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.	State Code	Kaduna Lagos	1 2	
Id1a.	LGA Code	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***	[___|___] - [___|___] - [___|___] - [___] ***LGA Facility interviewer participant***		

NO.	QUESTION	RESPONSE	CODE		SKIP
id6.	FACILITY TYPE	Civil society org/NGO program	11		
			12		
		General hospital	13		
		Private hospital	14		
		Government Health Centre/PHC	15		
		Private clinic / Medical centre	16		
		Maternity clinic	17		
		Health post	18		
		Family Planning Centre	19		
		Youth Friendly Centre	20		
		Faith-Based Organisation			
id7.	MANAGING AUTHORITY		Yes	No	
	Supporting IPPFP service	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		1	
		No		0	**→ STOP**

ADMINISTER INFORMED CONSENT, THEN PROCEED

e4	Did the participant consent to participate in this survey?	Yes	1	
		No	0	**→ 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	1	
		Male	2	
102.	What is your professional designation? *(adjust to country-specific terms)*	Physician/medical officer	1	
		Nurse	2	
		Midwife	3	
		Other (specify):	4	
		CHEW	6	
		No response	-99	
103.	For how long have you been working in this profession?	Number	[__|__]	
	Select 1 for months, 2 for years	Unit		
	Only select months if <1 year	Months	1	
	If don't know, record 88; If refused, record 99	Years	2	
104.	For how long have you been working at this facility?	Number	[__|__]	
	Select 1 for months, 2 for years	Unit		
	Only select months if <1 year	Months	1	
	If don't know, record 88; If refused, record 99	Years	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 No Don't know/remember No response	1 2 -88 -99	 **→203** **→203** **→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? **Read response options aloud.**		Yes	No	DK
		a. Client-center counseling	1	2	-88
		b. Contraceptive options for postpartum clients	1	2	-88
		c. Insertion of contraceptive implants	1	2	-88
		d. Postpartum IUD insertion	1	2	-88

203.	How confident are you in your own ability to provide the following services to postpartum women before discharge? **Read response options aloud.**		Very	Somewhat	Not
		a. Client-centered counseling so a woman can make an informed choice of FP method	1	2	3
		b. Prescribing an appropriate short-acting FP method to PP women who desire one	1	2	3
		c. Inserting a contraceptive implant	1		
		d. Inserting an IUD within 48 hours after delivery		2	3
		e. Inserting an IUD within 10 minutes after delivery	1		
		f. Inserting an IUD during a cesarian delivery	1	2	3
		g. Arranging follow-up for women who start a FP method postpartum	1	2	3
		h. Arranging for follow-up for women who are interested in FP, but not ready to start a method during before discharge	1	2	3

204.	What contraceptive methods are appropriate to give postpartum women before discharge if they are breastfeeding? ***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? ***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? ***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? ***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		**→305**
		Don't know/remember	2	**→305**
		No response	-88	**→305**
			-99	
302.	Have you provided a contraceptive method to a postpartum women before discharge from the facility in the past 3 months?	Yes	1	
		No	2	**→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	2	
		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 No Don't know/remember No response	1 2 -88 -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 No Don't know/remember No response	1 2 -88 -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 No Don't know/remember No response	1 2 -88 -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**	
		Return to fertility (a)	1	0	-99	
		Healthy timing and spacing of pregnancies (b)	1	0	-99	
		Immediate and exclusive breastfeeding (c)	1	0	-99	
		FP methods available to use while breastfeeding (d)	1	0	-99	
		LAM and transition to other methods (e)	1	0	-99	
		Postpartum IUD (f)	1	0	-99	
		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
		a. Postpartum mental health	7	1	2	3
		b. Gender based violence	7	1	2	3
		c. STI screening/treatment	7	1	2	3
		d. HIV testing	7	1	2	3

309.	How important do you think it is to offer postpartum FP services?	Very important Somewhat important Not at all important No response	1 2 3 -99	

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