Question Type	Variable	Survey Text (English)	Calculation	Code	Choice Text (English)	Skip Pattern
select_one	this_country	D. Select your Country		Burkina-Faso	Burkina Faso	
				India	India	
				Nepal	Nepal	
				Niger	Niger	
				Nigeria	Nigeria	
				Uganda	Uganda	
calculate	system_date		now()			
calculate	today_formatted		format-date-time(${system_date}, "%Y-%m-%d %H:%M")			
calculate	today		if(${system_date_check} = '1',${system_date},${manual_date})			
note	sec_b	Section B. Identifying information				
begin	fac_grp					
note	fac_note1	E. Type of health facility				${this_country}='Niger'
note	fac_note2	E. Level of Health Facility				${this_country} !='Niger'
select_one	facility_type	#####		1	Hospital (Regional/General)	
				2	Health Centre IV	
				3	Health Centre III	
				4	Health Centre II	
select_multiple	partner_type	F. MANAGING AUTHORITY Supporting IPPFP service		1	Ministry of Health/Government	
				2	International non-governmental organization	
				3	Local non-governmental organization	
				4	Private for profit	
integer	part_number	PARTICIPANT NUMBER				
		Section A. Eligibility				
integer	e1	E1. How old were you on your last birthday?				
select_one	e2	E2. Have you provided family planning counseling to a post-		1	Yes	${e1}>=18
				2	No	
select_one	begin_interview	H. Please explain the purpose of your visit to this facility. Then,		1	Yes	${e1}>=18 and ${e2} = '1'
				2	No	
select_one	e4	E4. Did the participant consent to participate in this survey?		1	Yes	${e1}>=18 and ${e2} = '1'
				2	No	
calculate	consent_obtained		(${begin_interview} = '1') and ${e4}='1'			
		Section 1. Background Information				${consent_obtained}
select_one	s101	S101. [Do not read] Enter gender.		1	Male	${consent_obtained}
				2	Female	
select_one	s102	S102. What is your professional designation?		-99	No response	${consent_obtained}
				1	Physician/medical officer	
				2	Clinical officer	
				3	Nurse	
				4	Midwife	
				5	Other (specify):	
text	s102_other	Please specify other designation.				${consent_obtained} and ${s102}='5'
integer	s103_years	S103. For how long have you been working in this profession?				
integer	s103_months	S103. For how long have you been working in this profession?				
integer	s104_years	S104. For how long have you been working at this facility?				
integer	s104_months	S104. For how long have you been working at this facility?				
		Section 2. TRAINING				${consent_obtained}
select_one	s201	S201. Have you received training to provide FP to postpartum		-88	Don't know/remember	${consent_obtained}
				-99	No response	
				1	Yes	
				2	No	
		S202. On which of the following topics have you received				
select_one	s202_a	a. Client-center counseling		-88	DK	
				1	Yes	
				2	No	
select_one	s202_b	b. Contraceptive options for postpartum clients		-88	DK	
				1	Yes	
				2	No	
select_one	s202_c	c. Insertion of contraceptive implants		-88	DK	
				1	Yes	
				2	No	
select_one	s202_d	d. Postpartum IUD insertion		-88	DK	
				1	Yes	
				2	No	
		S203. How confident are you in your own ability to provide the				
select_one	s203_a	a. Client-centered counseling so a woman can make an		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_b	b. Prescribing an appropriate short-acting FP method to PP		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_c	c. Inserting a contraceptive implant		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_d	d. Inserting an IUD within 48 hours after delivery		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_e	e. Inserting an IUD within 10 minutes after delivery		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_f	f. Inserting an IUD during a cesarian delivery		1	Very	
				2	Somewhat	
				3	Not	

select_one	s203_g	g. Arranging follow-up for women who start a FP method		1	Very	
				2	Somewhat	
				3	Not	
select_one	s203_h	h. Arranging for follow-up for women who are interested in FP,		1	Very	
				2	Somewhat	
				3	Not	
select_multiple	s204	S204. What contraceptive methods are appropriate to give		a	Female sterilization	${consent_obtained}
				b	Male sterilization	
				c	Intrauterine device (IUD)	
				d	Postpartum IUD	
				e	Implants	
				f	Postpartum implant	
				g	Injectables – Depo Provera	
				h	Injectables – Sayana Press	
				i	Pill – progestin only	
				j	Pill – combined oral contraceptives	
				k	Emergency contraception	
				l	Male condom	
				m	Female condom	
				n	Standard days/Cycle Beads	
				o	Lactational amenorrhea method (LAM)	
select_multiple	s205	S205. What contraceptive methods are appropriate to give		a	Female sterilization	${consent_obtained}
				b	Male sterilization	
				c	Intrauterine device (IUD)	
				d	Postpartum IUD	
				e	Implants	
				f	Postpartum implant	
				g	Injectables – Depo Provera	
				h	Injectables – Sayana Press	
				i	Pill – progestin only	
				j	Pill – combined oral contraceptives	
				k	Emergency contraception	
				l	Male condom	
				m	Female condom	
				n	Standard days/Cycle Beads	
				o	Lactational amenorrhea method (LAM)	
select_multiple	s206	S206. What are the criteria that must be met for a postpartum		-88	Don't know	${consent_obtained}
				a	Menses have not returned	
				b	Woman must fully or mostly breastfeed	
				c	Infant must be less than six months	
select_multiple	s207	S207. At what point during a pregnant woman's health care do		-88	Don't know	${consent_obtained}
				a	During ante-natal care	
				b	During delivery	
				c	During post-natal care	
				d	Other (specify)	
text	s207_other	Please specify the other				${consent_obtained} and selected(${s207}, 'd')
		Section 3. SERVICE DELIVERY				${consent_obtained}
select_one	s301	S301. Have you ever provided a contraceptive method to a		-88	Don't know/remember	${consent_obtained}
				-99	No response	
				1	Yes	
				2	No	
select_one	s302	S302. Have you provided a contraceptive method to a		-88	Don't know/remember	${consent_obtained} and ${s301}='1'
				-99	No response	
				1	Yes	
				2	No	
select_one	s303	S303. Have you inserted an IUD within 48 hours of delivery in		-88	Don't know/remember	${consent_obtained} and ${s301}='1' and ${s302}='1'
				-99	No response	
				1	Yes	
				2	No	
select_one	s304	S304. In the past 3 months, has there been a time where a		-88	Don't know/remember	${consent_obtained} and ${s301}='1' and ${s302}='1'
				-99	No response	
				1	Yes	
				2	No	
select_one	s305	S305. In the past 3 months, has there been a time when you		-88	Don't know/remember	${consent_obtained}
				-99	No response	
				1	Yes	
				2	No	
select_one	s306	S306. In the past 3 months, has there been a time where a		-88	Don't know/remember	${consent_obtained} and ${s302}='1'
				-99	No response	
				1	Yes	
				2	No	
		S307. Which of the following do you discuss with a postpartum				
select_one	s307_a	a. Return to fertility		-99	NR	
				1	Yes	
				2	No	
select_one	s307_b	b. Healthy timing and spacing of pregnancies		-99	NR	
				1	Yes	
				2	No	
select_one	s307_c	c. Immediate and exclusive breastfeeding		-99	NR	
				1	Yes	
				2	No	
select_one	s307_d	d. FP methods available to use while breastfeeding		-99	NR	
				1	Yes	
				2	No	
select_one	s307_e	e. LAM and transition to other methods		-99	NR	
				1	Yes	
				2	No	
select_one	s307_f	f. Postpartum IUD		-99	NR	
				1	Yes	
				2	No	
select_one	s307_g	g. Other Long-acting reversible method options		-99	NR	
				1	Yes	

				2	No	
		S308. For which of the following health topics do you screen,				
select_multiple	s308_a	a) Postpartum mental health		1	Screen	
				2	Offer onsite	
				3	Refer offsite	
				4	Not done/NA	
select_multiple	s308_b	b) Gender based violence		1	Screen	
				2	Offer onsite	
				3	Refer offsite	
				4	Not done/NA	
select_multiple	s308_c	c) STI screening/treatment		1	Screen	
				2	Offer onsite	
				3	Refer offsite	
				4	Not done/NA	
select_multiple	s308_d	d) HIV testing		1	Screen	
				2	Offer onsite	
				3	Refer offsite	
				4	Not done/NA	
select_one	s309	S309. How important do you think it is to offer postpartum FP		-99	No response	${consent_obtained}
				1	Very important	
				2	Somewhat important	
				3	Not at all important	