Contraceptive use dynamics beyond the ECHO trial (CUBE)
In-Depth Interview Guide for family planning service providers, policy makers and community advocates

PARTICIPANT ID NUMBER	DATE (DD/MMM/YY)	START TIME	END TIME	INTERVIEWER INITIALS

The government of South Africa declared a National State of Disaster on 15th March 2020 and has implemented a number of measures designed to control the spread of the Coronavirus (COVID-19). We would like to ask you some questions about how this has affected family planning services over the last several months.

Position:	
Length of time in this position:	
Age:	
Sex:	

	Main question	Probes
Questions for Providers		
	What type of facility is this?	
1.	We would like to know about how the COVID-19 pandemic has affected family planning and reproductive health provision at your facility. We are interested in understanding how your facility was impacted when the government first declared a National State of Disaster, as well as changes over time or different levels of the lockdown.	a. What family planning and reproductive health care is currently provided at this facility? *(Probe for: family planning, HTC, HIV prevention, PrEP, STI testing, HIV treatment (ART), STI treatment, pregnancy care)* b. What reproductive health care that used to be offered is no longer provided? Why? How did this change over the different levels of Lock down (5, 4, 3) c. Are the changes in services offered only affecting your facility or others in the district/province/nationally too?
3.	How is family planning being provided in the context of the COVID-19 pandemic?	• Fully, partially? Can you explain? • (*Probe: any services or contraceptive methods that have stopped being offered?*

		Modifications to hours for FP services? Staff available for FP? LARC removal?)
4.	How have specific measures related to COVID-19 impacted FP provision?	(*Probe: screening for COVID-19 cases, ensuring social distancing, other safety controls*)
5.	How else has the COVID-19 pandemic affected your service provision at this facility?	a. How do you think your facility's situation compares to other facilities in the district/province/nationally? b. What changes have you seen at different levels of lockdown (5, 4, 3)?
6.	What sort of guidance has the facility received on how to operate family planning services during the COVID-19 pandemic?	(*Probe for changes in guidance over time*) a. Where did the guidance come from? b. How was it communicated to you?
	Staff/operational issues	
7.	How has the COVID-19 pandemic affected staffing numbers for FP at this facility?	a. Are more staff off work? b. What types of facility staff are off work (e.g., doctors, nurses, social workers)? c. Has more staff been assigned or repurposed to assist with COVID-19?
8.	How has providing services in the context of the COVID-19 affected staff morale?	a. How have changes in morale impacted FP service delivery?
9.	Have staff received specific training on providing FP services in the context of COVID-19?	a. What training has been provided? (*Probe: timing of training (one time, multiple), any updates with new information?*) b. What resources were available to assist with the training?
10.	Is the facility taking any specific measures to protect staff from infection? Please describe.	a. How have these measures impacted service delivery? b. Do you feel staff have the guidance and resources needed so that they feel safe in returning to FP work and providing FP services?
11.	Do you offer mobile services of any kind?	a. Do you offer medication drop-offs at clients/patients' homes or in their neighborhoods? If yes, were these services available before the COVID-19 pandemic or are they new/modified? b. Do you offer tele-medicine? i. If yes, were these services available before the COVID-19 pandemic or are they new/modified? ii. How is tele-medicine provided (Telephone, SKYPE, ZOOM, WhatsApp)?

12.	Over the course of the pandemic, have contraceptive methods been out of stock?	a. Which methods? b. Have you been given any explanation as to why are they out of stock? c. What do clients choose instead? – another method, no method? d. What about EC availability?
	Family Planning Clients	
13.	Are you seeing more or less people coming for FP as compared to before 27 March?	a. Why do you think this is? b. Have clients mentioned any difficulties getting into this/other facilities (e.g. getting stopped by officials etc. c. Have clients expressed concerns about coming to the facility? What concerns?
14.	What barriers do you think clients are facing in accessing FP in the context of COVID-19?	
15.	Have you seen an increase in the number of women experiencing gender-based violence?	*(Probe for reasons for increase/decrease)*
	Contraceptive Method Mix and Pregnancy Intentions	
16.	Do you think that people are switching their methods more or less due to the pandemic? Why?	a. What methods are they switching from and to?
17.	Are people discontinuing FP/have people discontinued FP due to the pandemic?	a. Why? b. How have women's pregnancy intentions been impacted by COVID-19? c. How has your counseling about pregnancy intentions changed during the pandemic, if at all? d. Have you seen an increase in unintended pregnancies?
18.	How has the number of pregnant women seeking care changed over the course of the pandemic? Why do you think this is?	a. How has your counseling to pregnant women changed since the pandemic, if at all?
19.	Do you counsel about switching to LARCS in the context of COVID?	a. Have you inserted IUDs since the lockdown? b. Have you inserted implants since the lockdown?
20.	Are implant removals offered at this facility? Are IUD removals offered at this facility? Have the services or schedule changed since 27 March?	

21.	Are more or fewer clients coming in for removal services as compared to before 27 March?	a. Why is this?
22.	Have you been able to assist with removals since the State of Disaster was declared?	a. If not, why not? What advice is given to these clients?
23.	What have you heard about the use of traditional medicines to treat or prevent COVID-19?	a. Have you personally heard of/know anyone who is using these medicines? b. How do people believe these medicines help?
24.	Is there anything else you would like to add about providing health services in the context of the COVID-19 pandemic?	
	Self-care	
25.	Self-care interventions are a way for individuals to obtain products or diagnostics fully or partially separate from formal health services that can be used with or without the direct supervision of a health worker. Examples of self-care interventions include self-injectable contraception (e.g., DMPA-SC, fertility awareness methods) or HIV self-tests, pregnancy self-tests, male and female condoms, emergency contraception, over the counter OCs.) How has your facility been counseling on self-care during the COVID-19 pandemic, if at all?	
26.	There is some evidence that when properly counseled, some women are able to remove their own IUDs. What are your thoughts about IUD self-removal for women who want to stop using their IUD and are unable to get to a facility providing removal services?	

	Main question	Probes
Questions for MOH Officials/Program Managers		
27.	What are the biggest challenges facing family planning providers during the COVID-19 crisis?	
28.	What are the biggest challenges facing family planning clients during the COVID-19 crisis?	
29.	What has the process been like to develop guidance and policy updates on how to manage healthcare facilities in the context of COVID-19? How has this changed over the course of the pandemic?	a. How are these changes/updates communicated? b. To what extent do you think these policies have been implemented? What are some of the barriers and facilitators to successful implementation? c. How have healthcare providers been trained on these changes?
30.	What have some of these policy/guideline changes been?	*(probe for: staffing, prioritization of services, changes in policy/guidance over time)*
31.	What strategies have been put in place specifically to support access to contraceptive services during the pandemic?	*(probe for: mobile clinic services, tele-medicine, depo subQ, fertility awareness methods (FAM), home drop-offs of contraceptives, allowing pick-up of contraceptives by family or friends, giving larger supply of pills/condoms than usual)*
32.	How has procurement of contraceptive methods been affected? Have there been any supply chain issues? How has this changed over the course of the pandemic?	a. Have you had any concerns about methods being out of stock? Which methods? Why are they out of stock? b. What about EC availability?
33.	As you've probably heard, self-care interventions are a way for individuals to obtain products or diagnostics fully or partially separate from formal health services that can be used with or without the direct supervision of a health worker. Examples of self-care interventions include self-injectable contraception (e.g., DMPA-SC, fertility awareness methods, HIV self-tests, pregnancy self-tests, male and female condoms, emergency contraception, over the counter OCs.) Have your programs incorporated counseling on self-care during the COVID-19 pandemic?	a. If yes, what kinds of self-care strategies are you supporting?

34.	What are you most concerned about in regard to women's access to family planning and reproductive health services in the context of COVID-19?	
35.	What have you heard about the use of traditional medicines to treat or prevent COVID-19?	a. Do you know anyone who is using these medicines? How do people believe these medicines help?
36.	Do you have anything else you would like to share about how COVID-19 has affected family planning and reproductive health services and access, particularly related to family planning?	

	Main question	Probes
Questions for Community Advocates		
37.	What are the biggest challenges facing family planning clients during the COVID-19 crisis?	
38.	What strategies have been put in place to support access to contraceptive services during the pandemic?	*(probe for: mobile clinic services, tele-medicine, depo subQ, FAM, home drop-offs of contraceptives, allowing pick-up of contraceptives by family or friends, giving larger supply of pills/condoms than usual)*
39.	What are you most concerned about in regard to women's access to family planning and reproductive health services in the context of COVID-19?	
40.	Have you and other community advocates been consulted about health service priorities in their communities?	a. If yes, who contacted you and what did you discuss? Has your advice been incorporated into service provision?
41.	Self-care interventions are a way for individuals to obtain products or diagnostics fully or partially separate from formal health services that can be used with or without the direct supervision of a health worker. Examples of self-care interventions include self-injectable contraception (e.g., DMPA-SC, fertility awareness methods, HIV self-tests, pregnancy self-tests, male and female condoms, emergency contraception, over the counter OCs.) Do they think use of self-care options has changed/increased during COVID?	a. Which strategies do you think have increased? b. What kind of counselling/IEC materials is/are necessary for supporting self-care?
42.	Have you and other community advocates been consulted about different modes of service delivery to improve access under lockdown– e.g. mobile clinics, tele-medicine, contraceptive or other medication home drop-offs?	a. If yes, who contacted you and what did you discuss? b. Has your advice been incorporated into service provision?
43.	How has COVID-19 affected human rights concerns related to family planning and reproductive health?	
44.	What have you heard about the use of traditional medicines to treat or prevent COVID-19?	a. Do you know anyone who is using these medicines?

		b. How do you/they believe these medicines help?
46.	Do you have anything else you would like to share about how COVID-19 has affected family planning and reproductive health services and access, particularly related to family planning?	