**R4S**
**Assessment of the Scale, Reach, Quality, and Cost**
**of Service Delivery High Impact Practices for Family Planning**
Readiness Assessment for IPPFP: Provider Questionnaire

**INSTRUCTIONS**
**Obtain written consent from the in-charge to conduct the facility survey and interview their staff who provide immediate postpartum FP. (i.e., counsels mothers on FP before discharge from the facility following a birth). Ensure that you have privacy and administer informed consent again, before starting section II with the provider.**
*Eligibility Criteria:*

- Participant is at least 18 years old
- Provider who has provided FP counseling to a postpartum mother within the last three months
- Participant has consented to participate in this interview

***Remember:***

- ***Ask one question at a time***
- ***Do NOT read the response options, unless otherwise instructed.***
- ***Circle or record only one response to each question, unless otherwise instructed.***

**First, I will ask you a few questions to make sure you are eligible to be part of this study.**

***Read the following questions to the potential participants and have them respond. If any responses lead to '⍰ STOP', the provider is not eligible to participate. Do not proceed with the survey. Thank the provider for his/her time. Let him/her know that he/she has done nothing wrong.***

**Section B. Identifying information**

| NO. | QUESTION | RESPONSE | CODE | | SKIP |
|---|---|---|---|---|---|
| id1. | DISTRICT [or province] CODE | Pre-assigned code | [___\|___] | | |
| D | Municipality | Pre-assigned code | [___\|___] | | |
| id2. | FACILITY CODE | Pre-assigned code | [___\|___] | | |
| id3 | INTERVIEWER CODE | Pre-assigned interview code | [___\|___] | | |
| id4 | PARTICIPANT NUMBER | Sequential code | [___] | | |
| id5 | PARTICIPANT ID CODE: ***Calculated field, based on id1-id4*** | [___\|___] - [___\|___] - [___\|___] - [___] ***District Facility interviewer participant*** | | | |
| id6. | FACILITY TYPE | General hospital | 1 | | |
| | | Primary health center | 2 | | |
| | | Health post | 3 | | |
| | | Basic Health Service Centre | 4 | | |
| | | Community Health Unit | 5 | | |
| | | Urban Health Center | 6 | | |
| | | District Hospital | 7 | | |
| | | Primary Hospital | 8 | | |
| | | Secondary B Hospital | 9 | | |
| | | Specialized Hospital | 10 | | |
| id7. | MANAGING AUTHORITY Supporting IPPFP service | | Yes | No | |
| | | Ministry of Health/Government | 1 | 0 | |
| | | International non-governmental organization | 1 | 0 | |
| | | Local non-governmental organization | 1 | 0 | |
| | | Private for profit | 1 | 0 | |

**Section A. Eligibility**

| NO. | QUESTIONS | RESPONSE | CODE | SKIP |
|---|---|---|---|---|
| e1 | How old were you on your last birthday? | | [__\|__] | **STOP if <18 years** |
| e2 | Have you provided family planning counseling to a post-partum mother in the last 3 months? | Yes<br>No | 1<br>0 | <br>**→ STOP** |

**ADMINISTER INFORMED CONSENT, THEN PROCEED**

| | | | | |
|---|---|---|---|---|
| e4 | Did the participant consent to participate in this survey? | Yes<br>No | 1<br>0 | <br>**→ STOP** |

## Section 1. Background Information

**Read:** To start, I would like to ask you a few questions about this facility and your role.

| NO. | QUESTION | RESPONSE | CODE | SKIP |
|---|---|---|---|---|
| 101. | [Do not read] Enter gender. | Female<br>Male | 1<br>2 | |
| 102. | What is your professional designation? *(adjust to country-specific terms)* | Physician/medical officer<br>Clinical officer<br>Nurse<br>Midwife<br>Other (specify): _____<br>No response | 1<br>2<br>3<br>4<br>5<br>99 | |
| 103. | For how long have you been working in this profession?<br>***Select 1 for months, 2 for years***<br>***Only select months if <1 year***<br>***If don't know, record 88; If refused, record 99*** | Number<br><br>Unit<br>Months<br>Years | [__\|__]<br><br><br>1<br>2 | |
| 104. | For how long have you been working at this facility?<br>***Select 1 for months, 2 for years***<br>***Only select months if <1 year***<br>***If don't know, record 88; If refused, record 99*** | Number<br><br>Unit<br>Months<br>Years | [__\|__]<br><br><br>1<br>2 | |

2. **TRAINING, KNOWLEDGE & CONFIDENCE IN SERVICE PROVISION**

| NO. | QUESTION | RESPONSE | | | | CODE | SKIP |
|---|---|---|---|---|---|---|---|
| 201. | Have you received training to provide FP to postpartum women in the maternity ward, prior to discharge? | Yes<br>No<br>Don't know/remember<br>No response | | | | 1<br>0<br>2<br>99 | <br>**→203**<br>**→203**<br>**→203** |
| 202. | On which of the following topics have you received training related to providing FP to postpartum women in the maternity ward, prior to discharge?<br><br>**Read response options aloud.** | | Yes | No | DK | | |
| | | a. Client-center counseling | 1 | 0 | 88 | | |
| | | b. Contraceptive options for postpartum clients | 1 | 0 | 88 | | |
| | | c. Insertion of contraceptive implants | 1 | 0 | 88 | | |
| | | d. Postpartum IUD insertion | 1 | 0 | 88 | | |

| NO. | QUESTION | RESPONSE | | CODE | | SKIP |
|---|---|---|---|---|---|---|
| 203. | How confident are you in your own ability to provide the following services to postpartum women before discharge?<br><br>**Read response options aloud.** | | Very | Somewhat | Not | |
| | | a. Client-centered counseling so a woman can make an informed choice of FP method | 3 | 2 | 1 | |
| | | b. Prescribing an appropriate short-acting FP method to PP women who desire one | 3 | 2 | 1 | |
| | | c. Inserting a contraceptive implant | 3 | 2 | 1 | |
| | | d. Inserting an IUD within 48 hours after delivery | 3 | 2 | 1 | |
| | | e. Inserting an IUD within 10 minutes after delivery | 3 | 2 | 1 | |
| | | f. Inserting an IUD during a cesarian delivery | 3 | 2 | 1 | |
| | | g. Arranging follow-up for women who start a FP method postpartum | 3 | 2 | 1 | |
| | | h. Arranging for follow-up for women who are interested in FP, but not ready to start a method during before discharge | 3 | 2 | 1 | |
| 204. | What contraceptive methods are appropriate to give postpartum women before discharge if they are breastfeeding?<br>***Do not read responses. Select "Yes"(1) for each method the participant mentions. Select "No"(0) if not mentioned.*** | | | Yes | No | |
| | | Female sterilization (a) | | 1 | 0 | |
| | | Male sterilization (b) | | 1 | 0 | |
| | | Intrauterine device (IUD) (c) | | 1 | 0 | |
| | | Postpartum IUD (d) | | 1 | 0 | |
| | | Implants (e) | | 1 | 0 | |
| | | Postpartum implant (f) | | 1 | 0 | |
| | | Injectables – Depo Provera (g) | | 1 | 0 | |
| | | Injectables – Sayana Press (h) | | 1 | 0 | |
| | | Pill – progestin only (i) | | 1 | 0 | |
| | | Pill combined oral contraceptives (j) | | 1 | 0 | |
| | | Emergency contraception (k) | | 1 | 0 | |
| | | Male condom (l) | | 1 | 0 | |
| | | Female condom (m) | | 1 | 0 | |
| | | Standard days/Cycle Beads (n) | | 1 | 0 | |
| | | Lactational amenorrhea method (o) | | 1 | 0 | |

| NO. | QUESTION | RESPONSE | CODE | | SKIP |
|---|---|---|---|---|---|
| 205. | What contraceptive methods are appropriate to give postpartum women before discharge if they are not breastfeeding?<br>***Do not read responses. Select all that participant mentions.*** | | Yes | No | |
| | | Female sterilization (a) | 1 | 0 | |
| | | Male sterilization (b) | 1 | 0 | |
| | | Intrauterine device (IUD) (c) | 1 | 0 | |
| | | Postpartum IUD (d) | 1 | 0 | |
| | | Implants (e) | 1 | 0 | |
| | | Postpartum implant (f) | 1 | 0 | |
| | | Injectables – Depo Provera (g) | 1 | 0 | |
| | | Injectables – Sayana Press (h) | 1 | 0 | |
| | | Pill – progestin only (i) | 1 | 0 | |
| | | Pill combined oral contraceptives (j) | 1 | 0 | |
| | | Emergency contraception (k) | 1 | 0 | |
| | | Male condom (l) | 1 | 0 | |
| | | Female condom (m) | 1 | 0 | |
| | | Standard days/Cycle Beads (n) | 1 | 0 | |
| | | Lactational amenorrhea method (o) | 1 | 0 | |
| 206. | What are the criteria that must be met for a postpartum woman to actively practice LAM?<br>***Do not read responses. Select all that participant mentions.*** | | Yes | No | |
| | | Menses have not returned (a) | 1 | 0 | |
| | | Woman must fully/mostly breastfeed (b) | 1 | 0 | |
| | | Infant must be <6 months (c) | 1 | 0 | |
| | | Don't know (d) | 1 | 0 | |
| 207. | At what point during a pregnant woman's health care do you counsel women on contraception?<br>***Do not read responses. Select all that participant mentions.*** | | Yes | No | |
| | | During ante-natal care | 1 | 0 | |
| | | During delivery | 1 | 0 | |
| | | During post-natal care | 1 | 0 | |
| | | Other (specify)_____ | 1 | 0 | |
| | | Don't know | 1 | 0 | |

3. **SERVICE DELIVERY**

**READ:** Now I will ask you some questions about your experience providing services at this facility.

| NO. | QUESTION | RESPONSE | CODE | RELEVANCE/ Skip |
|---|---|---|---|---|
| 301. | Have you ever provided a contraceptive method to a postpartum women before discharge from the facility? | Yes | 1 | |
| | | No | 0 | **→305** |
| | | Don't know/remember | 88 | **→305** |
| | | No response | 99 | **→305** |
| 302. | Have you provided a contraceptive method to a postpartum women before discharge from the facility in the past 3 months? | Yes | 1 | |
| | | No | 0 | **→305** |
| | | Don't know/remember | 88 | **→305** |
| | | No response | 99 | **→305** |
| 303. | Have you inserted an IUD within 48 hours of delivery in the past 3 months? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know/remember | 88 | |
| | | No response | 99 | |

| NO. | QUESTION | RESPONSE | CODE | RELEVANCE/ Skip |
|---|---|---|---|---|
| 304. | In the past 3 months, has there been a time where a postpartum woman wanted to start a method before discharge, but couldn't because the facility was out of the method that she wanted? | Yes<br>No<br>Don't know/remember<br>No response | 1<br>0<br>88<br>99 | |
| 305. | In the past 3 months, has there been a time when you haven't been able to provide a method because either the method or supplies were located outside of the maternity ward? | Yes<br>No<br>Don't know/remember<br>No response | 1<br>0<br>88<br>99 | **If q302 ≠ 1** |
| 306. | In the past 3 months, has there been a time where a postpartum woman wanted a contraceptive implant or an IUD before discharge, but couldn't get it because the facility did not have the necessary equipment or supplies? | Yes<br>No<br>Don't know/remember<br>No response | 1<br>0<br>88<br>99 | |
| 307. | Which of the following do you discuss with a postpartum women before discharge from the facility? ***Read each response and select all that apply.*** | | **Yes** / **No** / **NR**<br>Return to fertility (a): 1 / 0 / 99<br>Healthy timing and spacing of pregnancies (b): 1 / 0 / 99<br>Immediate and exclusive breastfeeding (c): 1 / 0 / 99<br>FP methods available to use while breastfeeding (d): 1 / 0 / 99<br>LAM and transition to other methods (e): 1 / 0 / 99<br>Postpartum IUD (f): 1 / 0 / 99<br>Other Long-acting method options (g): 1 / 0 / 99 | |
| 308. | For which of the following health topics do you screen, offer services onsite, or refer clients to services off-site (another agency or organization)? ***Read responses and select all that apply*** | | Not done/NA / Screen only / Offer onsite / Refer offsite<br>a. Postpartum mental health: 7 / 1 / 2 / 3<br>b. Gender based violence: 7 / 1 / 2 / 3<br>c. STI screening/treatment: 7 / 1 / 2 / 3<br>d. HIV testing: 7 / 1 / 2 / 3 | |
| 309. | How important do you think it is to offer postpartum FP services? | Very important<br>Somewhat important<br>Not at all important<br>No response | 1<br>2<br>3<br>99 | |

Thank you for your time. We appreciate the information you have given us.