Title: Supporting Measurement and Replication Techniques for Family Planning High Impact Practices: An Assessment of the Scale, Reach, Quality and Cost of Implementation in Burkina Faso

Readiness Assessment for Immediate Postpartum Family Planning (IPPFP): Health Facility Questionnaire

Eligibility Criteria:

- Participant is at least 18 years old
- In-charge or manager of the health facility (or maternity unit in-charge) with maternity beds that offers IPPFP
- Participant has provided their consent 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.***

Okay, thanks. First, I will ask you a few questions to make sure you are eligible to participate.

Read the following questions to the potential participants and have them respond. If any responses lead to 'à 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.	REGION	Pre-assigned code	[___]	
id2.	DISTRICT	Pre-assigned code	[___|___]	
id3.	FACILITY CODE	Pre-assigned code	[___|___]	
id4.	INTERVIEWER CODE	Pre-assigned interviewer code	[___|___]	
id5	UNIQUE HEALTH FACILITY ID ***Calculated field, based on id1-id4***	[___] - [___|___] - [___|___] - [___|___] ***Region District Facility interviewer***		
id6.	FACILITY TYPE	Public Mission/Faith-based Private	1 2 3	
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	What is your role at the facility?	In-charge/manager Other staff No response	1 2 99	 **àSTOP** **àSTOP**
e2	Does the facility provide FP services to women who have delivered a baby there before they are discharged?	Yes No	1 0	 **àSTOP**

ADMINISTER INFORMED CONSENT, THEN PROCEED

e3	Did the participant consent to participate in this survey?	Yes No	1 0	 **→ STOP**

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

NO.	QUESTION	RESPONSE	CODE		SKIP
001.	What is the managing authority of this facility? By this, I mean the organization or institution that runs this site and/or is primarily responsible.	Government/public NGO/private not-for profit Private-for-profit Mission/faith-based Don't know No response	1 2 3 4 88 99		
002.	Which of the following maternal health services are provided at this facility? ***Read response options.***		Y	N	
		Antenatal care (a)	1	0	
		Delivery (b)	1	0	**Noà002a**
		Postnatal care (c)	1	0	
		Postabortion care (d)	1	0	
		Family planning (e)	1	0	**Noà002a**
		No response (f)	1	0	
					All other responses à003
002 a.	During the eligibility section, the respondent indicated that their facility provides family planning and delivery services. Is this not true? ***If the respondent has responded in error, return to the preceding question and select the correct response.*** ***If their facility really does not provide the services, end the survey.***				
003.	How many medical staff does this facility have in the maternity ward? ***Enter 88 for don't know, 99 for no response.***	Number of staff	[___|___]		
004.	What is the average number of deliveries at this facility per week? ***Enter 888 for don't know, 999 for no response.***	Number of deliveries	[__|__|__]		
005.	Does the facility have an operating room/theater?	Yes No No response	1 0 99		
006.	How long have you been in the in-charge/manager/ maternity unit in-charge at this facility? ***Select 1 for months, Select 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88, If no response, record 99***	Number **Unit** Months Years	[__|__] 1 2		

1. SUPPLIES, EQUIPMENT, AND METHODS

READ: Thank you. Now I would like to ask about the contraceptive products, equipment, and supplies at this facility.

READ: Can you show me where you keep your commodities and equipment for family planning?

NO.	QUESTION	RESPONSE	CODE		SKIP
101.	Are any of the following FP services provided in this facility? READ OPTIONS AND SELECT THE APPROPRIATE RESPONSE FOR EACH *Note:* ***Will be adjusted for country method mix.***		**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	
		Pospartum implants (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 condoms (m)	1	0	
		Standard days/Cycle Beads (n)	1	0	
		Lactational amenorrhea method (LAM) (o)	1	0	

102.	Are any of the following contraceptive commodities available today? ASK TO OBSERVE. ***Select all that apply***	**Observed**		**Not observed**		
		At least one non-expired	Available, all expired	Reported available	Provided, not available today/DK	Not provided
	Intrauterine device (IUD) (a)	1	2	3	4	5
	Implants (b)	1	2	3	4	5
	Injectables – Depo Provera (c)	1	2	3	4	5
	Injectables – Sayana Press (d)	1	2	3	4	5
	Pill – progestin only (e)	1	2	3	4	5
	Pill – combined oral contraceptives (f)	1	2	3	4	5
	Emergency contraception (g)	1	2	3	4	5
	Male condom (h)	1	2	3	4	5
	Female condom (i)	1	2	3	4	5
	Standard days/Cycle Beads (j)	1	2	3	4	5
	LAM self-tracking tool or pamphlet (k)	1	2	3	4	5

NO.	QUESTION	RESPONSE	CODE			Skip/ Relevance
103.	For each method, have you experienced any stock outs in the past 3 months? *Note: question will be adjusted for country method mix.* ***IF THEY DO NOT PROVIDE THE METHOD, SELECT NA***		YES	NO	NA	
		Intrauterine device (IUD) (a)	1	0	9	
		Implants (b)	1	0	9	
		Injectables – Depo Provera (c)	1	0	9	
		Injectables – Sayana Press (d)	1	0	9	
		Pill – progestin only (e)	1	0	9	
		Pill – combined oral contraceptives (f)	1	0	9	
		Emergency contraception (g)	1	0	9	
		Male condom (h)	1	0	9	
		Female condom (i)	1	0	9	
		Standard days/Cycle Beads (j)	1	0	9	
		LAM self-tracking tool or pamphlet (k)	1	0	9	
104.	Where are FP commodities located?		YES	NO		
		Delivery room	1	0		
		Storage room in maternity ward	1	0		
		Storage room in facility	1	0		
		Storage room outside of facility	1	0		
		Other (specify)_____	1	0		
105a	Where are the supplies to provide FP located?		YES	NO		
		Delivery room	1	0		
		Storage room in maternity ward	1	0		
		Storage room in facility	1	0		
		Storage room outside of facility	1	0		
		Other (specify)_____	1	1		
105b	Where are the equipment to provide FP located?		YES	NO		
		Delivery room	1	0		
		Storage room in maternity ward	1	0		
		Storage room in facility	1	0		
		Storage room outside of facility	1	0		
		Other (specify)_____	1	1		
106.	If the IUD is out of stock or not offered at this facility, is there another facility where women want the IUD could be referred?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			
107.	If the implant is out of stock or not offered at this facility, is there another facility where women want the implant could be referred?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			

NO.	QUESTION	RESPONSE	CODE			Skip/ Relevance
108.	Does this facility have the following supplies for inserting implants and IUDs?		Obs	Yes, not obs	Not avail	If 101(c)=1, 101(d)=1, Or 101(e)=1
		Consumables				
		Antiseptic such as iodine (a)	1	2	0	
		Cotton balls (b)	1	2	0	
		Sterile gloves (c)	1	2	0	
		3 to 5ml syringe (d)	1	2	0	
		25 gauge needle or filter needle (if local anesthetic is supplies in glass ampule) (e)	1	2	0	
		Local anesthetic (1-2% lidocaine or equivalent) (f)	1	2	0	
		Sterile gauze (g)	1	2	0	
		Sterile band-aid/Elastoplast (h)	1	2	0	
		Clean gloves (i)	1	2	0	
		Equipment				
		Examination table (j)	1	2	0	
		Light source (k)	1	2	0	
		Sterile dry surgical drape (l)	1	2	0	
		High-level disinfected tray for instruments (m)	1	2	0	
		Clean dish for antiseptic (n)	1	2	0	
		Ringed forceps (or any other holding forceps to hold cotton balls when applying antiseptic) (o)	1	2	0	
		Uterine sound (p)	1	2	0	
		Tenaculum (q)	1	2	0	
		Large surgical scissors (r)	1	2	0	
		Bivalve speculum (Sims or Cusco or Graves) (s)	1	2	0	
		Long Kelly forceps (10 inches) for insertion within the first 48 hours postpartum (t)	1	2	0	

2. HEALTH FACILITY STAFF

READ: Thank you. Now, I would like to ask you some questions about the staff at this facility.

NO.	QUESTION	RESPONSE	CODE			SKIP/ Relevance
201.	Are there health care workers in this facility trained in any of the following:		YES	NO	DK	
		Client-centered counseling (a)	1	0	88	
		Providing short-acting FP methods to PP women (b)	1	0	88	
		Inserting PP IUD within 10 minutes of delivery (c)	1	0	88	
		Inserting IUDs more than 10 minutes but within 48 hours of delivery (d)	1	0	88	
		Inserting IUDs intra-cesarian (e)	1	0	88	
		Inserting contraceptive implants (f)	1	0	88	
202.	Is there a national training curriculum used to train on immediate postpartum family planning?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			

3. SERVICE DELIVERY

READ: Thank you. Now, I would like to ask you a few questions about how services are organized at this facility.

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
301.	During hours when the ANC is offered, how often is there someone available to provide family planning counseling to ANC clients?	Always	1	
		Sometimes	2	
		Rarely	3	
		Never	4	
		Don't know	88	
		No response	99	
302.	During normal operating hours for the facility, is there someone available in the maternity ward (either on-site or on-call) to provide family planning counseling and methods?	Always	1	
		Sometimes	2	
		Rarely	3	
		Never	4	
		Don't know	88	
		No response	99	
303.	Outside of normal operating hours for the facility, is there someone available in the maternity ward (either on-site or on-call) to provide family planning counseling and methods?	Always	1	
		Sometimes	2	
		Rarely	3	
		Never	4	
		Don't know	88	
		No response	99	
304.	Are there standard operating procedures (SOPs)s and/or guidelines available at this facility for the provision of postpartum family planning?	Yes	1	
		No	0	**à306**
		Don't know	88	**à306**
		No Response	99	**à306**

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
305.	Do these SOPs include post-partum IUD insertion?	Yes No Don't know No Response	1 0 88 99	
306.	Do job descriptions for ANC staff include FP counseling and provision?	Yes No Don't know No Response	1 0 88 99	
307.	Do job descriptions for maternity staff include FP counseling and provision?	Yes No Don't know No Response	1 0 88 99	
308.	Which of the following is discussed with the woman during an antenatal care visit? ***Read responses and select all that apply***		YES / NO / DK	**If 002(a)=1**
		Return to fertility (a)	1 / 0 / 88	
		Healthy timing and spacing of pregnancies (b)	1 / 0 / 88	
		Immediate and exclusive breastfeeding (c)	1 / 0 / 88	
		Family planning methods available to use while breastfeeding (d)	1 / 0 / 88	
		LAM and transition to other methods (e)	1 / 0 / 88	
		Postpartum IUD (f)	1 / 0 / 88	
		Other long-acting methods(g)	1 / 0 / 88	
		No response (h)	1 / 0 / 88	
309.	At this facility, are ANC clients able to choose a FP method to use after delivery?	Yes, always Yes, sometimes No Don't know No response	1 2 0 88 99	**If 002(a)=1**
310.	Which of the following is discussed with postpartum women before discharge? ***Read responses and select all that apply***		YES / NO / DK	
		Return to fertility (a)	1 / 0 / 88	
		Healthy timing and spacing of pregnancies (b)	1 / 0 / 88	
		Immediate, exclusive breastfeeding (c)	1 / 0 / 88	
		Family planning methods available to use while breastfeeding (d)	1 / 0 / 88	
		LAM and transition to other methods (e)	1 / 0 / 88	
		Postpartum IUD (f)	1 / 0 / 88	
		Other long-acting methods(g)	1 / 0 / 88	
		No response (h)	1 / 0 / 88	
311.	For which of the following health topics do providers screen, offer services onsite, or refer clients to services off-site (another agency or organization)? ***Read responses and select all that apply***		Screen / Offer onsite / Refer offsite / N/A	
		a. Postpartum mental health	1 / 2 / 3 / 7	
		b. Gender based violence	1 / 2 / 3 / 7	
		c. STI screening/treatment	1 / 2 / 3 / 7	
		d. HIV testing	1 / 2 / 3 / 7	

NO.	QUESTION	RESPONSE	CODE			SKIP/ Relevance
312.	Is the postpartum woman offered an FP method before discharge?	Yes, always Yes, sometimes No Don't know No response	1 2 0 88 99			**If 002(b)=1**
313.	When are post-partum IUDs inserted at this facility? ***Read responses and select all that apply***		Yes	No	DK	
		Within 10 minutes of delivery	1	0	88	
		Within 48 hours of delivery	1	0	88	
		Intra-cesarean	1	0	88	
		Not offered	1	0	88	

4. **SUPPORT FOR IPPFP**

READ: I will now ask about how IPPFP is perceived at this facility.

NO.	QUESTION	RESPONSE	CODE	SKIP
401.	Does this facility advertise availability of contraceptive methods within maternity wards? This can be through group talks during ANC, posters, signs, etc.	Yes No Don't know No response	1 0 88 99	
402.	Does this facility have funds specifically for the provision of the immediate postpartum family planning service?	Yes No Don't Know No response	1 2 88 99	

5. FACILITY RECORDS

READ: Now, I will ask you about the facility records. Can you please show me where you keep your registers?
For each, check the relevant document for the last completed month (do not check client cards, but only relevant facility registers)

NO.	QUESTION	RESPONSE	CODE		SKIP
501.	Does this facility document numbers of ANC clients counseled on FP separately from total clients counseled on FP?	Yes	1		**If 002(a)=1**
		No	0		**à503**
		Not able to check	9		**à503**
502.	Where are numbers of ANC clients counseled on FP documented?		Yes	No	
		ANC register (a)	1	0	
		FP register (b)	1	0	
		Client card (c)	1	0	
		Other (specify):_____ (d)	1	0	
		Not able to check (e)	1	0	
503.	Does this facility document a woman's choice of contraceptive method made during ANC (or anytime before labor/delivery)?	Yes	1		**If 002(a)=1**
		No	0		**à 505**
		Not able to check	9		**à 505**
504.	Where are ANC clients' FP intentions documented?		Yes	No	**If 002(a)=1**
		ANC register (a)	1	0	
		FP register (b)	1	0	
		Client card (c)	1	0	
		Other (specify):_____ (d)	1	0	
		Not able to check (e)	1	0	
505.	Does this facility document numbers of postpartum women counseled on FP before discharge separately from total clients counseled on FP?	Yes	1		
		No	0		**à 507**
		Not able to check	9		**à 507**
506.	Where are numbers of postpartum women counseled on FP before discharge documented?		Yes	No	
		ANC register (a)	1	0	
		FP register (b)	1	0	
		Client card (c)	1	0	
		Other (specify):_____ (d)	1	0	
		Not able to check (e)	1	0	
507.	Does this facility document numbers of postpartum women who receive an FP method before discharge separately from total FP clients?	Yes	1		**à END**
		No	0		**à END**
		Not able to check	9		
508.	Where are numbers of postpartum women who receive an FP method before discharge documented?		Yes	No	
		ANC register (a)	1	0	
		FP register (b)	1	0	
		Client card (c)	1	0	
		Other (specify):_____ (d)	1	0	
		Not able to check (e)	1	0	

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