

## PMA CÔTE D'IVOIRE Phase 1 Survey Service Delivery Point Questionnaire

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> AGNEBY-TIASSA <input type="radio"/> AUTONOME D'ABIDJAN <input type="radio"/> BAGOUE <input type="radio"/> BELIER <input type="radio"/> BERE <input type="radio"/> BOUNKANI <input type="radio"/> CAVALLY <input type="radio"/> GBEKE <input type="radio"/> GBÔKLE <input type="radio"/> GÔH <input type="radio"/> GONTOUGO <input type="radio"/> GRANDS-PONTS <input type="radio"/> GUEMON <input type="radio"/> HAMBOL <input type="radio"/> HAUT-SASSANDRA <input type="radio"/> IFFOU <input type="radio"/> INDENIE-DJUABLIN <input type="radio"/> LA ME <input type="radio"/> LÔH-DJIBOUA <input type="radio"/> MARAHOUE <input type="radio"/> MORONOU <input type="radio"/> NAWA <input type="radio"/> N'ZI <input type="radio"/> PORO <input type="radio"/> SAN-PEDRO <input type="radio"/> SUD-COMOE <input type="radio"/> TCHOLOGO

	<input type="radio"/> TONKPI <input type="radio"/> WORODOUGOU <input type="radio"/> YAMO USSOUKRO
003b. Department	<i>ODK populates a list of appropriate Department based on the selected Region.</i>
003c. Sub-prefecture	<i>ODK populates a list of appropriate Sub-prefecture based on the selected Department.</i>
004. Enumeration Area	<i>ODK populates a list of appropriate EAs based on the selected Sub-prefecture.</i>
005. Facility number <i>Please record the number of the facility from the listing form.</i>	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Specializing institute <input type="radio"/> Teaching hospital (university) <input type="radio"/> Regional Hospital Center <input type="radio"/> General hospital <input type="radio"/> Urban health formation <input type="radio"/> Urban health center <input type="radio"/> Rural health center <input type="radio"/> Rural dispensary <input type="radio"/> Rural maternity clinic <input type="radio"/> Polyclinic <input type="radio"/> Clinic / medical center <input type="radio"/> Private infirmary <input type="radio"/> Private maternity clinic <input type="radio"/> Medical-social center <input type="radio"/> Religious center <input type="radio"/> Pharmacy <input type="radio"/> Pharmaceutical shop <input type="radio"/> Other
007. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
Please confirm that you have screened the respondent for COVID-19 before continuing.	<input type="radio"/> Yes <input type="radio"/> No
INFORMED CONSENT <i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Adminster the consent procedures.</i>	
Bonjour, je me nomme _____ et je travaille pour l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) d'Abidjan.	

Nous menons une étude dans le domaine de la santé, plus spécifiquement sur la planification familiale en Côte d'Ivoire. A cet effet, je vais vous lire ce formulaire afin de vous exposer l'objectif principal de l'étude et vous donner des informations supplémentaires dans le but solliciter votre participation à cette étude.

#### Présentation et objet de l'étude

En collaboration avec le Ministère de la Santé et de l'Hygiène Publique de la Côte d'Ivoire et l'école de santé publique et de la santé reproductive de l'université de Johns Hopkins aux Etats-Unis, l'Ecole Nationale Supérieur de la Statistique et d'Economie Appliquée (ENSEA) réalise une étude dénommée PMA (Performance Monitoring for Action).

L'objectif principal de cette étude est de mettre en œuvre un système de suivi des performances accomplies dans le domaine de la planification familiale et de la santé reproductive des femmes au sein de la population et des structures de santé en Côte d'Ivoire. En outre, les informations que nous collecterons serviront à éclairer les programmes de développement social en Côte d'Ivoire.

#### Pourquoi est-ce qu'on vous demande de participer ?

En vue de permettre une meilleure amélioration de la santé publique et planifier adéquatement les services de santé aux populations, votre établissement a été choisi, aléatoirement, pour prendre part à cette étude. Les données recueillies auprès de votre établissement seront aussi utilisées par les chercheurs pour effectuer des analyses. Toutefois, le nom de votre établissement ne sera pas révélé, et tous les rapports des chercheurs qui utilisent les données de votre établissement présenteront uniquement les informations de façon anonyme afin que votre établissement ne puisse pas être identifié. Aucune information spécifique sur votre structure ne sera communiquée aux autorités afin de garantir au principe de non divulgation de données individuelles de la loi statistique ivoirienne.

Nous vous demandons de nous aider pour garantir que les informations que nous recueillons soient correctes. S'il y a des questions pour lesquelles une autre personne est la plus compétente pour fournir les informations, nous vous serions reconnaissants de nous présenter à cette personne.

Répondre à ces questions vous prendra environ 1 heure. Vous pouvez refuser de répondre à certaines questions ou choisir de mettre fin à l'entretien à tout moment.

Nous aimerions ensuite poser une série de questions aux femmes âgées entre 15 et 49 ans venues en consultation à la sortie de celle-ci.

#### Protection de la confidentialité des données

Les données seront collectées sur des smartphones. Toutes les données seront envoyées par voie

<p>électronique sur le serveur « cloud » de l'étude PMA. L'utilisation et le partage des informations seront rigoureusement soumis à des principes de précautions pour garantir leur sécurité et confidentialité. Une fois la collecte terminée, les informations d'identification seront supprimées de la base de données.</p> <p>Avant de continuer, avez-vous des questions sur cette enquête ?</p> <p>Personne à contacter pour des compléments d'informations ou inquiétudes</p> <p>Si vous avez des questions ou des inquiétudes par rapport à cette étude, vous pouvez joindre l'Investigatrice Principale nationale de l'étude Dr. Rosine Mosso-BOMISSO à Abidjan dont le contact téléphonique est (225) 22 44 08 42 / (225) 06 57 38 96. Si cela s'avère nécessaire, vous pouvez aussi joindre le Comité national d'éthique à Abidjan qui a donné son approbation pour l'étude au numéro de téléphone (225) 22005829.</p> <p>Que veut dire votre signature sur ce formulaire de consentement ?</p> <p>Votre signature sur ce formulaire veut dire que :</p> <ul style="list-style-type: none"> <li>• Vous avez été informé sur l'objectif, les procédures, les avantages et les risques de cette étude.</li> <li>• Vous avez eu l'occasion de poser des questions avant de signer.</li> <li>• Vous avez donné votre accord pour votre participation de votre propre volonté.</li> </ul> <p>Est-ce que j'ai votre consentement pour commencer ?</p>	
<p>009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p> <p>Checkbox</p>	<p><input type="checkbox"/></p>
<p>WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox. <i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i></p>	
<p>010. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i></p>	<p><input type="checkbox"/></p>
<p>010. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>011. Name of the facility <i>Please select the name of the facility.</i></p>	

<p>011. Name of the facility <i>Please record the name of the facility.</i></p>	
<p>012. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i></p>	<p><input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response</p>
<p><b>Section 1 – Information About Services</b> <i>Now I would like to ask about the services provided at this facility.</i></p>	
<p>101. Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility and provide family planning services. Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies. <i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	
	<p>101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.</p>
<p>Total number FP: general doctors</p>	
<p>Present today FP: general doctors</p>	
	<p>101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.</p>
<p>Total number FP: gynecologists</p>	
<p>Present today FP: gynecologists</p>	
	<p>101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.</p>
<p>Total number FP: pediatricians</p>	
<p>Present today FP: pediatricians</p>	
	<p>101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.</p>
<p>Total number FP: surgeons</p>	
<p>Present today FP: surgeons</p>	

	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: midwives	
Present today FP: midwives	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: nurses	
Present today FP: nurses	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: medical technician	
Present today FP: medical technician	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: auxiliary nurse / caregiver	
Present today FP: auxiliary nurse / caregiver	
	101. Enter -88 for do not know, -99 for no response. 0 is a possible answer.
Total number FP: pharmacists	
Present today FP: pharmacists	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: pharmacy clerk	
Present today FP: pharmacy clerk	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: other medical staff	
Present today FP: other medical staff	

102. Does this facility have electricity at this time? <i>Select for running electricity only.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
103. At any point today, has the electricity been out for two or more hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
104. Does this facility have running water at this time? <i>Select for running water only.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
105. At any point today, has running water been unavailable for two or more hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
106. How many handwashing facilities are available on site for staff to use? <i>Enter -88 for do not know, -99 for no response.</i>	
107. May I see a nearby handwashing facility that is used by staff? <i>Handwashing facility must be accessible to most health workers in the facility. At the handwashing facility, OBSERVE: (select all that apply)</i>	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above <input type="checkbox"/> Did not see the facility.
<h2>Section 2 – Family Planning Services</h2> <p><i>Now I would like to ask about family planning services provided at this facility. If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.</i></p>	
201. Do you usually offer family planning services / products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. How many days in a week are family planning services / products offered / sold here? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	
203. Does this facility provide family planning supervision, support, or supplies to community health volunteers?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
204. How many community health volunteers are supported by this facility to provide family planning services? <i>Record only who receive supervision, support, or supplies for family planning. If were recorded as employees in 104, please do not include them here as well.</i>	

<i>Enter -88 for do not know, -99 for no response.</i>		
205. Do the community health volunteers provide any of the following contraceptives:	<input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Injectables <input type="checkbox"/> None of the above <input type="checkbox"/> No response	
206. How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>		
207. Which of the following family planning services do you offer to unmarried adolescents age 10-19? <i>Read all options and select all that apply.</i>	<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response	
<b>Section 3: Provision of Family Planning Methods</b>		
401. Which of the following methods are provided to clients at this facility? <i>Read all options out loud.</i>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables - Depo Provera <input type="checkbox"/> Injectables - Sayana Press <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / jelly <input type="checkbox"/> None of the above <input type="checkbox"/> No response	
402. Are clients charged for obtaining any of the following methods at this facility? <i>Read all options out loud.</i>		
	Yes	No
Female sterilization	<input type="radio"/>	<input type="radio"/>
Male sterilization	<input type="radio"/>	<input type="radio"/>
Implant	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>
Injectables - Depo Provera	<input type="radio"/>	<input type="radio"/>
Injectables - Sayana Press	<input type="radio"/>	<input type="radio"/>



Pill	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>
Female condom	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>
Foam / jelly	<input type="radio"/>	<input type="radio"/>
Did the respondent answer the questions or give no response?	<input type="radio"/> Respondent answered <input type="radio"/> No response	
<p>403. How much do you charge for one unit of each method that you provide?  <i>Enter all prices in FCFA</i>  <i>Enter -88 for do not know, -99 for no response.</i></p>		
Female sterilization (full cost of procedure)		
Male sterilization (full cost of procedure)		
Implants (full cost of the implant and insertion)		
IUD (full cost of the IUD and insertion)		
One shot of 3-month injectable (Depo Provera)		
One shot of 3-month injectable (Sayana Press)		
One month supply of pills		
A single dose of emergency contraception		
One male condom		
One female condom		
A diaphragm		
Foam / jelly		
<p>404. Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?            These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
<p>405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
<p>406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
<p>407. On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	

408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409. Does this facility have the following supplies needed to insert and/or remove implants: <i>Read out all supplies and select all that apply. Supplies do not need to be observed, but must be available on the day of the interview.</i>	<input type="checkbox"/> Clean Gloves <input type="checkbox"/> Antiseptic <input type="checkbox"/> Sterile Gauze Pad or Cotton Wool <input type="checkbox"/> Local Anesthetic <input type="checkbox"/> Sealed Implant Pack <input type="checkbox"/> Surgical Blade <input type="checkbox"/> Mosquito forceps (straight or curved) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
410. If a woman came in today needing an implant inserted, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
411. If a woman came today needing her implant removed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
412. If a woman comes to your facility today needing her implant removed, but it is deeply placed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
413. Would someone at this facility know where to send her to have the implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
414. Does this facility have the following supplies needed to insert and/or remove IUDs: <i>Read out all supplies and select all that apply. Supplies do not need to be observed, but must be available on the day of the interview.</i>	<input type="checkbox"/> Exam gloves <input type="checkbox"/> Antiseptic (povidone iodine) <input type="checkbox"/> Drapes <input type="checkbox"/> Scissors <input type="checkbox"/> Sponge-holding forceps <input type="checkbox"/> Speculums (large and medium) <input type="checkbox"/> Tenaculum <input type="checkbox"/> Uterine Sound <input type="checkbox"/> None of the above <input type="checkbox"/> No response
415a. May I see your family planning register from the last completed month? From family planning register, record: <i>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</i> <i>(2) The number of new clients who received family planning services in the last completed month, for each method.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Female Sterilization	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Male Sterilization	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Implants	
415a. Number of new clients: Implants	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: IUD	
415a. Number of new clients: IUD	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Injectables - Depo Provera	
415a. Number of new clients: Injectables - Depo Provera	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Injectables - Sayana Press	
415a. Number of new clients: Injectables - Sayana Press	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Pill	
415a. Number of new clients: Pill	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Emergency contraception	
415a. Number of new clients: Emergency contraception	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.

415a. Total number of visits: Male condom	
415a. Number of new clients: Male condom	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Female condom	
415a. Number of new clients: Female condom	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Diaphragm	
415a. Number of new clients: Diaphragm	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: Foam / jelly	
415a. Number of new clients: Foam / jelly	
415b. May I see your family planning record book from the last completed month? <i>From family planning record book, record the total number of family planning products sold in the last completed month, for each method. Enter -88 for do not know. Enter -99 for no response.</i>	
Number of units sold or provided: Implants	
Number of units sold or provided: IUD	
Number of units sold or provided: Injectables - Depo Provera	
Number of units sold or provided: Injectables - Sayana Press	
Number of units sold or provided: Pill	
Number of units sold or provided: Emergency contraception	
Number of units sold or provided: Male condom	
Number of units sold or provided: Female condom	
Number of units sold or provided: Diaphragm	
Number of units sold or provided: Foam / jelly	
NOTE: Questions 417a-e will repeat for each of the methods provided at this SDP.	

Methods selected in 401: \${methods_selected}	
417a. You mentioned that you typically provide Implants at this facility, can you show them to me? If no, probe: Is the implant out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
417b. How many days have Implants been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Implants been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for Implants? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
417e. When do you expect to receive your next shipment of Implants?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
417e. Enter a value for \${ship_implants_lab}:	
417a. You mentioned that you typically provide IUDs at this facility, can you show them to me? If no, probe: Is the IUDs out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
417b. How many days have IUDs been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have IUDs been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for IUD? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right

	<p>quantities</p> <p><input type="radio"/> Unexpected increase in consumption</p> <p><input type="radio"/> Stock-out due to COVID-19 disruption</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. When do you expect to receive your next shipment of IUDs?	<p><input type="radio"/> X weeks</p> <p><input type="radio"/> X months</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. Enter a value for $\$(ship\_IUD\_lab)$ :	
417a. You mentioned that you typically provide Injectables Sayana Press at this facility, can you show them to me? If no, probe: Is the Injectables Sayana Press out of stock today?	<p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>
417b. How many days have Injectables Sayana Press been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Injectables Sayana Press been out of stock at any time in the last 3 months?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
417d. Why is this facility out of stock for Injectables Sayana Press? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<p><input type="radio"/> Did not place order for shipment</p> <p><input type="radio"/> Ordered but did not receive shipment</p> <p><input type="radio"/> Did not order right quantities</p> <p><input type="radio"/> Ordered but did not receive right quantities</p> <p><input type="radio"/> Unexpected increase in consumption</p> <p><input type="radio"/> Stock-out due to COVID-19 disruption</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. When do you expect to receive your next shipment of Injectables Sayana Press?	<p><input type="radio"/> X weeks</p> <p><input type="radio"/> X months</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. Enter a value for $\$(ship\_sp\_lab)$ :	
417a. You mentioned that you typically provide Injectables Depo Provera at this facility, can you show them to me?	<p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>

If no, probe: Is the Injectables Depo Provera out of stock today?	
417b. How many days have Injectables Depo Provera been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Injectables Depo Provera been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for Injectables Depo Provera? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
417e. When do you expect to receive your next shipment of Injectables Depo Provera?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
417e. Enter a value for \${ship_dp_lab}:	
417a. You mentioned that you typically provide Pills at this facility, can you show it to me? If no, probe: Is the Pills out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
417b. How many days have Pills been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Pills been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for Pills? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19

	<p>disruption</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. When do you expect to receive your next shipment of Pills?	<p><input type="radio"/> X weeks</p> <p><input type="radio"/> X months</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. Enter a value for \${ship_pills_lab}:	
417a. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me? If no, probe: Is the Emergency Contraception out of stock today?	<p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>
417b. How many days has Emergency Contraception been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Has Emergency Contraception been out of stock at any time in the last 3 months?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
417d. Why is this facility out of stock for Emergency Contraception? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<p><input type="radio"/> Did not place order for shipment</p> <p><input type="radio"/> Ordered but did not receive shipment</p> <p><input type="radio"/> Did not order right quantities</p> <p><input type="radio"/> Ordered but did not receive right quantities</p> <p><input type="radio"/> Unexpected increase in consumption</p> <p><input type="radio"/> Stock-out due to COVID-19 disruption</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. When do you expect to receive your next shipment of Emergency Contraception?	<p><input type="radio"/> X weeks</p> <p><input type="radio"/> X months</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
417e. Enter a value for \${ship_ec_lab}:	
417a. You mentioned that you typically provide Male condoms at this facility, can you show it to me? If no, probe: Is the Male condoms out of stock today?	<p><input type="radio"/> In-stock and observed</p> <p><input type="radio"/> In-stock but not observed</p> <p><input type="radio"/> Out of stock</p> <p><input type="radio"/> No response</p>
417b. How many days have Male condoms been out of stock?	



<p>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</p>	
<p>417c. Have Male condoms been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>417d. Why is this facility out of stock for Male condoms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?</p>	<p><input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>417e. When do you expect to receive your next shipment of Male condoms?</p>	<p><input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>417e. Enter a value for \${ship_male_condoms_lab}:</p>	
<p>417a. You mentioned that you typically provide Female condoms at this facility, can you show it to me? If no, probe: Is the Female condoms out of stock today?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>417b. How many days have Female condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>417c. Have Female condoms been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>417d. Why is this facility out of stock for Female condoms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?</p>	<p><input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other</p>

	<input type="radio"/> Don't know <input type="radio"/> No response
417e. When do you expect to receive your next shipment of Female condoms?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
417e. Enter a value for \${ship_female_condoms_lab}:	
417a. You mentioned that you typically provide Diaphragms at this facility, can you show it to me? If no, probe: Is the Diaphragms out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
417b. How many days have Diaphragms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Diaphragms been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for Diaphragms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
417e. When do you expect to receive your next shipment of Diaphragms?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
417e. Enter a value for \${ship_diaphragm_lab}:	
417a. You mentioned that you typically provide Foam/Jelly at this facility, can you show it to me? If no, probe: Is the Foam/Jelly out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
417b. How many days has Foam/Jelly been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Has Foam/Jelly been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
417d. Why is this facility out of stock for Foam/Jelly? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Stock-out due to COVID-19 disruption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
417e. When do you expect to receive your next shipment of Foam/Jelly?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
417e. Enter a value for \${ship_foam_lab}:	
418. Is misoprostol (Cytotec) available in the facility for management of postpartum hemorrhage or other gynecologic issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
419. Can you show it to me? If no, probe: Is it out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
420. Is combination misoprostol & mifepristone available in the facility for management of postpartum hemorrhage or other gynecologic issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
421. Can you show it to me? If no, probe: Is it out of stock today?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
<b>Section 4: Family Planning Service Integration</b>	
501. Which of the following services are provided at this facility? <i>Read all options and select all that apply.</i>	<input type="checkbox"/> Antenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Postnatal <input type="checkbox"/> Post-abortion <input type="checkbox"/> None of the above <input type="checkbox"/> No response
502. Which of the following is discussed with the mother during an antenatal care visit?	<input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of

<p><i>Read all options and select all that apply. If your respondent is not involved in antenatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<p>pregnancies</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate and exclusive breastfeeding</li> <li><input type="checkbox"/> Family planning methods available to use while breastfeeding</li> <li><input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods</li> <li><input type="checkbox"/> Long-acting method options</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>
<p>503. Which of the following is discussed with the mother after delivery and before discharge from the facility? <i>Read all options and select all that apply. If your respondent is not involved in delivery or postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Return to fertility</li> <li><input type="checkbox"/> Healthy timing and spacing of pregnancies</li> <li><input type="checkbox"/> Immediate and exclusive breastfeeding</li> <li><input type="checkbox"/> Family planning methods available to use while breastfeeding</li> <li><input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods</li> <li><input type="checkbox"/> Long-acting method options</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>
<p>504. Is the woman offered a method of family planning after delivery and before discharge from the facility?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No response</li> </ul>
<p>505. Which of the following is discussed with the mother during a postnatal care visit? <i>Read all options and select all that apply. If your respondent is not involved in delivery or postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Return to fertility</li> <li><input type="checkbox"/> Healthy timing and spacing of pregnancies</li> <li><input type="checkbox"/> Immediate and exclusive breastfeeding</li> <li><input type="checkbox"/> Family planning methods available to use while breastfeeding</li> <li><input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods</li> <li><input type="checkbox"/> Long-acting method options</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>
<p>506. Is the woman offered a method of family planning during a postnatal care visit?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No response</li> </ul>
<p>507. Which of the following is discussed with the woman during a post-abortion visit? <i>Read all options and select all that apply. If your respondent is not involved in post-abortion care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Post-abortion mental health</li> <li><input type="checkbox"/> Return to fertility</li> <li><input type="checkbox"/> Healthy timing and spacing of pregnancies</li> <li><input type="checkbox"/> Long-acting method options</li> <li><input type="checkbox"/> Family planning methods</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> No response</li> </ul>

508. Is the woman offered a method of family planning during a post-abortion visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
509. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
510. When a client comes in for HIV services, are they offered condoms by the HIV service provider? <i>If your respondent is not involved in HIV service provision, ask if they can refer you to someone at the facility who provides these services.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
511. Does the HIV service provider offer them any other method of contraception besides condoms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p><b>Section 5 – Coronavirus (COVID-19)</b></p> <p><i>We know that many facilities experienced operational challenges during the Coronavirus (COVID-19) pandemic and many regular services were disrupted. We are interested in learning about the experiences at your facility. Please remember that your answers are confidential and that no one outside the study team will know the identity of the facilities we interview.</i></p>	
COV_1. Did this facility completely close when it otherwise would have been open at any time during the Coronavirus (COVID-19) restrictions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_2. For how long was the facility closed?	<input type="radio"/> Less than one week <input type="radio"/> 1-2 weeks <input type="radio"/> 3-4 weeks <input type="radio"/> One month or longer <input type="radio"/> No response
COV_3. During the time of Coronavirus (COVID-19) restrictions, did this facility reduce hours or days of operation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_4. During the time of Coronavirus (COVID-19) restrictions, were personnel reassigned from family planning services to COVID-19 related duties?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_5. During the time of the Coronavirus (COVID-19) restrictions, were family planning services suspended?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_6. For how long were family planning services suspended?	<input type="radio"/> Less than one week <input type="radio"/> 1-2 weeks <input type="radio"/> 3-4 weeks <input type="radio"/> One month or longer <input type="radio"/> No response
COV_7. During the time of Coronavirus (COVID-19) restrictions, did this facility experience increased absenteeism of personnel?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

COV_8. During the time of Coronavirus (COVID-19) restrictions, was support to the CHW services disrupted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_9. For how long were CHW support services disrupted?	<input type="radio"/> Less than one week <input type="radio"/> 1-2 weeks <input type="radio"/> 3-4 weeks <input type="radio"/> One month or longer <input type="radio"/> No response
COV_10. During the time of Coronavirus (COVID-19) restrictions, were you able to keep the records of family planning clients up to date?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_11. During the time of Coronavirus (COVID-19) restrictions, was there a period of time when provider administered methods were not offered due to the restrictions? <i>PROBE: Provider administered methods include sterilization, IUD, implant, and injectables.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_12. For how long were provider administered methods not offered?	<input type="radio"/> Less than one week <input type="radio"/> 1-2 weeks <input type="radio"/> 3-4 weeks <input type="radio"/> One month or longer <input type="radio"/> No response
COV_13. How regular was the supply of family planning methods to this facility during the time of Coronavirus (COVID-19) restrictions?	<input type="radio"/> No change/regular <input type="radio"/> More irregular <input type="radio"/> Stopped completely <input type="radio"/> Do not know <input type="radio"/> No response
COV_14. During the time of Coronavirus (COVID-19) restrictions, did your facility experience any reduction in the number of family planning clients (or purchase of contraceptive products) compared to your usual client numbers?	<input type="radio"/> No reduction <input type="radio"/> Small reduction <input type="radio"/> Moderate reduction <input type="radio"/> Large reduction <input type="radio"/> No response
094. Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo?	<input type="radio"/> Yes <input type="radio"/> No
Thank the respondent for his / her time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i>	
<b>Location and Questionnaire result</b>	
SDP is not selected for client exit interviews	
SDP is selected for client exit interviews. Interview as many women as possible in two days.	
095. Ensure that no people are in the photo.	
096. Take a GPS point outside near the entrance to the facility.	

<i>Record location when the accuracy is smaller than 6m.</i>	
097. How many times have you visited this service delivery point for this interview?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Abbey <input type="radio"/> Abron <input type="radio"/> Adjoukrou <input type="radio"/> Agni <input type="radio"/> Arabic <input type="radio"/> Attie <input type="radio"/> Avikam <input type="radio"/> Bakoué <input type="radio"/> Baoule <input type="radio"/> Bete <input type="radio"/> Dida <input type="radio"/> Dioula <input type="radio"/> Djimini <input type="radio"/> Ebrié <input type="radio"/> Eholié <input type="radio"/> Elomoin <input type="radio"/> Fantin <input type="radio"/> Gnaboua <input type="radio"/> Godié <input type="radio"/> Gouro <input type="radio"/> Guere <input type="radio"/> Koulango <input type="radio"/> Kouzié <input type="radio"/> Kôyaka <input type="radio"/> Kroumen <input type="radio"/> Lobi <input type="radio"/> Mahou <input type="radio"/> Moré <input type="radio"/> N'zima <input type="radio"/> Senoufo <input type="radio"/> Suamlin <input type="radio"/> Wobe <input type="radio"/> Yacouba <input type="radio"/> Other
099. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other