all areas of your facility, including the client waiting areas, procedure rooms, and wards? Is there enough furniture? Is it clean, sturdy, and undamaged?
24. Does your facility have a system for ordering or developing client education materials?

- 25. Are relevant client education materials available and displayed for each type of reproductive health service provided?
- 26. Are relevant job aids (e.g., wall charts, flipcharts, standards, and guidelines) available and accessible for the abortion and contraceptive services provided at your facility?
- 27. Does your facility have adequate and accessible space to store needed reference materials?

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

- 28. \_\_\_\_\_
- 29. \_\_\_\_\_
- 30. \_\_\_\_\_





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**Client Record-Review  
Checklist for  
Comprehensive Abortion Care**

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## Client Record-Review Checklist for Comprehensive Abortion Care

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

(Select 10 records at random and place a check mark if each of the items in the checklist was recorded on the corresponding client record.)

Checklist Item	1	2	3	4	5	6	7	8	9	10	Total	Remarks
1. Client registration no. and/or identification information												
2. Date of visit												
3. Woman's age or year of birth												
4. Woman's parity												
5. Health history												
6. Physical exam												
7. Vital signs (temp., pulse, blood pressure)												
8. Uterine size (in weeks) and position												
9. Any presenting complications												
10. Diagnosis												
11. Medications and dosages used for pain management												
12. Signed informed consent form												
13. Uterine evacuation techniques												
14. Provision of comprehensive counseling												
15. Contraceptive method selected and <u>received</u> prior to discharge (if desired)												
16. Other sexual and reproductive health services provided on-site (if needed)												
17. Referrals to other sexual and reproductive health services (if needed)												
18. Follow-up plans												
19. Provider's name and signature												

(continued)

Client Record-Review Checklist *(continued)*

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

For complications only (e.g., perforation, hemorrhage, etc.)

20. Detailed description of complication												
21. Detailed description of complication management												
22. Medications and dosages given												
23. Discharge status												
24. Informed consent form signed and included in record												

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# **Client Interview Guide for Comprehensive Abortion Care Services**

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# Client Interview Guide for Comprehensive Abortion Care Services

Greet the client and introduce yourself.

My name is \_\_\_\_\_, and I work here. We are trying to improve the services we provide to clients, and we would like to hear your honest opinion of how we are doing and what we need to improve. We would like to know both the good things and the bad things.

Your participation in this interview is voluntary. If you decide not to participate, you will not be denied any services. Also, you can change your mind during the interview and choose not to participate.

This interview is private and confidential. I am not asking for your name, and your name will not be disclosed or used. Your responses to our questions will not affect any services you receive at this facility in the future. You can also skip any questions that you do not want to answer. This interview will take about 15 minutes. Your ideas are important to us—may I ask you a few questions?

## Client Consent Check-Off

IF CLIENT RESPONDS “YES,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE INTERVIEW.

I certify that I have read the above statement and that the client agreed to the interview. ***I also certify that any information the client discloses will remain confidential.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IF CLIENT RESPONDS “NO,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND WAIT FOR ANOTHER CLIENT.

I certify that I have read the above statement and that the client did not agree to be interviewed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Client Interview Guide for Comprehensive Abortion Care Services

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

Name of interviewer: \_\_\_\_\_

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

**1. Is this your first visit to the facility, or is this a follow-up visit?**

First visit ..... ☐

Follow-up visit ..... ☐

**2. What type of services did you come for today? (Check responses given. Do not read the responses to the client.)**

- a. Antenatal care ..... ☐
- b. Contraceptive services ..... ☐
- c. Abortion care services ..... ☐
- d. Postabortion care (management of complication) ..... ☐
- e. Follow-up of abortion or postabortion care ..... ☐
- f. Gynecologic care ..... ☐
- g. Laboratory tests ..... ☐
- h. Reproductive tract infection, including sexually transmitted infection ..... ☐
- i. Other (explain) \_\_\_\_\_

**3. Did you receive the treatments and care that you were hoping to receive?**

Yes ..... ☐

No ..... ☐

**If no: Why not? What happened?**

\_\_\_\_\_  
\_\_\_\_\_

**4. How long did you have to wait today before you saw a counselor or nurse?**

\_\_\_\_\_ minutes

A doctor? \_\_\_\_\_ minutes

**5. What did you do while you were waiting?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Were you given verbal or written information today?**

Yes ..... ☐

No ..... ☐

Verbal ..... ☐

Written ..... ☐

**If yes: What type of information were you given?**

(Check all responses given. Do not read the responses to the client.)

- a. Antenatal care ..... ☐
- b. Contraception and what methods are available at a site or by referral ..... ☐
- c. Abortion care services ..... ☐

(continued)



**Client Interview Guide, continued**

- d. Preabortion counseling ..... ☐
- e. Postabortion care: how to take care of yourself; when to return to the facility; warning signs ..... ☐
- f. Postabortion contraception ..... ☐
- g. Reproductive tract infections/sexually transmitted infections ..... ☐
- h. HIV ..... ☐
- i. Gynecologic disorders..... ☐
- j. Management of postabortion complications ..... ☐
- k. Safer sexual practices ..... ☐
- l. Nutrition..... ☐
- m. Other: \_\_\_\_\_

**7. Do you feel that the staff explained information clearly enough?**Yes ..... ☐No ..... ☐***If no: Please explain:***


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**8. Did the provider assure you that the services (including everything you discussed) are confidential?**Yes ..... ☐No ..... ☐**9. Did the service provider spend adequate time with you to discuss your needs?**Yes ..... ☐No ..... ☐***If no: Please explain:***


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**What else would you like to have discussed with a provider?**


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**10. Were the staff respectful?**Yes ..... ☐No ..... ☐***If no: Please explain:***


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(continued)

Client Interview Guide, continued

11. Did the service provider explain to you what will happen during the clinical procedure or examination before they are undertaken?

Yes.....☐ No.....☐ Not applicable.....☐

If no: Please explain what happened:

12. Did the service provider explain to you how to care for yourself during recovery after the clinical procedure?

Yes.....☐ No.....☐ Not applicable.....☐

If no: Please explain what happened:

13. Were you asked to pay for services that you received today?

Yes.....☐ No.....☐

14. Are the services in this facility affordable for you?

Yes.....☐ No.....☐

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

16. Are there any areas of the facility 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.

*Note to interviewer: The following section is only for clients who have previously visited or used services at the facility. If this is the client's first visit to the facility, skip to Question 19.*

17. Since you first started coming here, has the quality of services improved, stayed the same, or worsened?

- a. Improved.....☐
- b. Stayed the same .....☐
- b. Gotten worse.....☐

(continued)

**Client Interview Guide, continued**

**Note to interviewer:** If the client responded "Stayed the same," skip to Question 19. For other responses, continue below.

**18. If the quality of services has improved or worsened, what in your opinion is/are the reason/s for the change?**

a. Better? \_\_\_\_\_

b. Worse? \_\_\_\_\_

**19. What do you like most about services you receive at this facility?**

\_\_\_\_\_

\_\_\_\_\_

**20. What do you not like about services you receive at this facility?**

\_\_\_\_\_

\_\_\_\_\_

**21. I would like to answer any questions that you may have concerning this interview before you leave. Is there anything that concerns you, or anything that I can help you with?**

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your help, your ideas, and your time!**



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**Client-Flow Analysis Forms  
for Comprehensive  
Abortion Care Services**

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## Client Register Form

Client number: \_\_\_\_\_ Date: \_\_\_\_\_ Time of arrival at the site: \_\_\_\_\_

Primary reason for visit (see Service Type Codes): \_\_\_\_\_

Secondary reason for visit (see Service Type Codes): \_\_\_\_\_

	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   | I—Gynecologic services                          |
| B—Laboratory services  | J—Other reproductive health services            |
| C—Preabortion counseling   | K—Management of sexually transmitted infections |
| D—Abortion care services   | L—Other (if chosen, please describe):           |
| E—Management of abortion complications (postabortion care)                 | _____   |
| F—Follow-up for abortion-related care                                      | _____   |
| G—Contraceptive services   | _____   |
| H—Reproductive tract infections, including sexually transmitted infections |   |

(Use as many pages as necessary)

Page \_\_\_\_\_

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

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

Session: \_\_\_\_\_

Client number	Time		Total time at site (in minutes)	Contact time (in minutes)	Waiting time (in minutes)	Service type (primary)	Service type (secondary)	Visit timing	Comments
	In	Out							
<b>Total</b>									

### Codes: Service Type

- A—Antenatal care
- B—Laboratory services
- C—Preabortion counseling
- D—Abortion care services
- E—Management of abortion complications (postabortion care)
- F—Follow-up for abortion-related care
- G—Contraceptive services
- H—Reproductive tract infections, including sexually transmitted infections
- I—Gynecologic services

J—Other reproductive health services  
K—Management of sexually transmitted infections  
L—Other (if chosen, please describe):

## Codes: Visit Timing

1—First visit  
2—Follow-up visit



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
1				
2				
3				
Totals				

Average number of minutes (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")



.....

**Action Plan and Follow-Up  
Forms for Comprehensive  
Abortion Care Services**

.....



Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When

Action Plan Follow-Up

Problem	Cause(s)	Recommendation	Status	Comments

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## Appendix

### Pledge of Confidentiality

I certify that any information that I obtain from client records, site registries, log books, client interviews, or any other aspect of the COPE<sup>®</sup> exercise will remain confidential.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_







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