Côte D'Ivoire Round 2 – SDP Questionnaire

001a. Your ID: [NAME] Is this your ID?	Always ◯ Yes ◯ No
001b. Enter your ID below. *Please record your ID*	001a = 0
002b. Record the correct date and time.	002a = 0 Day: Month: Year:
003a. Region	◯ AGNEBY-TIASSA ◯ AUTONOME D'ABIDJAN ◯ BAGOUE ◯ BERE ◯ CAVALLY ◯ GBEKE ◯ GBÔKLE ◯ GÔH ◯ GONTOUGO ◯ GRANDS-PONTS ◯ GUEMON ◯ HAMBOL ◯ HAUT-SASSANDRA ◯ IFFOU ◯ INDENIE-DJUABLIN ◯ LA ME ◯ LÔH-DJIBOUA ◯ MARAHOUE ◯ MORONOU ◯ NAWA ◯ N'ZI ◯ PORO ◯ SAN-PEDRO ◯ SUD-COMOE ◯ TCHOLOGO ◯ TONKPI ◯ YAMOUSSOUKRO
003b. Department	
003c. Sub-prefecture	
004. Enumeration Area	Always ['A list of EAs.']
005. Facility number	Always

Please record the number of the facility from the listing form.	
006. Type of facility *Please select the type of facility.*	Always ◯ Specializing institute ◯ Teaching hospital (university) ◯ Regional Hospital Center ◯ General hospital ◯ Urban health formation ◯ Urban health center ◯ Rural health center ◯ Rural dispensary ◯ Rural maternity clinic ◯ Polyclinic ◯ Clinic / medical center ◯ Private infirmary ◯ Private maternity clinic ◯ Medical-social center ◯ Religious center ◯ Pharmacy ◯ Pharmaceutical shop ◯ Other
007. Managing authority *Please select the managing authority for the facility.*	Always ◯ Government ◯ NGO ◯ Faith-based organization ◯ Private ◯ Other
008. Is a competent respondent present and available to be interviewed today?	Always ◯ Yes ◯ No
INFORMED CONSENT *Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the greeting on the next screen:*	
Bonjour. Je m'appelle _____. Je suis ici en représentation de l'Institut National de la Statistique (INS) en collaboration avec le Ministère de la Santé pour aider le gouvernement et les communautés à mieux connaître les services de santé du pays. Je vais vous lire une déclaration qui explique de quoi traite cette enquête. Votre structure de santé a été sélectionnée au hasard pour cette étude. Nous souhaitons vous poser des questions sur le planning familial et d'autres services de santé reproductive, puis nous vous demanderons l'accès aux registres des patients. Aucun nom de patient figurant dans les registres ne sera contrôlé, enregistré ou partagé. L'information sur votre structure de santé pourra être utilisée par des organisations de santé dans le but d'améliorer la planification des services ou pour de futures études sur les services de santé. Les données collectées dans votre structure de santé seront également analysées par des chercheurs. Cependant, le nom de	

votre structure de santé ne sera pas rendu public, et tout rapport publié par des chercheurs ayant utilisé les données de votre structure de santé ne présentera les résultats que sous forme agrégée afin que votre structure de santé ne soit pas identifiée. Nous vous demandons de bien vouloir nous aider à nous assurer que l'information que nous collecterons est correcte. S'il y a des questions auxquelles une autre personne de la structure de santé est plus à même de répondre, n'hésitez pas à me mettre en contact avec elle. Vous pouvez refuser de répondre à une ou plusieurs questions, et vous pouvez interrompre l'entretien à tout moment. Avez-vous des questions concernant cette enquête ?

009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	008 = 1 ○ Yes ○ No
009b. Respondent's signature *Please ask the respondent to sign or check the box in agreement of their participation.*	009a = 1
010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "[NAME]"	009a = 1
011. Name of the facility *Please select the name of the facility.*	
011. Name of the facility *Please record the name of the facility.*	
012. What is your position in this facility? *Select the highest managerial qualification of the respondent.*	009a = 1 ○ Owner ○ In-charge / manager ○ Staff ○ No response
013. When did you begin working at this facility? *Select "2020" to indicate "Do not know" or "No Response."*	009a = 1 Year:
014. Have you previously participated in the PMA2020 service delivery point survey at this facility?	009a = 1 ○ Yes ○ No ○ Do not know ○ No response

Section 1 – Information About Services
Now I would like to ask about the services provided at this facility.

101. What year did this facility first begin offering health services / products? *Select "2020" to indicate "Do not know" or "No Response."*	009a = 1 Year:
102. How many days each week is the facility routinely open? *Enter a number between 0 and 7. Enter 0 for less than 1 day per week.*	009a = 1

Enter -88 for do not know, -99 for no response.	
103. Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?	○ Yes, 24-hr staff ○ No, no 24-hr staff ○ No response
104. 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. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.	009a = 1
Total number: general doctors *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: gynecologists *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: pediatrician *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: surgeons *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: midwife *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: nurse *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: medical technician *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: auxiliary nurse / caregiver *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: pharmacist *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: pharmacy clerk *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
Total number: other medical staff *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
105a. Do you have an estimate of the size of the current catchment population that this facility serves, that is, the target or total population living in the area served by this facility?	006 ≠ 5 ○ No catchment area ○ Yes, knows size of catchment area ○ Doesn't know size of catchment area ○ No response
105b. What is the size of the catchment population? *Record the number of people living in the area served by this facility.*	105a = 2
106. How many beds does the facility have? *0 is a possible answer. Enter -88 for do not know, -99 for no response.*	006 ≠ 5
107. When was the last time an owner / supervisor from outside	009a = 1

this facility came here to visit?	○ Never external supervision ○ Within the past 6 months ○ More than 6 months ago ○ Don't know ○ No response
108a. Does this facility have electricity at this time? *Select for running electricity only.*	009a = 1 ○ Yes ○ No ○ No response
108b. At any point today, has the electricity been out for two or more hours?	009a = 1 ○ Yes ○ No ○ Do not know ○ No response
109a. Does this facility have running water at this time? *Select for running water only.*	009a = 1 ○ Yes ○ No ○ No response
109b. At any point today, has running water been unavailable for two or more hours?	009a = 1 ○ Yes ○ No ○ Do not know ○ No response
PNSME_101. How many consultation rooms are available in the facility? *Enter -88 for do not know, -99 for no response.*	
110. How many handwashing facilities are available on site for staff to use? *Enter -88 for do not know, -99 for no response.*	006 ≠ 5
111. May I see a nearby handwashing facility that is used by staff? *Handwashing facility must be accessible to most health workers in the facility.* *At the handwashing facility, OBSERVE:* *(select all that apply)*	110 > 0 ☐ Soap is present ☐ Stored water is present ☐ Running water is present ☐ Handwashing area is near a sanitation facility ☐ None of the above ☐ Did not see the facility.

Section 2 – Family Planning Services

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.

201. Do you usually offer family planning services / products?	009a = 1

	○ Yes ○ No ○ No response
202. When did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [yyyy-mm]. *Select "2020" to indicate "Do not know" or "No Response."*	201 = 1 Year:
203. How many days in a week are family planning services / products offered / sold here? *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.* *Number of days the facility is open: ${days_open}*	201 = 1
205. Does this facility provide family planning supervision, support, or supplies to community health volunteers?	006 ≠ 5 ○ Yes ○ No ○ No response
206. How many community health volunteers are supported by this facility to provide family planning services? *Record only CHVs who receive supervision, support, or supplies for family planning.* *If CHVs were recorded as employees in 104, please do not include them here as well.* *Enter -88 for do not know, -99 for no response.*	205 = 1
207. Do the community health volunteers provide any of the following contraceptives:	205 = 1 ☐ Condoms ☐ Pills ☐ Injectables ☐ None of the above ☐ No response
208. How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	201 =1 AND 006 ≠ 5
209. Which of the following family planning services do you offer to unmarried adolescents? *Read all options and select all that apply.*	201 = 1 ☐ Counsel for contraceptive methods ☐ Provide contraceptive methods ☐ Prescribe / refer for contraceptive methods ☐ None of the above ☐ No response

Section 4: Provision of Family Planning Methods

401a. For which of the following methods do providers at this facility counsel women about the characteristics of the method, its benefits, and its side effects? *Read all options out loud.*	201 = 1 ☐ Female sterilization ☐ Male sterilization

	☐ Implant ☐ IUD ☐ Injectables - Depo Provera ☐ Injectables - Sayana Press ☐ Pill ☐ Emergency contraception ☐ Male condom ☐ Female condom ☐ Diaphragm ☐ Foam / jelly ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ None of the above ☐ No response
401b. Which of the following methods are provided to clients at this facility? *Read all options out loud.*	201 = 1 ☐ Female sterilization ☐ Male sterilization ☐ Implant ☐ IUD ☐ Injectables - Depo Provera ☐ Injectables - Sayana Press ☐ Pill ☐ Emergency contraception ☐ Male condom ☐ Female condom ☐ Diaphragm ☐ Foam / jelly ☐ None of the above ☐ No response

401c. Are clients charged for obtaining any of the following methods at this facility? *Read all options out loud.*		201 = 1
	Yes	**No**
Female sterilization	○	○
Male sterilization	○	○
Implant	○	○
IUD	○	○
Injectables - Depo Provera	○	○
Injectables - Sayana Press	○	○
Pill	○	○

Emergency contraception	○	○
Male condom	○	○
Female condom	○	○
Diaphragm	○	○
Foam / jelly	○	○

402. How much do you charge for one unit of each method that you provide? *Enter all prices in FCFA.* *Enter -88 for do not know, -99 for no response.*	201 = 1
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	

403. 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. *This does not include method-specific charges for obtaining a method of family planning.*	201 = 1 ○ Yes ○ No ○ No response
405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?	401b: implant = 1 ○ Yes ○ No ○ No response
406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?	401b: implant = 1 ○ Yes ○ No ○ No response
407. On days when you offer family planning services, does this	401b: IUD = 1

facility have trained personnel able to insert IUDs?	○ Yes ○ No ○ No response
408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	401b: IUD = 1 ○ Yes ○ No ○ No response
409. Does this facility have the following supplies needed to insert and/or remove implants: *Read out all supplies and select all that apply. Supplies do not need to be observed.* *Supplies must be available on the day of the interview*	401b: Implant = 1 ☐ Clean Gloves ☐ Antiseptic ☐ Sterile Gauze Pad or Cotton Wool ☐ Local Anesthetic ☐ Sealed Implant Pack ☐ Surgical Blade ☐ None of the above ☐ No response
410. Does this facility have the following supplies needed to insert and/or remove IUDs: *Read out all supplies and select all that apply. Supplies do not need to be observed.* *Supplies must be available on the day of the interview*	401b: IUD = 1 ☐ Sponge-holding forceps ☐ Speculums (large and medium) ☐ Tenaculum ☐ Uterine Sound ☐ None of the above ☐ No response
411a. May I see your family planning register from the last completed month? From family planning register, record: *(1) the total number of family planning visits (new and continuing) in the last completed month, for each method.* *(2) the number of new clients who received family planning services in the last completed month, for each method.*	006 ≠ 5 ○ Yes ○ No ○ No response

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Female Sterilization	006 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Male Sterilization	006 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.

411a. Total number of visits: Implants	0 0 6 ≠ 5
411a. Number of new clients: Implants	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: IUD	0 0 6 ≠ 5
411a. Number of new clients: IUD	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - Depo Provera	0 0 6 ≠ 5
411a. Number of new clients: Injectables - Depo Provera	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - Sayana Press	0 0 6 ≠ 5
411a. Number of new clients: Injectables - Sayana Press	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Pill	0 0 6 ≠ 5
411a. Number of new clients: Pill	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Emergency contraception	0 0 6 ≠ 5
411a. Number of new clients: Emergency contraception	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Male condom	0 0 6 ≠ 5
411a. Number of new clients: Male condom	0 0 6 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no

	response.
411a. Total number of visits: Female condom	006 ≠ 5
411a. Number of new clients: Female condom	006 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Diaphragm	006 ≠ 5
411a. Number of new clients: Diaphragm	006 ≠ 5

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Foam / jelly	006 ≠ 5
411a. Number of new clients: Foam / jelly	006 ≠ 5

411b. May I see your family planning record book from the last completed month? *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.*	006 = 5
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	

412. In the past 6 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	201 = 1 ○ Yes ○ No ○ No response
413. May I see any wall charts, graphs, written reports, minutes or other written materials produced with service data from the past 6 months? *Select all relevant types of documentation observed. Posters or other information, education and communication (IEC) materials that do not*	☐ Observed wall chart / graph ☐ Observed written report / minutes ☐ Observed other means of reviewing service data

contain service data should not be counted.	☐ Other ☐ Nothing observed
414a. May I see the room where examinations for family planning are conducted?	201 = 1 AND 006 ≠ 5 ○ Yes ○ No ○ No response

414b. For each of the following items, check to see whether item is either in room where examinations are conducted or in an adjacent room. O: Observed; RU: Reported, Unseen; NA: Not Available		414a = 1	
	O	RU	NA
Running water (piped)	○	○	○
Other running water (bucket with tap or pour pitcher)	○	○	○
Water in bucket or basin (water reused)	○	○	○
Hand-washing soap	○	○	○
Single-use hand drying towels	○	○	○
Waste receptacle with lid and plastic liner	○	○	○
Sharps container	○	○	○
Disposable latex gloves	○	○	○
Disinfectant	○	○	○
Disposable needles and syringes	○	○	○
Auditory privacy	○	○	○
Visual privacy	○	○	○
Examination table	○	○	○
Client educational materials on FP	○	○	○

NOTE: Questions 416a-c will repeat for each of the methods provided at this SDP. Methods selected in 401b: [METHODS SELECTED]	
416a. You mentioned that you typically provide Implants at this facility, can you show them to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Implants been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3

416c. Have Implants been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide IUDs at this facility, can you show them to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have IUDs been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have IUDs been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Injectables Sayana Press at this facility, can you show them to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Injectables Sayana Press been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have Injectables Sayana Press been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Injectables Depo Provera at this facility, can you show them to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Injectables Depo Provera been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3

416c. Have Injectables Depo Provera been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Pills at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Pills been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have Pills been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days has Emergency Contraception been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Has Emergency Contraception been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Male condoms at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Male condoms been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have Male condoms been out of stock at any time in the	416a = 1 or 2

last 3 months?	○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Female condoms at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Female condoms been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have Female condoms been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Diaphragms at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days have Diaphragms been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Have Diaphragms been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No ○ Do not know ○ No response
416a. You mentioned that you typically provide Foam/Jelly at this facility, can you show it to me?	201 = 1 ○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
416b. How many days has Foam/Jelly been out of stock? *Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.*	416a = 3
416c. Has Foam/Jelly been out of stock at any time in the last 3 months?	416a = 1 or 2 ○ Yes ○ No

	○ Do not know ○ No response
417a. May I see the room where contraceptive supplies are stored? *If you are already in the room, select "yes."*	201 = 1 ○ Yes ○ No ○ No response

417b. Observe the place where contraceptive supplies are stored and report on the following condition.		417a = 1	
		Yes	No
Are all the methods off the floor?		○	○
Are all the methods protected from water?		○	○
Are all the methods protected from the sun?		○	○
Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?		○	○

Section 5: Family Planning Service Integration

501. Which of the following services are provided at this facility? *Read all options and select all that apply.*	009a = 1 AND 006 ≠ 5 ☐ Antenatal ☐ Delivery ☐ Postnatal ☐ Post-abortion ☐ None of the above ☐ No response
502. Which of the following is discussed with the mother after delivery or during the first postnatal visit? *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.*	501: Delivery = 1 OR Postnatal = 1 ☐ Return to fertility ☐ Healthy timing and spacing of pregnancies ☐ Immediate and exclusive breastfeeding ☐ Family planning methods available to use while breastfeeding ☐ Lactational Amenorrhea Method and transition to other methods ☐ Long-acting method options ☐ None of the above ☐ No response
503. Is the woman offered a method of family planning during the postnatal visit?	501: Postnatal = 1 AND 201 = 1 ○ Yes ○ No

	○ No response
504. During post-abortion visits, which of the following is discussed with the client: *Read all options and select all that apply.*	501: Postabortion = 1 ☐ Post-abortion mental health ☐ Return to fertility ☐ Healthy timing and spacing of pregnancies ☐ Long-acting method options ☐ FP methods for birth spacing ☐ None of the above ☐ No response
505. Is the woman offered a method of family planning during the post-abortion visit?	501: Postabortion = 1 AND 201 = 1 ○ Yes ○ No ○ No response
PNSME_501. Are FP services available in the same unit where post-abortion care services are provided ?	○ Yes ○ No ○ No response
506. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	009a = 1 ○ Yes ○ No ○ No response
508a. When a client comes in for HIV services, are they offered condoms by the HIV service provider? *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.*	506 = 1 AND 006 ≠ 5 ○ Yes ○ No ○ Do not know ○ No response
508b. Does the HIV service provider offer them any other method of contraception besides condoms?	506 = 1 AND 006 ≠ 5 ○ Yes ○ No ○ Do not know ○ No response
508c. Are HIV clients given information on where they can obtain contraception elsewhere?	508b = 2 AND 006 ≠ 5 ○ Yes ○ No ○ Do not know ○ No response
508d. Are HIV clients referred for family planning services within the facility, outside the facility, or both?	508c = 1 AND 006 ≠ 5 ○ Within facility only ○ Outside facility only ○ Both ○ Don't know ○ No response

Section 6 – Abortion and Post-Abortion Services

This final section is on post-abortion care and abortion services. If someone else is the most appropriate person to provide this information, please introduce me to that person. *Press OK to continue.*	○ OK
For the next questions, we are referring to post-abortion care for spontaneous or induced abortions. *Press OK to continue.*	○ OK
601. Does this facility provide post-abortion care for pregnancies of 12 weeks or less?	○ Yes ○ No ○ Do not know ○ No response
602. Does this facility provide post-abortion care for pregnancies of more than 12 weeks?	○ Yes ○ No ○ Do not know ○ No response
603. How many people in this facility are formally trained to provide post-abortion care? Formal training includes both pre-service and in-service training. *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
You entered ${post_abt_trained} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
604. How many days in a week is a provider trained in post-abortion care present at the facility? *If respondent says available 7 days per week, probe to ask if available 24/7.*	○ 24/7 ○ 7 ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ Do not know ○ No response
605. When needed to save a woman's life, does this facility provide abortion for pregnancies of 12 weeks or less?	○ Yes ○ No ○ Do not know ○ No response
606. When needed to save a woman's life, does this facility provide abortion for pregnancies of more than 12 weeks?	○ Yes ○ No ○ Do not know ○ No response
607. How many people in this facility are formally trained to	

provide abortion to save a woman's life? Formal training includes both pre-service and in-service training. *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
You entered ${abt_trained} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
608. How many days in a week is a provider trained in abortion present at this facility? *If respondent says available 7 days per week, probe to ask if available 24/7.*	○ 24/7 ○ 7 ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ Do not know ○ No response
609. Which of the following methods are used in this facility for post-abortion care or abortion for pregnancies of 12 weeks or less? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other ☐ No response
609. Which of the following methods are used in this facility for abortion for pregnancies of 12 weeks or less? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other ☐ No response
609. Which of the following methods are used in this facility for post-abortion care for pregnancies of 12 weeks or less? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other

	☐ No response
610. Which of the following methods are used in this facility for post-abortion care or abortion for pregnancies of more than 12 weeks? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other ☐ No response
610. Which of the following methods are used in this facility for abortion for pregnancies of more than 12 weeks? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other ☐ No response
610. Which of the following methods are used in this facility for post-abortion care for pregnancies of more than 12 weeks? *Read response options aloud. Select all that apply.*	☐ Misoprostol alone ☐ Manual vacuum aspiration (MVA) ☐ Electric vacuum aspiration (EVA) ☐ Dilation and evacuation (D&E) ☐ Dilation and curettage (D&C) ☐ Digital curettage ☐ Laparotomy (hysterectomy or hysterotomy) ☐ Other ☐ No response
611a_v1. Can you show the misoprostol to me?	○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
611a_v2. Does this facility currently have misoprostol in stock? Can you show it to me?	○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not stock ○ Do not know ○ No response
612. Can you show me the manual vacuum aspirator (MVA) equipment?	○ Functional and observed

	○ Functional and not observed ○ Not functional and observed ○ Not functional and not observed ○ Do not know ○ No response
613. In this facility, are post-abortion care patients treated as outpatients only, inpatients only, or both? By outpatient I mean not admitted into the facility and by inpatient I mean admitted.	○ Inpatient only ○ Outpatient only ○ Both ○ Do not know ○ No response
For the next questions, please provide your responses from memory without referring to log books.	
614. In an AVERAGE month, how many post-abortion care patients would you estimate are treated as OUTPATIENTS in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced. *Ensure provider responds from memory and does NOT reference the log book unless absolutely necessary.* *Enter -88 for do not know, -99 for no response.*	
You entered ${outpatient_avg} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
615. In the LAST COMPLETED month, how many post-abortion care patients were treated as OUTPATIENTS in this facility as a whole? *Ensure provider responds from memory and does NOT reference the log book.* *Enter -88 for do not know, -99 for no response.*	
You entered ${outpatient_last_month} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
616. In an AVERAGE month, how many post-abortion care patients would you estimate are treated as INPATIENTS in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced. *Ensure provider responds from memory and does NOT reference the log book.* *Enter -88 for do not know, -99 for no response.*	
You entered ${inpatient_avg} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
617. In the LAST COMPLETED month, how many post-abortion care patients were treated as INPATIENTS in this facility as a whole? *Ensure provider responds from memory and does NOT reference the log book.* *Enter -88 for do not know, -99 for no response.*	

You entered ${inpatient_last_month} for the previous question and not -88 or -99. Is that what you meant?	◯ Yes ◯ No
Just to confirm what you have told me, in an AVERAGE month, your facility treats ${patient_avg_tot} patients for post-abortion care—that is, ${outpatient_avg_tot} outpatients and ${inpatient_avg_tot} inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
Just to confirm what you have told me, in an AVERAGE month, your facility treats ${patient_avg_tot} or more patients for post-abortion care—that is, ${outpatient_avg_tot} outpatients and an unknown number of inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
Just to confirm what you have told me, in an AVERAGE month, your facility treats ${patient_avg_tot} or more patients for post-abortion care—that is, an unknown number of outpatients and ${inpatient_avg_tot} inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
In the LAST COMPLETED month, your facility treated ${patient_last_tot} patients for post-abortion care—that is, ${outpatient_last_tot} outpatients and ${inpatient_last_tot} inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
In the LAST COMPLETED month, your facility treated ${patient_last_tot} or more patients for post-abortion care—that is, ${outpatient_last_tot} outpatients and an unknown number of inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
In the LAST COMPLETED month, your facility treated ${patient_last_tot} or more patients for post-abortion care—that is, an unknown number of outpatients and ${inpatient_last_tot} inpatients. Is this correct? *If not correct, then go back and correct responses.*	◯ Yes ◯ No ◯ Do not know ◯ No response
618. How many of these ${patient_last_tot} post-abortion care patients were referred to your facility after having been treated at another facility? *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
You entered ${post_abt_ref_before} for the previous question and not -88 or -99. Is that what you meant?	◯ Yes ◯ No
619. How many of these ${patient_last_tot} post-abortion care patients did your facility refer to another facility to complete treatment after having treated them, either as inpatients or outpatients? *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
You entered ${post_abt_ref_after} for the previous question and not -88 or -99. Is that what you meant?	◯ Yes ◯ No
620. How many of these ${patient_last_tot} post-abortion care patients had complications that included a perforated uterus or gut	

requiring laparotomy, intensive care unit admission, or organ failure? *Enter -88 for do not know, -99 for no response. 0 is a possible answer.*	
You entered ${post_abt_prob} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No

621. For a typical 10 post-abortion care patients seen in this facility, how many are treated using the following methods: *Enter -88 for do not know, enter -99 for no response. 0 is a possible answer.* *f the respondent is unsure of the number of patients for a certain method, enter -88 for the given method. Include any remaining patients in the "Do not know" category, such that the total for all fields still equals 10.* *The sum of all fields not set to -88 or -99 must add up to total: 10*	
Misoprostol only	
Manual vacuum aspiration (MVA)	
Electric vacuum aspiration (EVA)	
Dilation and evacuation (D&E)	
Dilation and curettage (D&C)	
Laparotomy	
Do not know	

The sum of all fields not set to -88 or -99 did not equal 10. Sum: ${trt_tot} Difference: ${trt_offset} *Please go back and correct.*	
You entered either 88 or 89 on the previous screen and not -88 or -99. Is that what you meant?	○ Yes ○ No
622. In an AVERAGE month, how many abortions are provided to save a woman's life? *Enter -88 for do not know, -99 for no response*	
You entered ${abt_avg_month} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
623. In the LAST COMPLETED month, how many abortions were provided to save a woman's life? *Enter -88 for do not know, -99 for no response*	
You entered ${abt_last_month} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No
624. How many of these ${abt_last_month} abortions were to pregnancies more than 12 weeks? *Enter -88 for do not know, -99 for no response*	
You entered ${abt_last_month_12w} for the previous question and not -88 or -99. Is that what you meant?	○ Yes ○ No

625. For a typical 10 abortions provided seen in this facility, how many are induced using the following methods: *Enter -88 for do not know, enter -99 for no response. 0 is a possible answer.* *f the respondent is unsure of the number of patients for a certain method, enter -88 for the given method. Include any remaining patients in the "Do not know" category, such that the total for all fields still equals 10.* *The sum of all fields not set to -88 or -99 must add up to total: 10*	
Misoprostol only	
Manual vacuum aspiration (MVA)	
Electric vacuum aspiration (EVA)	
Dilation and evacuation (D&E)	
Dilation and curettage (D&C)	
Laparotomy	
Do not know	

The sum of all fields not set to -88 or -99 did not equal 10. Sum: ${ind_tot} Difference: ${ind_offset} *Please go back and correct.*	
626. Which of the following services and drugs does this facility provide? *Read all options aloud. Select all that apply.*	☐ Antibiotics ☐ Analgesics ☐ Local anesthesia ☐ Intravenous replacement fluids ☐ Oxytocics ☐ Blood transfusion ☐ Laparotomy ☐ No response
627a. Does this place sell misoprostol, for example Cytotec?	○ Yes ○ No ○ Do not know ○ No response
627b. Can you show it to me?	○ In-stock and observed ○ In-stock but not observed ○ Out of stock ○ Do not know ○ No response
628a. Does this place sell mifepristone?	○ Yes ○ No ○ Do not know ○ No response
628b. Can you show it to me?	○ In-stock and observed

	○ In-stock but not observed
	○ Out of stock
	○ Do not know
	○ No response

629. In an AVERAGE month, to how many people do you sell the following medicines? *Make sure respondent provides number of sales to end users, NOT resellers.* *Enter -88 for do not know, enter -99 for no response. 0 is a possible answer.*	
Misoprostol alone	
Mifepristone alone	
Misoprostol and Mifepristone	

You entered either 88 or 89 on the previous screen and not -88 or -99. Is that what you meant?	○ Yes ○ No

630. In the LAST COMPLETED month, to how many people did you sell these medicines? *Make sure respondent provides number of sales to end users, NOT resellers.* *Enter -88 for do not know, enter -99 for no response. 0 is a possible answer.*	
Misoprostol alone	
Mifepristone alone	
Misoprostol and Mifepristone	

You entered either 88 or 89 on the previous screen and not -88 or -99. Is that what you meant?	○ Yes ○ No

094. Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo?	009a = 1 ○ Yes ○ No

Thank the respondent for his / her time. *The respondent is finished, but there are still more questions for you to complete outside the facility.*	

Location and Questionnaire result

095. Take a GPS point outside near the entrance to the facility. *Record location when the accuracy is smaller than 6m.*	094 = 1
096. Ensure that no people are in the photo.	Always
097. How many times have you visited this service delivery point for this interview?	Always ○ 1st time

	○ 2nd time ○ 3rd time
098. In what language was this interview conducted?	009a = 1 ○ English ○ French ○ Arabic ○ Baoule ○ Senoufo ○ Yacouba ○ Agni ○ Attie ○ Guere ○ Bete ○ Dioula ○ Abbey ○ Mahou ○ Wobe ○ Lobi ○ Other
099. Questionnaire Result *Record the result of the questionnaire.*	Always ○ Completed ○ Not at facility ○ Postponed ○ Refused ○ Partly completed ○ Other