Client and provider experiences with LARC removal in Senegal

Guide for IDI with providers

WARM-UP

1. Can you tell me a bit about your **current role** at this facility?
   a. Which **contraceptive methods** do you offer in your current role?
   b. What **other services**, if any, do you provide besides family planning?

TRAINING ON IMPLANT SERVICE PROVISION

1. What kind of training did you receive on inserting and removing implants and IUDs as part of your **pre-service training**?
   a. Since then, what kind of **in-service training** or **on-the-job mentoring** have you had on inserting and removing **implants**?
   b. Since then, what kind of **in-service training** or **on-the-job mentoring** have you had on inserting and removing **IUDs**?

2. Overall, how well do you think your training **prepared** you to **counsel women** on bleeding changes or side effects they may experience while using implants and IUDs?

3. How well do you think your training **prepared** you to **insert implants**?
   a. To **remove implants**?
   b. To handle an implant removal when the implant is **not palpable**, **bent**, or **broken**?
   c. On what aspects of **implant removals**, if any, do you think you need **more training**?

4. How well do you think your training **prepared** you to **insert IUDs**?
   a. To **remove IUDs**?
   b. To handle an IUD removal when you **cannot find the IUD strings**?
   c. On what aspects of **IUD removals**, if any, do you think you need **more training**?

COUNSELING AT INSERTION

5. What **side effects** do you tell women about when you insert an **implant**?
   a. What **side effects** do you mention when you insert an **IUD**?
   b. What do you **tell women to do** if they have side effects? Is your **advice different** if a woman is using an **implant or an IUD**?

6. What do you tell women about **how long they can keep their method**?
   a. For what types of reasons, if any, do you tell them that they can get their implant removed **before its expiration date**?

   b. **Under what circumstances**, if any, do you tell them that they can get their **IUD** removed **before its expiration date**?

   c. **Where** do you tell them women they should go if they want to get their **implant removed**?
      - Do you give them **more than one option**? **Why** or why not?
      - How about to remove an **IUD**?

EQUIPMENT AND SUPPLIES

7. At your facility, have there been times when you **did not have** the **equipment and supplies** you needed to **remove implants** and **IUDs**?
   a. Which **challenges** have you encountered with **equipment processing**?
   b. What **challenges or difficulties**, if any, do you face with **consumables**?

CLINICAL EXPERIENCES OFFERING IMPLANTS AND IUDs

8. What types of **challenges** have you faced **with implant insertions** in the past year?

9. Have you **ever removed an implant** from a client?

   If has NOT removed implants → SKIP TO 10

   If has removed implants: Can you estimate the **number of implants** you have **removed in the past three months**?

   a. In general, **how difficult** do you think it is to remove an implant?
   b. Have you ever encountered situations when removing an implant is **difficult** because it is **placed too deeply**? If yes, what did you do?
   c. What other **challenges or difficulties** have you encountered when **removing an implant**? Please describe. What did you do?

10. What types of **challenges** have you faced **with IUD insertions** in the past year?

11. Have you **ever removed an implant** from a client?

    If has NOT removed IUDs → SKIP TO 14

12. If has removed IUDs: Can you estimate the **number of IUDs** you have **removed in the past three months**?

    a. In general, **how difficult** do you think it is to remove an IUD?
    b. Have you ever had a case when a woman wanted her IUD removed but the **strings were not visible**? If yes, what did you do?
    c. What other **challenges or difficulties with removal** of an IUD? Please describe. What did you do?

13. How does the experience of **removing an implant compare to** the experience of **removing an IUD**?

REFERRAL DYNAMICS

14. How common is it for women who **got their implant inserted elsewhere** to **come to you for a removal**?
    a. **Why** do you think they come to you instead of going back to where they had their implant inserted?
    b. How about **IUDs**?

15. For what reasons, if any, do you **refer** women who come to get their **implant removed** somewhere else?
    a. **Where** do you refer them? Why there?

16. For what reasons, if any, do you **refer** women who come to get their **IUD removed** somewhere else?
    a. **Where** do you refer them? Why there?

REMOVAL COUNSELING AND EARLY REMOVALS

17. What **advice or information** do you usually give women when you remove an **implant**?
    a. What **advice or information** do you give women when you remove an **IUD**?
    b. If they **do not want to get pregnant**, what do you tell them when you remove their implant or IUD?
        - Do you discuss **using** another implant or IUD or another **family planning** method?

18. How **often** do you see women **coming to get their implant removed early** as opposed to when it reaches its labeled duration of use?
    a. What are the **main reasons** why women want to get their implant removed early?
    b. Is it **more common** for women with **implants or IUDs to want to get their method removed early**? **Why** do you think that is?

19. Under what circumstances do you think it is **appropriate** for a woman to get her **implant removed early**?
    a. For **what side effects**, if any, do you think it is appropriate to remove an implant early?
    b. When would you **recommend treatment** for side effects instead of an early removal?
    c. Would your **advice be different** if a woman is using an **IUD** as opposed to an implant?

20. Under what circumstances would you **recommend** to a woman asking for an early removal that she **keeps her implant longer**?
    a. *Probe for **reason for wanting a removal, duration of use***
    b. What would you do if a woman **wanted to stop using her implant** but she is **not having side effects** and she **does not want to get pregnant**?
    c. Would your **advice be different** if a woman is using an **IUD** as opposed to an implant?

FEE STRUCTURE

21. What is the range of your **fees for implant insertion**?
    a. For **implant removals**?
    b. For **IUD insertions**?
    c. For **IUD removals**?
    d. What do you do if a client who wants her implant or IUD **removed** is **not able to pay**?

SUGGESTIONS

- Overall, what are the **main challenges** that you face with removal of long-acting methods?
- What suggestions do you have to **improve contraceptive removal services** for long-acting reversible methods?
- Do you have any other final questions or recommendations to make?

Extraction sheet

Instructions: *Fill out this information sheet to make sure all important socio-demographic and background information has been collected during this interview.*

ID number: _____

A. Provider certification:
    1. Medecin
    2. ICP
    3. Infirmier
    4. Sage femme/maieuticien
    5. Other (specify) _____

B. Provider sex:
    1. Male
    2. Female

C. Provider age: _____ years

D. Years of experience at current certification:

E. Number of implant insertions in past 3 months:

F. Number of implant removals in past 3 months:

G. Number of IUD insertions in past 3 months:

H. Number of IUD removals in past 3 months: