



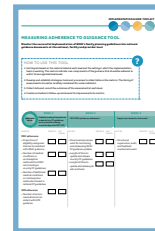
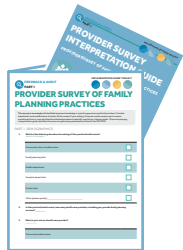
## FEEDBACK AND AUDIT TOOLS

A pack of interrelated quality improvement tools to periodically assess levels of adherence to the WHO MEC/SPR guidelines

### ELEMENTS OF THIS TOOL

1. Provider Survey
2. Contraceptive Method Mix Assessment
3. Refer to Measuring Adherence To Guidance Tool to monitor progress

Initial implementation is not a static process. As the MEC/SPR are introduced, updated or adapted for a setting, it is important to monitor this process and provide feedback to providers, clinics and programs. The information provided by these assessments can be used to provide targeted interventions, such as individual coaching, training, technical assistance, or programmatic/policy change. This guide should be used as a quality improvement tool to assess level of adherence to the WHO MEC/SPR guidelines.



**The Provider Survey** can be used to assess for knowledge or practice gaps among clinical providers, and may be periodically repeated. Depending on the size and culture of the clinical setting, it may be used anonymously to assess overall practices or may be linked to individual providers to identify coaching or training needs.

The accompanying **Interpretation Guide** identifies the main concepts being evaluated and links to the MEC/SPR.

**The Contraceptive Method Mix Assessment Tool** can be used periodically by local implementation teams or clinic managers to monitor the distribution of contraceptives that clients are actually receiving. This level of outcome assessment helps to monitor provider knowledge, practices and potential unconscious biases, as well as client preferences.

Consider incorporating fidelity metrics from the **Measuring Adherence to Guidance Tool** to monitor the successful implementation of WHO's family planning guidelines into national family planning (FP) guidance documents. This tool guides implementation teams to measure adherence to the guidance at the national, facility and provider level.

### EXAMPLES OF NEXT STEPS

Once the survey and assessments are completed, it may not be clear exactly what is causing the gaps in care. Some examples of what could be done to uncover root causes are listed above; however, it is imperative that these are conducted in a culture of improvement and not punishment.



Meetings to discuss results as a group and explore potential solutions.



Clinic managers or implementation teams can observe clinic practice and provider/client interactions.



An outside observer can act as a client and report back on their experience.