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

INSTRUCTIONS
Obtain written consent from the in-charge to conduct the facility survey and interview their staff who provide Post-abortion FP. (i.e. counsels post-abortion care clients on FP). 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 PAC client within the last three months
- 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.***

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	
id2	LGA Code	Pre-assigned code	[___|___]	
id3	FACILITY CODE	Pre-assigned code	[___|___]	
id4	PARTICIPANT NUMBER	Sequential code	[___]	
id5	PARTICIPANT ID CODE: ***Calculated field, based on id1-id4***	[___|___] - [___|___] - [___|___] - [___] ***LGA Facility interviewer participant***		
id6	FACILITY TYPE	Civil society org/NGO program General Hospital Private hospital Government Health Centre/PHC Private clinic / Medical Centre	11 12 13 14 15	

		Maternity Clinic Health Post Family Planning Centre Youth Friendly Centre Faith Based Organisation	16 17 18 19 20	
id7	MANAGING AUTHORITY Supporting PAFP service	Ministry of Health/Government International non-governmental organization Local non-governmental organization Private for profit	1 2 3 4	

Section A. Eligibility

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

ADMINISTER INFORMED CONSENT, THEN PROCEED

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e4	Did the participant consent to participate in this survey?	Yes No	1 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 respondent's gender.	Female Male	1 2	
102.	What is your professional designation?	Physician/Medical officer Nurse Midwife Other (specify): CHEW No response	1 2 3 4 5 99	
103.	For how long have you been working with your current certification? ***Select 1 for months, Select 2 for years*** ***Only select months if <1 year*** ***don't know=88; no response=99***	Number Unit Months Years	[__|__] 1 2	
104.	For how long have you been working at this facility? ***Select 1 for months, Select 2 for years*** ***Only select months if <1 year*** ***don't know=88; no response=99***	Number Unit Months Years	[__|__] 1 2	

2. **TRAINING**

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
201.	Have you received training on post-abortion family planning?	Yes	1	
		No	0	→203
		Don't know/remember	2	→203
		No response	99	→203

202.	On which of the following topics have you received training related to providing family planning to postabortion care clients?		Yes	No	DK	
		a. Client-center counseling	1	0	88	
		b. Contraceptive options for post-abortion clients	1	0	88	
		c. Insertion of contraceptive implants	1	0	88	
		d. Insertion of IUDs post-abortion	1	0	88	

203.	How confident are you in your own ability to provide the following services to post-abortion clients? ***Read responses. Select all that participant mentions.***		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 women who desire one	3	2	1	
		c. Inserting a contraceptive implant	3	2	1	
		d. Inserting an IUD during post-abortion care	3	2	1	
		e. Arranging follow-up for women who start a FP method during post-abortion care	3	2	1	
		f. Arranging for follow-up for women who are interested in FP, but not ready to start a method during PAC	3	2	1	

204.	Can you tell me which contraceptive methods are appropriate to give clients during a post-abortion visit if there are no complications or infection? ***Do not read responses. Select all that participant mentions.***		Mentioned	Not mentioned	
		Female sterilization (a)	1	0	
		Intrauterine device (IUD) (b)	1	0	
		Implants (c)	1	0	
		Injectables – Depo Provera (d)	1	0	
		Injectables – Sayana Press (e)	1	0	
		Pill – progestin only (f)	1	0	
		Pill – combined oral contraceptives (g)	1	0	
		Emergency contraception (h)	1	0	
		Male condom (i)	1	0	
		Female condoms (j)	1	0	

205.	Can you tell me which contraceptive methods are appropriate to give a client during a post-abortion visit if there are complications or infection/before completing treatment of complications or any injury has healed? ***Do not read responses. Select all that participant mentions.***		Mentioned	Not mentioned	
		Female sterilization (a)	1	0	
		Intrauterine device (IUD) (b)	1	0	
		Implants (c)	1	0	
		Injectables – Depo Provera (d)	1	0	
		Injectables – Sayana Press (e)	1	0	
		Pill – progestin only (f)	1	0	
		Pill – combined oral contraceptives (g)	1	0	
		Emergency contraception (h)	1	0	
		Male condom (i)	1	0	
		Female condoms (j)	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	SKIP/ Relevance
301.	Have you ever provided a FP method to a woman during a post-abortion visit?	Yes No Don't know/remember No response	1 0 2 99	 **→306** **→306** **→306**
302.	Have you provided a FP method to a woman during a postabortion visit in the past 3 months?	Yes No Don't know/remember No response	1 0 2 99	
303.	In the past 3 months, has there been a time where a woman wanted to start a method during a PAC visit, but you were not able to give it to her because the facility was out of the method that she wanted?	Yes No Don't know/remember No response	1 0 2 99	
304.	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 room where PAC is offered?	Yes No Don't know/remember No response	1 0 2 99	
305.	In the past 3 months, has there been a time where a woman wanted to get an implant or IUD during a PAC visit, but you were not able to give it to her because the facility did not have the equipment or supplies that you needed to insert the method?	Yes No Don't know/remember No response	1 0 2 99	
306.	Do you refer PAC clients to come back at a later date if they are not ready initiate a method on that day?	Yes No Don't know No response	1 0 2 99	
307.	Do you tell women who start an FP method during a post-abortion visit where to go for support and resupply?	Yes No Don't know/remember No response	1 0 2 99	
308.	Which of the following do you discuss with a client during a post-abortion visit? ***Read each response and select all that apply.***		YES / NO / DK	
		Return to fertility (a)	1 / 0 / 88	
		Healthy spacing and timing of pregnancy (b)	1 / 0 / 88	
		Long-acting FP methods (c)	1 / 0 / 88	
		Short-acting FP methods (d)	1 / 0 / 88	
309.	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***		Screen / Offer onsite / Refer offsite	
		Post-abortion mental health (a)	1 / 2 / 3	
		Gender-based violence (b)	1 / 2 / 3	
		STI screening/treatment (c)	1 / 2 / 3	
		HIV testing (d)	1 / 2 / 3	
310.	How important do you think it is to offer post-abortion 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.