MODULE 4.4 – HANDOUT 1

Observations checklist for birth registration centre

|  |  |
| --- | --- |
| **Date:** |  |
| **Researcher:** |  |
| **Region:** |  |
| **Site:** |  |
| **Logfile name:** |  |

About the Office

1. When was the office/centre opened?
2. Opening hours of office/centre:
3. Number of staff employed at office/centre:
4. Gender of the staff?
5. Are all staff government employees?
6. Number of staff present:
7. Type of staff positions:

a.

b.

c.

d.

e.

Registration

1. Who is conducting the registration process?
2. Are all registration services provided here (i.e. for birth, marriage, divorce, death)? If not why?
3. Is there a list of vital events that are scheduled to be registered today, or is it done on the basis of who turns up?
4. Data recording mechanism in use:
5. Electronic
6. Paper and pen
7. None visibly in use
8. Other (please specify) ……………..
9. Are the registers up to date? (i.e. all details of most recent registrations included?)
10. Yes
11. No
12. No registers present

About the Service Users

1. How many users are at the office/centre?
2. How many of the total users present are using the registration services?
3. What other services are people visiting the centre for?
4. Who is present at the office/centre?
5. Mothers
6. Fathers
7. Mothers & fathers together
8. Other family caregivers
9. Other non-family caregivers
10. Other (please specify)

Observe One Complete Registration Process

1. Were each of the steps in the process complete?
2. Was all of the necessary documentation presented?
3. Did service users have to pay a fee?
4. How long on average did it take to register?
5. Observed problems (if any) encountered in registering:
6. No problem encountered
7. Lack of documents
8. Incorrect documents
9. Lack of understanding of process
10. Other (please specify)
11. Response to problem by provider:
12. No problem encountered
13. Detailed explanation
14. Brief explanation
15. No explanation
16. Other, please specify……
17. Tone of the providers response:
18. Did not respond/ignored
19. Rude
20. Neutral
21. Pleasant
22. Other, please specify…
23. How do service users look following registration?
24. Tired
25. Frustrated
26. Comfortable
27. Happy
28. Other, please specify...
29. Rate the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Adequate** | **Poor** |
| Space available in centre |  |  |  |
| Privacy/confidentiality |  |  |  |
| Cleanliness of centre |  |  |  |
| Flow of service users |  |  |  |
| Communication manner of staff (e.g. respectful, kind tone, comprehensive) |  |  |  |
| Empathy/courtesy of health-care provider |  |  |  |
| Quality of data recorded |  |  |  |
| Data storage system |  |  |  |
| Adequate chairs/table |  |  |  |
| Posters/wall signs, leaflets  |  |  |  |
| Electricity |  |  |  |
| Computer |  |  |  |
| Printer |  |  |  |
| Carbon paper/forms |  |  |  |
| Other, please specify……. |  |  |  |

Other key observations/notes: