

PMA India (Rajasthan) Phase 2 Survey Service Delivery Point Follow-up Questionnaire

001a. Your ID:	
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Is this date and time correct? \${today_formatted}	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. District	<input type="radio"/> Ajmer <input type="radio"/> Alwar <input type="radio"/> Banswara <input type="radio"/> Baran <input type="radio"/> Barmer <input type="radio"/> Bharatpur <input type="radio"/> Bhilwara <input type="radio"/> Bikaner <input type="radio"/> Bundi <input type="radio"/> Chittaurgarh <input type="radio"/> Churu <input type="radio"/> Dausa <input type="radio"/> Dhaulpur <input type="radio"/> Dungarpur <input type="radio"/> Ganganagar <input type="radio"/> Hanumangarh <input type="radio"/> Jaipur <input type="radio"/> Jaisalmer <input type="radio"/> Jalore <input type="radio"/> Jhalawar <input type="radio"/> Jhunjhunu <input type="radio"/> Jodhpur <input type="radio"/> Karauli <input type="radio"/> Kota <input type="radio"/> Nagaur <input type="radio"/> Pali <input type="radio"/> Pratapgarh <input type="radio"/> Rajsamand <input type="radio"/> Sawai Madhopur

	<input type="radio"/> Sikar <input type="radio"/> Sirohi <input type="radio"/> Tonk <input type="radio"/> Udaipur						
003b. Tehsil / Taluk							
003c. City / Town / Village							
004. Enumeration Area <i>For existing facilities the EA-level is determined from the dataset at a previous phase as a facility may be serving more than one EA.</i>							
005. Are you following up with a facility from the previous phase or did you want to add a new facility?	<input type="radio"/> Follow up facility <input type="radio"/> New facility						
005a. Is this new facility in the same physical location as an old facility from a previous phase? <i>Select YES if this new facility is in the same premises as a facility from the previous phase. Select NO if this is a newly constructed facility that is now serving the EA.</i>	<input type="radio"/> Yes <input type="radio"/> No						
005b. Do you know the name of the old facility that was replaced by this new facility?	<input type="radio"/> Yes <input type="radio"/> No						
005c. Name of the old facility that was replaced <i>Please select the name of the facility from the previous phase.</i>							
005d. Name of the facility <i>Please select the name of the facility from the previous phase.</i>							
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Facility summary</td> </tr> <tr> <td>Facility name: \${facility_name_auto} Level 1: \${level1} Level 2: \${level2} Level 3: \${level3} EA name: \${EA} Type: \${facility_type_lab} Authority: \${managing_authority_lab}</td> <td></td> </tr> <tr> <td>005e. Is this the correct facility?</td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>			Facility summary	Facility name: \${facility_name_auto} Level 1: \${level1} Level 2: \${level2} Level 3: \${level3} EA name: \${EA} Type: \${facility_type_lab} Authority: \${managing_authority_lab}		005e. Is this the correct facility?	<input type="radio"/> Yes <input type="radio"/> No
	Facility summary						
Facility name: \${facility_name_auto} Level 1: \${level1} Level 2: \${level2} Level 3: \${level3} EA name: \${EA} Type: \${facility_type_lab} Authority: \${managing_authority_lab}							
005e. Is this the correct facility?	<input type="radio"/> Yes <input type="radio"/> No						
There is no information for this facility from the previous survey. You will be asked to fill in the name, type and authority next.							
005f. The facility name from the previous phase was \${facility_name_auto}. Do you need to update the name for the current phase?	<input type="radio"/> Yes <input type="radio"/> No						
005g. Name of the facility							
005h. The facility type from the previous phase was \${facility_type_lab}. Do you need to update this type for the current phase?	<input type="radio"/> Yes <input type="radio"/> No						
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Medical college / Hospital <input type="radio"/> Health clinic						

	<input type="radio"/> Community health center (CHC) <input type="radio"/> Primary health center <input type="radio"/> Dispensary <input type="radio"/> Sub-Centre <input type="radio"/> Pharmacy / Drugstore <input type="radio"/> Other
006b. The managing authority from the previous phase was \${managing_authority_lab}. Do you need to update the managing authority for the current phase?	<input type="radio"/> Yes <input type="radio"/> No
006c. 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
006d. Has the facility moved to a new physical location since the last phase?	<input type="radio"/> Yes <input type="radio"/> No
006e. Does this facility continue to serve the same EA? <i>If NO, do not interview clients at this facility for client exit interviews.</i>	<input type="radio"/> Yes <input type="radio"/> No
007. Facility number <i>Please record the number of the facility from the listing form.</i>	
008. Is a competent respondent present and available to be interviewed today?	<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>	
<p>Namaskar! My name is _____ and I am working for Indian Institute of Health Management and Research (IIHMR) to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey. Your facility is randomly selected to participate in this study along with many other health facilities in Rajasthan. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. Additionally, many facilities experienced operational challenges during the COVID-19 pandemic, and many regular services were disrupted. We are also interested in learning about the experiences at your facility. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analysis. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in compiled and aggregated form so that your facility cannot be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide</p>	

the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time and your refusal to participate will have no repercussions on you. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Anoop Khanna at IIMR University, in Jaipur, Rajasthan at +91-141-3924738.

009a. Provide a paper copy of the Consent Form to the respondent and read it.
Then, ask: May I begin the interview now?

- Yes
 No

009b. Respondent's signature
Please ask the respondent to sign or check the box in agreement of their participation.

Checkbox

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.
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.

010. Interviewer's ID: \${your_name}
Mark your ID as a witness to the consent process.

010. Interviewer's ID
Please record your ID as a witness to the consent process. You previously entered "\${your_name_text}."

011. What is your position in this facility?
Select the highest managerial qualification of the respondent.

- Owner
 In-charge / manager
 Staff
 No response

Section 1 – Information About Services

Now I would like to ask about the services provided at this facility.

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.
Enter -88 for do not know and -99 for no response. 0 is a possible answer.

	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: doctors / medical officers	
Present today FP: doctors / medical officers	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: staff nurses <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
Present today FP: staff nurses	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: auxiliary nurse midwives (ANM) <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
Present today FP: auxiliary nurse midwives (ANM)	
	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: paramedics	
Present today FP: paramedics	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: FP counselors	
Present today FP: FP counselors	
	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	
	101. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
Total number FP: ASHA	

Present today FP: ASHA	
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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.</i> <i>At the handwashing facility, OBSERVE:</i> <i>(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.

<p>Section 2 – Family Planning Services</p> <p>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.</p>
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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.</i> <i>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?
Record only who receive supervision, support, or supplies for family planning.
If were recorded as employees in 101, please do not include them here as well.
Enter -88 for do not know, -99 for no response.

205. Do the community health volunteers provide any of the following contraceptives:

- Condoms
- Pills
- Injectables
- None of the above
- 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?
Enter -88 for do not know, -99 for no response. 0 is a possible answer.

207. Which of the following family planning services do you offer to unmarried adolescents age 10-19?
Read all options and select all that apply.

- Counsel for contraceptive methods
- Provide contraceptive methods
- Prescribe / refer for contraceptive methods
- None of the above
- No response

Section 3: Provision of Family Planning Methods

401. Which of the following methods are provided to clients at this facility?
Read all options out loud.

- Female sterilization
- Male sterilization
- Implant
- IUD
- PPIUD
- PAIUD
- Injectables
- Pill
- Emergency contraception
- Male condom / nirodh
- Female condom
- Standard days / cycle beads
- None of the above
- No response

402. Are clients charged for obtaining any of the following methods at this facility?

Read all options out loud.

	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"/>
PPIUD	<input type="radio"/>	<input type="radio"/>
PAIUD	<input type="radio"/>	<input type="radio"/>
Injectables	<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"/>
Standard days / cycle beads	<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	

403. How much do you charge for one unit of each method that you provide? <i>Enter all prices in rupees.</i> Enter -88 for do not know, -99 for no response.	
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)	
PPIUD (full cost of the IUD and insertion)	
PAIUD (full cost of the IUD and insertion)	
One shot of 3-month injectable	
One month supply of pills	
A single dose of emergency contraception	
One male condom	
One female condom	
Standard days / cycle beads	

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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>407. On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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></p>	<p><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</p>
<p>410. If a woman came in today needing an implant inserted, could that service be provided to her today onsite?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>411. If a woman came today needing her implant removed, could that service be provided to her today onsite?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>413. Would someone at this facility know where to send her to have the implant removed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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></p>	<p><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</p>

	<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: PPIUD	
415a. Number of new clients: PPIUD	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
415a. Total number of visits: PAIUD	
415a. Number of new clients: PAIUD	

	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: 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: Standard days / cycle beads	
415a. Number of new clients: Standard days / cycle beads	
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 / PPIUD / PAIUD	
Number of units sold or provided: Injectables	
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: Standard days / cycle beads	

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?

- In-stock and observed
- In-stock but not observed
- Out of stock
- No response

417b. 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.

417c. Have Implants been out of stock at any time in the last 3 months?

- Yes
- No
- Do not know
- No response

417d. Why is this facility out of stock for Implants?

PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?

- Did not place order for shipment
- Ordered but did not receive shipment
- Did not order right quantities
- Ordered but did not receive right quantities
- Unexpected increase in consumption
- Stock-out due to COVID-19 disruption
- Other
- Don't know
- No response

417e. When do you expect to receive your next shipment of Implants?

- X weeks
- X months
- Do not know
- No response

417e. Enter a value for #{ship_implants_lab}:

<p>417a. You mentioned that you typically provide IUD / PPIUDs / PAIUDs at this facility, can you show them to me? If no, probe: Is the IUDs 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 IUDs 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 IUDs 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 IUD? 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 IUDs?</p>	<p><input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>417e. Enter a value for $\{ship_IUD_lab\}$:</p>	
<p>417a. You mentioned that you typically provide Injectables at this facility, can you show them to me? If no, probe: Is the Injectables 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 Injectables 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 Injectables 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 Injectables? 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</p>

	<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>417e. When do you expect to receive your next shipment of Injectables?</p>	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response
<p>417e. Enter a value for $\text{\\$}\{\text{ship_injectables_lab}\}$:</p>	
<p>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?</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>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></p>	
<p>417c. Have Pills been out of stock at any time in the last 3 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>417d. Why is this facility out of stock for Pills? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?</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>417e. When do you expect to receive your next shipment of Pills?</p>	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response

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?	<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 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?	<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 Emergency Contraception? 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 Emergency Contraception?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response
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?	<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 Male condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Male condoms 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

<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"/> Do not 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 <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>417e. When do you expect to receive your next shipment of Female condoms?</p>	<p><input type="radio"/> X weeks <input type="radio"/> X months</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
417e. Enter a value for $\${ship_female_condoms_lab}$:	
417a. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me? If no, probe: Is the Standard Days/Cycle Beads 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 Standard Days/Cycle Beads been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
417c. Have Standard Days/Cycle Beads 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 Standard Days/Cycle Beads ? 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 Standard Days/Cycle Beads?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response
417e. Enter a value for $\${ship_beads_lab}$:	
418. Is Misoprostol 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

<p>420. Is Combi-pack (misoprostol & mifepristone) available in the facility ?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>421. Can you show it to me? If no, probe: Is it 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>

Section 4: Family Planning Service Integration

<p>501. Which of the following services are provided at this facility? <i>Read all options and select all that apply.</i></p>	<p><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</p>
<p>502. Which of the following is discussed with the mother during an antenatal care visit? <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><input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Immediate and exclusive breastfeeding <input type="checkbox"/> Family planning methods available to use while breastfeeding <input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods <input type="checkbox"/> Long-acting method options <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<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>	<p><input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Immediate and exclusive breastfeeding <input type="checkbox"/> Family planning methods available to use while breastfeeding <input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods <input type="checkbox"/> Long-acting method options <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>

<p>504. Is the woman offered a method of family planning after delivery and before discharge from the facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<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>	<p><input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Immediate and exclusive breastfeeding <input type="checkbox"/> Family planning methods available to use while breastfeeding <input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods <input type="checkbox"/> Long-acting method options <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>506. Is the woman offered a method of family planning during a postnatal care visit?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<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>	<p><input type="checkbox"/> Post-abortion mental health <input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> Family planning methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>508. Is the woman offered a method of family planning during a post-abortion visit?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>509. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>511. Does the HIV service provider offer them any other method of contraception besides condoms?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

Section 5 – Coronavirus (COVID-19)

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.

<p>COV_1. Did this facility completely close when it otherwise would have been open at any time during the Coronavirus (COVID-19) restrictions?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>COV_2. For how long was the facility closed?</p>	<p> <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 </p>
<p>COV_3. During the time of Coronavirus (COVID-19) restrictions, did this facility reduce hours or days of operation?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>COV_4. Which of the following describes the facility's current operational schedule? <i>Read all options out loud.</i></p>	<p> <input type="radio"/> Not currently providing services <input type="radio"/> Open, but still at reduced number of hours compared to pre-COVID-19 restrictions <input type="radio"/> Returned to previous hours of service as prior to COVID-19 restrictions <input type="radio"/> Open more hours than prior to the COVID-19 restrictions <input type="radio"/> No response </p>
<p>COV_5. During the time of Coronavirus (COVID-19) restrictions, were personnel reassigned from family planning services to COVID-19 related duties?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>COV_6. During the time of the Coronavirus (COVID-19) restrictions, were family planning services suspended?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>COV_7. For how long were family planning services suspended?</p>	<p> <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 </p>
<p>COV_8. Which of the following describes the facility's current family planning services? <i>Read all options out loud.</i></p>	<p> <input type="radio"/> Not currently providing family planning services <input type="radio"/> Providing reduced family planning services compared to pre-COVID-19 </p>

	<p>restrictions</p> <p><input type="radio"/> Providing same family services as prior to COVID-19 restrictions</p> <p><input type="radio"/> Providing more family services than prior to the COVID-19 restrictions</p> <p><input type="radio"/> No response</p>
COV_9. During the time of Coronavirus (COVID-19) restrictions, did this facility experience increased absenteeism of personnel?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
COV_10. During the time of Coronavirus (COVID-19) restrictions, was support to the CHW services disrupted?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
COV_11. For how long were CHW support services disrupted?	<p><input type="radio"/> Less than one week</p> <p><input type="radio"/> 1-2 weeks</p> <p><input type="radio"/> 3-4 weeks</p> <p><input type="radio"/> One month or longer</p> <p><input type="radio"/> No response</p>
COV_12. Have CHW support services returned to the level they were at prior to COVID-19?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
COV_13. During the time of Coronavirus (COVID-19) restrictions, were you able to keep the records of family planning clients up to date?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
COV_14. 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>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
COV_15. For how long were provider administered methods not offered?	<p><input type="radio"/> Less than one week</p> <p><input type="radio"/> 1-2 weeks</p> <p><input type="radio"/> 3-4 weeks</p> <p><input type="radio"/> One month or longer</p> <p><input type="radio"/> No response</p>
COV_16. How regular was the supply of family planning methods to this facility during the time of Coronavirus (COVID-19) restrictions?	<p><input type="radio"/> No change/regular</p> <p><input type="radio"/> More irregular</p> <p><input type="radio"/> Stopped completely</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
COV_17. 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?	<p><input type="radio"/> No reduction</p> <p><input type="radio"/> Small reduction</p> <p><input type="radio"/> Moderate reduction</p>

	<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>	

Location and Questionnaire Result
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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"/> Hindi <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"/> Temporarily closed <input type="radio"/> Permanently closed / destroyed <input type="radio"/> No longer serves EA (lost to follow-up) <input type="radio"/> Other