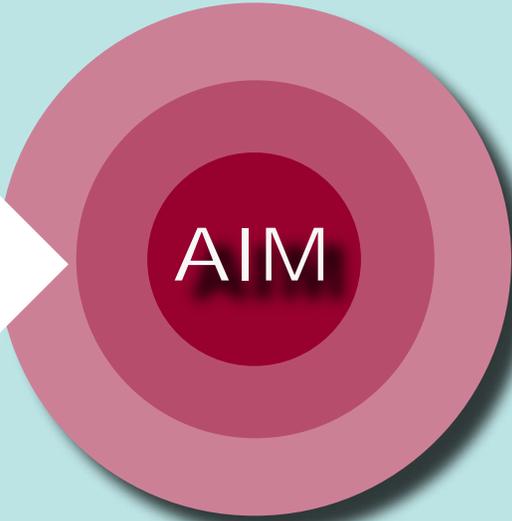


Assessing Integration Methodology

**A Handbook for Measuring and Assessing
the Integration of Family Planning and
Other Reproductive Health Services**



AIM

Assessing Integration Methodology (AIM)

A Handbook for Measuring and Assessing the Integration of Family Planning and Other Reproductive Health Services

Frontiers in Reproductive Health
Population Council

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Acronyms

AIM	Assessing Integration Methodology
ALVA	Consultoria y Asesoria
ANC	Antenatal Care
CDPHC	Center for Development in Primary Health Care
CERA	Centre d'Evaluation et de Recherche Appliquee
CIOMS	Council for International Organizations of Medical Sciences
C&T	Counseling and Testing
DHS	Demographic and Health Surveys
ERC	Ethical Review Committee
ESIC	Employees' State Insurance Corporation
FANC	Focused Antenatal Care
FASQ	Facility Audit of Service Quality
FP	Family Planning
FGD	Focus Group Decisions
FRONTIERS	Frontiers in Reproductive Health Program
HFC	Health Facility Census
HIV	Human Immunodeficiency Virus
ICU	Integral Care Units
IRB	Institutional Review Board
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEASURE	Monitoring and Evaluation to Assess and Use Results
MODE	Taylor Nelson Sofres Mode Pvt. Ltd.
MOH	Ministry of Health
MSH	Management Sciences for Health
PAC	Postabortion Care
PNC	Postnatal Care
PMTCT	Prevention of Mother to Child Transmission
PSAM	Prevention Service Availability Mapping
RA	Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages
SA	Situation Analysis
SPA	Service Provision Assessment
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SyS	Systematic Screening
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

The origins and purpose of this handbook

Several international statements over the past two decades have endorsed the integration of family planning (FP) services with other reproductive health services as a means of expanding availability and access for potential users. Initially, the focus was on integrating FP with maternal and child health (MCH) services; indeed, in virtually all African countries, FP services were initially introduced through integrating their provision into existing MCH service programs. Although FP services were introduced in Africa through organizing their provision within existing MCH programs, rather than creating separate programs as had largely been the case in Asia, they still tended to be provided separately from, rather than integrated with, the antenatal, delivery, postnatal, and child health services offered by these programs.

More recently, there has been tremendous interest in exploring ways of integrating the provision of FP information and services with other relevant services. For example, counseling during antenatal care (ANC) on the importance of using FP after delivery for spacing births and the subsequent provision of contraceptive methods in the postpartum period during postnatal and child health consultations are widely recommended as 'postpartum FP' services (Vernon 2008). Efforts to incorporate FP counseling as an integral component of focused antenatal care (FANC) (WHO 2002; Birungi et al. 2006; Birungi and Onyango-Ouma 2006) and to develop integrated postnatal-FP service packages during the series of consultations during the 12-month postpartum period, all demonstrate the increasing interest in integrating FP with MCH services (Mwangi, Koskei, and Blanchard 2008). For more than a decade, the value of offering FP services to women receiving postabortion services has been recognized and endorsed, with FP being seen as one of the

critical components of any postabortion care (PAC) service (Postabortion Care Consortium 2002). Since the advent of the AIDS pandemic, especially in Africa, considerable attention is being paid to both integrating FP information and services into services for the prevention, management, and treatment of HIV/AIDS and other sexually transmitted infections (STIs), as well as integrating these services with FP services (WHO, UNFPA, UNAIDS, and IPPF 2005).

The World Health Organization (WHO) defines integrated service delivery as:

"The management and delivery of health services so that clients receive a continuum of preventive and curative services according to their needs over time and across different levels of the health system." (WHO 2008)

Many rationales underlie the move toward integrating FP with other services. First among these is that combining the provision of one or more services provides a number of benefits to **both** the client and the program. Moreover, there is the expectation (although evidence is still scarce) that the costs to the health system of configuring two or more services to be provided either jointly at the same time and by the same provider or through referral will be less than providing these services independently (Das et al. 2007). These benefits include: (1) meeting multiple reproductive health needs of a client simultaneously, (2) reducing the stigma associated with providing a service independently, (3) combining several services needed for a multifaceted health condition, and (4) achieving cost efficiencies through sharing staff skills, infrastructure, and equipment. Experience indicates, however, that creating service configurations for integrated services is usually not straightforward; can place a strain on the underlying logistics, training, supervisory, and management systems, especially if the services are provided through different programs (as is the

case with sexual and reproductive health [SRH] and HIV/AIDS services); and may overstretch service providers with limited skills and support.

However, there is still remarkably little empirical evidence available about integration of services to guide policy makers, program managers, those providing technical assistance, and those responsible for financing health care. The following questions are critical, but the answers remain largely unknown, or are uncertain in a particular country or program context:

- Which service combinations are feasible?
- Which services are acceptable to clients and providers?
- Which services can effectively increase access to one or both services without compromising the quality or safety of their delivery?
- Does their joint provision lead to a synergistic impact on both the individual client's health status and that of the population served?

In part, this knowledge gap exists because there has been little attention paid to assessment methodologies to generate such information. Over time, a number of methodologies for undertaking what are known as health facility assessments (HFAs) of service delivery have been developed and field-tested (Measure/Evaluation 2006; International Health Facility Assessment Network 2008), but none of these focus specifically on measurement of the integration of services.

This handbook presents a methodology that seeks to address this gap. Termed the Assessing Integration Methodology, or AIM, it has been developed from experience gained by the Population Council in undertaking assessments of various combinations of integrated services in many developing countries, most of which was undertaken through the USAID-funded Frontiers in

Reproductive Health Program (FRONTIERS). This methodology derives from the Situation Analysis (SA), a methodology originally devised by the Population Council in the 1990s through its USAID-funded Africa OR/TA Project, to better understand the range of programmatic factors that influence the quality of care received by a client during facility-based FP services (Miller et al. 1997; Miller et al. 1998).

Since the SA methodology was first developed and used in Kenya in 1990, the means by which FP and other SRH services are delivered have increased and changed substantially, most notably through the integration of FP with other services. Offering services in a combined fashion requires appropriate methodologies for determining the feasibility of various combinations, assessing and monitoring the quality of service received, and evaluating their effect on utilization. Responding to this need, FRONTIERS has adapted and revised the SA methodology to create and use AIM to help health programs in many countries to address the questions concerning integration posed above.

Over the past decade, FRONTIERS has implemented more than 15 projects in a dozen countries that have assessed the feasibility, acceptability, and effectiveness of integrating FP services with maternal and child health, postabortion, and HIV/STI prevention. The purpose of this handbook is to serve as a reference for organizations and individuals that would benefit from methodological guidance when describing, measuring, or assessing

Map of FRONTIERS country projects using AIM



integrated services. The handbook (a) explains the basic principles of conducting studies using AIM, (b) provides tips for the data collection, and (c) makes available data collection instruments that have been validated in projects throughout the developing world. The map on the previous page highlights those countries in which FRONTIERS carried out projects utilizing the AIM strategy. Additionally, a detailed list of these projects can be found in Appendix 3.

How to use the materials in this handbook

The focus of this handbook is on the AIM and the instruments that can be used to collect data at health facilities offering, or considering offering, integrated services. Data analysis will depend on the specific objectives of each study and so will not be reviewed here; most HFAs such as AIM use primarily univariate or bivariate descriptive statistics, so advanced statistical skills are usually not required. Examples of the types of analyses that can be undertaken with AIM data can be found in the reports from the completed studies (all available on the Population Council's website). Once the context and objectives of the study have been specified, the data collection instruments provided here can be adapted and adjusted to ensure that they cover only the issues of interest so that unnecessary data are not collected.

The handbook is organized in five sections. The first section describes the overall methodology in terms of:

- Uses for AIM
- Components of an AIM study
- Data collection instruments
- Conducting an AIM study
- Limitations of AIM
- Comparison of AIM with other HFA methodologies

Sections 2 to 5 present generic data collection instruments for implementing AIM studies that address the integration of FP with four services: ANC, postnatal care (PNC), PAC, and STI/HIV services. Each section includes:

- A facility inventory of services, infrastructure, equipment, and supplies
- An observation guide for recording provider-client interactions
- A standardized questionnaire for exit interviews with clients
- A questionnaire for interviews with providers

The questions included here have been tested and validated in more than one setting. The instruments are intended to be comprehensive and therefore include some topics that will not be relevant for every context or study; to facilitate adaptation of the instruments, items that are fundamental for all AIM studies are distinguished from those that are specific for a particular combination of services.

Assessing Integration Methodology: Why, what, and how?

Using this handbook

The Assessing Integration Methodology (AIM) can be used to describe, measure, and assess many aspects of integrated services:

- Type of integration of services
- Readiness of health facilities and staff to provide integrated services to clients
- Number and type of services accepted by clients
- Quality of care received by clients for each individual service
- Costs to the program and service fees
- Acceptability of integrated services to providers and client satisfaction with integrated services

As an example, consider using AIM to help a sexual and reproductive health (SRH) program decide how to better integrate family planning (FP) into existing counseling and evacuation services to create a package of postabortion care (PAC). Using AIM, program managers could learn which FP services and which postabortion services are currently available at the health facilities of interest, whether there is any existing integration among the services, and which configurations could be considered to better enable a PAC client to receive all relevant services. For example, should FP services be provided in the same place and by the same staff that provide the evacuation counseling and service, or should they be provided through referral of clients to the unit in the facility that delivers FP services? What is the best timing during the visit to discuss and provide FP? AIM can provide valuable information on whether facilities have the necessary staff, infrastructure, equipment, supplies, and commodities and are organized appropriately for FP to be integrated with postabortion evacuation.

Having used AIM to design one or more service configurations, it could then be used again after introducing this configuration(s) on a pilot basis to assess the feasibility of each configuration, its acceptability to staff and clients, and whether the proportion of clients receiving and using FP services increased as a result of offering integrated services compared with when the services were not integrated. Once the final service configuration has been decided on and put into place, elements of AIM can be used to monitor integrated services. Appendix 1 shows examples of how AIM has been used to guide and evaluate the integration of FP with maternal and child health (MCH) and testing and treatment services for HIV and sexually transmitted diseases (STIs).

The findings from assessments using AIM most often inform decisions about the delivery of integrated services at the program and systems level, and can also guide the development of health sector policies. The data are collected, however, through visits to a sample or universe of health facilities, in order to understand what is happening and what is feasible at the point of contact with the client. Other methodologies do exist that collect information from program and policy levels in the health system¹ to better understand the systems, policy, and management implications of integrating services, and indeed some studies that use AIM also include data collection instruments to address such factors (e.g., the assessments of integrating FP into focused antenatal care (FANC) in Ghana [Birungi et al. 2006] and Kenya [Birungi and Onyango-Ouma 2006]).

¹ For example, the WHO/AFRO region and the United Nations Population Fund (UNFPA) are developing a rapid assessment tool for services integration that includes both a small sample of facilities and interviews with policymakers and program managers (WHO/AFRO and UNFPA Regional Committee 2008). UNFPA, IPPF, WHO, and UNAIDS are in the process of developing a generic tool for integrating SRH and HIV/AIDS.

AIM has been used to assess services in facilities at primary through tertiary levels and in different sectors (public, private, and non-governmental organizations [NGOs]). Studies using AIM can include all facilities in a district or region, or they can be used in a smaller sample of facilities representative of a particular administrative/geographic area or program. While the maximum number of facilities included in any study is usually determined by budgetary considerations, the minimum number and type of facilities included in a sample should be guided by the study's purpose.

When a program needs to **diagnose the feasibility** of being able to provide integrated services, the number of facilities to include will be determined by the types of facilities in which the integration of services is being considered. For example, if integration is being considered only at the primary level, then only primary-level clinics need to be included. If integration is being considered in both public sector and NGO programs, then facilities from both programs (and at all relevant levels) need to be included. Although a census of all facilities may be considered when the number of facilities of interest is small—for instance, when studying tertiary-level facilities or those in a small NGO—a representative sample of facilities is usually sufficient and is recommended in order to conserve resources and ensure a rapid diagnostic assessment.

For diagnostic purposes, the sample should represent the variability of facilities in terms of those factors that may affect the delivery and quality of service provision. Generally speaking, this means ensuring that the sample reflects the different types of facility that may offer the integrated services (e.g., general hospital, specialized hospital, health center, and dispensary), the administrative/geographic locations where they would be introduced (e.g., region, province, and urban/rural), and type of sector (e.g., public, private, and NGO). In addition, the number of facilities in each group should be sufficient to be representative of that group and to enable comparisons to be made. Simple random sampling, cluster random

sampling, or stratified random sampling also can be used when selecting the facilities to include.

When a program is seeking to **pilot-test the effectiveness** of one or more models for configuring services, it is preferable to use an experimental or quasi-experimental design (Fisher et al. 1998; Fisher and Foreit 2002). With such a design, one or more new configurations of services can be introduced into a small group of facilities (approximately six to eight) to form the experimental group. The nature and quality of services provided in these facilities can then be compared with provision of the same services in a group of facilities with similar characteristics that are delivering the services in the existing configuration. The experimental and comparison groups of facilities can be created by either:

- Selecting the experimental group first (either randomly or according to certain criteria, such as location, type, and program affiliation) and then selecting a group of equivalent facilities that have been “matched” for similar characteristics; or
- Randomly selecting 12 to 16 facilities and then randomly assigning 6 to 8 to the experimental group and 6 to 8 to the control group.

AIM can then be used at each facility to measure the key process and outcome variables, which can then be compared statistically to determine whether there are significant differences between offering the services individually or jointly.

The number of consultations that should be observed and the number of clients that should be interviewed can vary depending on the objectives of the study and the resources available. The number of observations and client exit interviews should be sufficient to generate information that is representative of the service(s) being assessed and may need to be determined based on the magnitude of change in specific outcome variables that needs to be detected.

In most AIM studies, the intention is to assess the services offered by a facility rather than by individual providers. The number of observations

and interviews, therefore, is usually determined for a facility, regardless of which provider is delivering the service, on the assumption that the AIM is being used to describe the services available and received by clients on the day of the research team's visit, which, having been randomly selected, is assumed to be representative of a typical day. In general, most AIM studies have sought to observe and interview at least five or six clients receiving a particular service. If there is interest in comparing the nature and quality of service provided to clients with different characteristics, then it will be necessary to observe and interview five to six clients with each characteristic, for example, new and revisiting FP clients or younger and older clients. This sample size is based on Lot Quality Assurance Sampling², a sampling method that enables performance to be assessed with small sample sizes.

Components of the assessment

The AIM collects data from facilities through a visit to the facility by a research team, usually comprising two persons. During their visit, the team stays in each facility for a minimum of one full day and conducts the following activities:

- Carries out an inventory of services, equipment, and supplies available
- Collects all service statistics available for the past 12 months
- Interviews service providers delivering the services of interest
- Observes the interaction between service providers and clients
- Interviews clients before they leave the facility

These five datasets, when used jointly, will provide the information needed to address the types of issues described above for which the AIM has been designed. Descriptions of the four instruments used to collect them (abstraction of service statistics is included in the facility inventory) are given below. Although one day

² For an overview, see <http://www.cpc.unc.edu/measure/publications/html/ms-00-08-tool09.html>.

is usually sufficient to complete the inventory and provider interviews, for studies in which large numbers of clients need to be observed and interviewed, and/or the facilities have low client loads, it may be necessary for some members of the team to stay for five or more days at each clinic.

Some studies using AIM have also incorporated other data collection methods such as: (1) **document reviews** to identify national policies and standards; (2) **interviews with key informants** not present at the facility, such as program managers and policymakers, staff in technical assistance, and donor agencies (Birungi et al. 2006); (3) **in-depth interviews** and **focus group discussions** (FGDs) with service users and nonusers (Rivero-Fuentes et al. 2008); (4) **ethnographic descriptions** of the context where services are provided (Quiterio et al. 2008); and (5) **client flow analyses** (Youssef et al. 2007). Including such methods can provide important additional insights into how services are perceived and delivered and how programs function; their use will, however, increase the resources and time needed for a study. Table 1, on the following page, lists some of the studies in which these optional data collection methods have been used.

Data collection instruments

AIM measures the availability of services and the readiness of facilities to offer them. It also describes the actual services that clients receive and measures their quality. Four data collection instruments are used to collect this information:

A) Inventory for facilities available and services provided at the facility. The main purpose of the inventory is to assess the readiness of a facility to provide services, both individually and together. The inventory instrument comprises items that describe:

- Availability of particular services
- Their organization within the facility
- Management, supervision, and record-keeping procedures followed

- Equipment, supplies, materials, and commodities available and in working order
- Service statistics for the preceding 12 months

The inventory is usually completed through two means: direct observation of the availability of equipment, supplies, and infrastructure and a semi-structured interview with the facility manager, or someone knowledgeable about its functioning and organization, to collect information on items such as facility-level procedures and staffing availability. One inventory is completed per facility.

B) Observation guide. This instrument allows a nonparticipant observer to record what happens during the consultation between the client and provider. After obtaining informed consent from both the provider and client, information is recorded on an itemized checklist by the observer, who sits silently in the area where the service(s) is being provided. Observers should have clinical training in service delivery, as well as be thoroughly trained in non-participant observation, so they can identify the procedures and examinations that occur during the consultation and the information exchanged between provider and client. The observation guide contains a listing of all of the key items that should be covered when counseling and providing a client with the service of interest, and the observer is expected to record (usually with a tick) when an item is covered. The observer needs to be very familiar with the structure of the observation guide because most client-provider interactions will not follow the same path. The observer should also be prepared to make notes in the margin for items covered in the consultation that are not included in the observation guide.

For some services, and especially services that are integrated, a client may be required to interact with more than one provider, or with the same provider at different places within the clinic. In these situations, two approaches have been used: (1) the observer accompanies the client as she progresses through the clinic (preferable, but feasible only in facilities or for services with low client loads or for which a small number

Table 1.
Examples of additional data collection methods used with AIM

Mechanism	Type of information collected	Example
Interviews with key informants	Perspectives of MOH directors and cooperation agencies on the functioning of programs	Nicaragua 2008, Integration of family planning and postpartum services
Focus group discussions with the community	Collective perceptions of a group of potential users about the accessibility and quality of services	Senegal 2007, Postabortion services
Focus group discussions with users	Commonalities in users experiences and needs	Nicaragua 2008, Integration of family planning and prevention of mother to child transmission of HIV
In-depth interviews with selected clients	In-depth understanding of clients experience and satisfaction with the services	Dominican Republic 2008, Integration of family planning and postpartum services
Ethnographic observation	Description of the environment where services are provided and of the way in which clients are treated	Dominican Republic 2008, Integration of family planning and postabortion care services
Client flow analysis	Measurement of the time clients spend in each station during their visit to the facility	Nairobi, Kenya 2001, Syphilis screening program in antenatal clinics

of clients are being observed); or (2) separate observers are stationed at each step of the service and observe and record that step for each client on their individual checklist (can be used when many clients are being observed and each step of the service is fairly well-defined).

The observation guide is primarily used to assess the quality of care provided during the consultation, in terms of whether the provider follows expected norms and procedures for delivering a service (i.e., provider compliance), the information exchanged and the decisions reached concerning the client's use (or nonuse) of the service, and any follow-up actions to be taken. Consequently, the items included are usually derived from national and international service delivery guidelines for each service being measured, and therefore construction of

this tool usually requires extensive consultation with relevant experts. This approach also allows quantitative summary scores to be calculated for each consultation by aggregating the number of items correctly covered when providing a service(s). These scores can then be aggregated to estimate a mean score for the provider or facility, and can be used to make comparisons with other providers/facilities and/or against some agreed-upon standard or norm. For examples, see the scoring systems developed for HIV counseling and testing (C&T) integrated with FP (Liambila et al. 2008) and for FP integrated with postnatal care (PNC) (Mwangi et al. 2008) in Kenya.

C) Questionnaire for clients' exit interviews.

After observing the client-provider interaction, clients are asked for their informed consent to have a short exit interview before they leave the facility. These interviews collect information about the clients' perceptions of the service(s) just received and gather some information about their personal desires, intentions, and attitudes concerning FP and other issues around reproductive health that are relevant to the services obtained. This information complements that gathered through observation on the quality of care received and can be used to contextualize how and why the client will use the service received.

At a minimum, an AIM study should interview all clients whose consultation has been observed. If resources permit, it may be possible to interview all clients receiving that service on the day(s) of the research team's visit, which would increase the validity of the findings. However, in cases where a large number of clients are receiving services, a subsample of the total will need to be drawn. For example, when researchers were conducting an AIM study on the integration of antenatal care (ANC) and FP in two of the National Maternities in the Dominican Republic, the team interviewed every fourth antenatal client (Quiterio et al. 2008) to generate a systematic random sample.

D) Questionnaire for providers' interviews.

These structured instruments are used to gather information on the training, knowledge, perceptions, and practices of providers. The

information from these interviews can be used to determine the levels of knowledge and attitudes of providers toward the services to be integrated and their experience in their provision. From diagnostic studies, training can be developed to build the capacity of staff to implement integrated services, and find out the acceptability of integrated services by providers, most of whom are probably more used to providing services individually. One interview guide is completed for all providers at a facility who provide the services of interest and are present on the day of the visit (for example, a study on the integration of FP and PAC should interview all providers delivering the evacuation services and those providing the FP services, if different persons).

Conducting an AIM study

The design and implementation of an AIM study can be thought of as a series of steps, as follows:

1. The decision to conduct a study and the definition of the objectives
2. The selection of the sample
3. The design of the data collection instruments
4. The data collection process
5. Data entry and cleaning
6. Data analysis and dissemination and utilization of the results

It is highly recommended that program managers and other stakeholders who will use the data are actively involved in as many of these steps as possible. At a minimum, they need to (a) participate in specification of the study objectives and selection of facilities to be included, (b) review and comment on the data collection instruments, (c) interpret the preliminary findings, and (d) develop plans and budgets for using the findings. Box 1 lists some of the key decisions that need to be made when designing a study.

Implementation of studies using AIM is exactly the same as that used for SA studies and other HFAs. Guidelines for implementing SA studies published by the Population Council (Miller et

al. 1997) give detailed descriptions of the key steps and activities that should be followed when conducting such a study; in brief, a typical AIM or HFA study will include the activities outlined in Appendix 2.

AIM collects information from human subjects, and so although the intention of carrying out the research is to benefit future service users, all interviews and observations have some potential risk for causing harm to the study participants. To minimize these risks, all studies should comply with local and international laws and regulations governing the review of research proposals.³ Depending on the context and funding mechanism, a study proposal will have to be submitted for review and approval by an Institutional Review Board (IRB) and/or an Ethical Review Committee (ERC), each of which may have its own guidelines and requirements. To meet these requirements, all health facility assessments (HFAs) must be designed and implemented to follow the three general principles governing all research involving human subjects (CIOMS 2002): (1) **respect for personal autonomy** and protection of vulnerable persons with impaired or diminished autonomy; (2) **beneficence**, that is, the obligation to maximize benefits and to minimize harms; and (3) **justice**, which requires the equitable distribution of the burdens and the benefits of participation in research.

These review committees should be independent of the research team, and their approval must be obtained before undertaking the research. Studies that are sponsored by foreign organizations should submit the research protocol for review in the country of the sponsoring organization as well as the host country. This process can often take up to six months or more, and therefore needs to be scheduled into the overall study plan.

All providers and clients need to give their informed consent before information can be collected, indicating that (a) they understand the nature of the study and any risks and benefits

³ A useful series of papers discussing a variety of ethical issues around research on reproductive health services can be found in a special edition of *Studies in Family Planning* (Population Council 2007).

Box 1.
Important decisions when designing a study using AIM

- 1) What are the specific objectives of the study?
- 2) Of all the different methodologies available, is AIM the most appropriate for achieving these objectives?
- 3) Which type of facilities will be assessed?
- 4) Will the study include facilities that are already implementing the services to be integrated, or will it include facilities that do not yet offer one or more of these services?
- 5) How many facilities should be included in the study? How are these to be selected?
- 6) How many observations of client-provider interactions are needed for each service and for each facility?
- 7) Which instruments will be used?
- 8) What topics will be covered in the instruments?
- 9) How many research teams with what members will be needed to visit each facility?
- 10) What kind of training or professional background is needed from the team?
- 11) How many days should a team stay at each facility?
- 12) Where are clients going to be interviewed?
- 13) Are all clients going to be interviewed or only those observed receiving a service?
- 14) What indicators will be presented in the report?
- 15) How will stakeholders be engaged with and participate in the study design and implementation?
- 16) Are the data being collected clearly relevant for decisions to be made concerning the introduction or strengthening of integrated services?

associated with their participation, (b) they can refuse to answer any questions or stop the interview or observation at any time, and (c) the information collected will be confidential. Clients must be informed that they can receive all services whether or not they participate, and providers must understand that the results will not be communicated to their supervisors in a way that could identify them individually. This understanding of informed consent is important because, during some AIM studies, requests have been made by supervisors about the performance of individual providers. Consent should not be obtained when the client is under duress, in pain, medicated with consciousness-altering drugs, or in need of acute care; particular care is needed when collecting data from women receiving PAC services, who have delivered recently, or who may have recently been diagnosed with a serious condition, such as HIV. Also, potential

participants should be able to differentiate clinic staff from researchers collecting assessment data so they do not agree to participate in the study thinking that not participating could affect the quality of their care.

Most IRB/ERCs require that a written informed consent form is read and signed by the participant before the interview or observation takes place. To maintain the confidentiality of subjects, these consent forms should be kept separately from the instruments in a secure and private place.

Some studies may have sufficient resources to reimburse subjects for time spent while answering the questions in the interview schedules. These payments should only be symbolic and small enough so they do not coerce participation in the study.

Providers who are being observed can become nervous, which potentially could put clients at some risk. However, experience suggests that providers actually tend to perform to the best of their ability when being observed, and so the more important issue is that analysis of the data takes this possibility into account.

For some IRBs, informed consent from providers is not considered necessary if the research activity has been approved by their supervisors and organization. In these situations, informed consent is only necessary if information of a personal nature (such as questions about their attitudes, beliefs, personal practices, and socioeconomic status), rather than related to their professional work, is being collected. The data collection instruments used in AIM studies generally do not collect this information, but it is important to review this possibility during their adaptation.

Some AIM studies require that a cohort of clients is followed over time and reinterviewed (see, for example, the study of postnatal FP in Kenya [Mwangi et al. 2008]) to assess whether new service configurations affect the medium-term behavior of clients. Clients must be asked, at the beginning of the exit interview, whether

they are willing to be recruited into the cohort, if they are willing to have their names and addresses recorded, and if they are willing to be reinterviewed at a later point in time. Because this information identifies a client, the name and address must be removed from the rest of the questionnaire and stored separately; the only identifier on the questionnaire should be a code number. At this stage, study subjects must be made aware that follow-up contacts may take place in their homes or another location where a spouse or other family member may learn that the interviewee has obtained a clinical service they wanted to keep secret (e.g., FP or treatment for an STI). If the client does not wish to be in the study for this or any other reason, the researcher must honor their decision.

AIM studies are designed to measure service quality and identify improvements that can be addressed by a program later. Occasionally, however, observers may witness a gross violation of acceptable provider behavior that puts the client at risk of morbidity (for example, if a provider conducts a pelvic examination without disinfecting the instruments first). In such instances, the observer has the responsibility to intervene to protect the client from potential harm, even if their intervention influences the research and leads to the observation being excluded from the study. A list of such potential situations that might call for some form of intervention should be developed in collaboration with project managers and relevant local authorities and reviewed during training. For this reason, it is also strongly recommended that all observers of client-provider interactions in AIM studies be well-qualified medically and sufficiently competent to detect such problems correctly. Such cases are rare and must be carefully documented and reported when they occur.

Limitations

As with all research methodologies, AIM does have certain limitations. AIM studies can provide a detailed and systematically organized description of the existing situation at facilities, but it may not be able to pinpoint the precise

cause of any problems detected. For example, an AIM study may detect that there are frequent contraceptive stock-outs in most facilities, but it cannot distinguish whether these are due to inappropriate mechanisms for ordering resupplies by the facility management or to a general shortage of supply in the country.

AIM studies generate important but limited information on provider competence and skills. Interviews with providers can describe their training and their knowledge of specific topics, and observation of client-provider interactions records their actual performance during interactions with a small number of clients. However, unless there are deliberate efforts to measure the provision of certain services, or combinations of services, AIM studies cannot describe how providers would perform for activities or situations that are not observed. For example, an AIM study may indicate, from provider interviews, that nurses have been trained in delivering postnatal IUD services, but if no postnatal clients choose to use this method on the day(s) of the research team's visit to a facility then, the nurses' competence in doing so cannot be measured.

AIM studies may provide overly optimistic estimates of the typical quality of care provided. Health providers may make an extra effort to give their highest quality of service on the days that the research team visits the facility. This bias decreases if the research team stays in the facility for several days because their presence becomes familiar. Interpreting the findings should always take into account, therefore, that the measures of service quality are likely to be better than typical, and therefore, any inappropriate actions observed should be considered indicative of a possible problem with service delivery and acted upon accordingly.

AIM studies cannot measure the impact of the service received on the client's reproductive health behaviors unless a panel or cohort design is used to follow clients for a period of time after receiving the service. Given that their behavior after receiving the service may also be influenced by other factors besides the service itself, it is

important to ensure that follow-up interviews collect information about a range of possible determinants of their behavior, in addition to utilization of the service(s) being assessed.

AIM studies cannot be used to estimate access to health services or the health needs of the general population because they are facility-based. Any information collected about access and the extent to which clients have needs and preferences for certain services can be used only to describe the population that visits the health facilities.

Comparison with other health facility assessment methodologies

Several methodologies exist for collecting facility-based information for assessing the readiness of facilities and systems to offer services and to assess the quality of care provided. This section presents a brief description of other methodologies, describing their advantages and limitations in comparison with AIM;⁴ Table 2 provides a summary.

Analysis of service statistics. Service statistics are an important resource for monitoring the performance of programs because they can describe trends over time; compare facilities, districts, and sectors; and may also be able to describe some basic characteristics of the clients served. Monitoring delivery of integrated services, however, requires the collection of service statistics that may be recorded in different reports, depending on how the services are organized—this is especially the case when services are provided separately. For example, to monitor whether FP services are being offered within PAC, it may be necessary to collect data from the records of the in-patient ward where the evacuation took place and from the MCH/FP unit where contraception was discussed and provided. One of the challenges facing the development of integrated services has been

⁴ A detailed comparison of some of these methodologies can be found in Measure/Evaluation (2006). Selected descriptions in the following text have been adapted from <http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/profiles-of-hfa-methods>.

Table 2.
Comparison of facility-based methodologies for monitoring and evaluation of the integration of family planning and other services

Method	Areas measured						
	Quality of Care	Readiness to provide services	Clients' needs	Services needed	Integration model	Time-trends	Geographical location of facilities
AIM	✓	✓	✓	✓	✓		
Service Statistics				✓		✓	
SyS			✓	✓			
SPA	✓	✓	✓				✓
FASQ		✓					✓
HFC		✓					✓
PSAM		✓					✓
RA		✓	✓	✓	✓		

the parallel integration of record keeping. For example, when integrating HIV C&T into FP services in Kenya, adjustments had to be made to the standard FP register to include space for recording the delivery of HIV C&T during an FP consultation (Liambila et al. 2008). Ensuring that this information is also reported in a facility's overall report on HIV C&T, and that the service was received during an FP consultation and not as a stand-alone voluntary counseling and testing (VCT) service, can be a challenge.

Service Provision Assessment (SPA).

Developed by the USAID-funded Monitoring and Evaluation to Assess and Use Results (MEASURE) Program, the SPA can be used to assess the quality of five services (maternal health; child health; FP; STIs; and HIV prevention, care, and support) in the health facilities of a given region or nation. SPA provides information about staff qualifications, adherence to standard practices, resources for providing given services, and other information. The SPA method is useful for stakeholders who are investing in health systems or in the development of health services and who want to objectively observe regional changes over time. A SPA is a nationally representative survey and is commonly conducted in conjunction with a Demographic and Health Survey (DHS). SPAs use data collection methods that are similar to AIM, but they are not designed to assess whether services are integrated.

Facility Audit of Service Quality (FASQ). The FASQ provides low-cost monitoring of facility-based reproductive and child-health services at every government and private facility in a given region. Information provided by an FASQ includes the range of a health facility's operating hours, its facility infrastructure and readiness to provide quality care, and digital maps of its available services. Local staff can implement a FASQ with minimal or no technical assistance. The FASQ is specifically designed to be useful in the context of decentralization and project-level monitoring and evaluation (M&E); it is recommended when projects or local officials need to quickly and inexpensively monitor health-facility service quality and availability.

Health Facility Census (HFC). The HFC collects detailed information about the physical assets of all the public and semi-public health facilities in a region or nation. The Japan International Cooperation Agency (JICA) designed the HFC to identify health facilities that do not meet criteria in providing key health services in the following areas: availability and condition of physical infrastructure, health services, and equipment; the location of health service delivery points; and headcounts of health workers. By identifying facilities that lack these resources or abilities, the HFC provides a baseline assessment for deciding how to invest resources into an area.

WHO Health Facility Census (WHO-HFC) and Prevention Service Availability Mapping (PSAM). These two systems are designed to allow national and district planners to regularly map and monitor health-system information. The WHO-HFC quantifies, estimates, and maps health services and resources, while PSAM quantifies, estimates, and maps HIV prevention efforts. Both of these approaches are district-owned, facility monitoring systems, and HFC in particular is highly adaptable. Teams under the direction of district planners receive PDAs and GPS equipment as well as training in their use; these teams can then collect data about local health facilities on a regular basis.

Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages (RA). GNP+ et al. (2008) developed a rapid assessment methodology to gather information on the status of integration of SRH and HIV and AIDS policies, programs, and services. This methodology collects information from decision-makers and program planners at the central level and from development partners on the status and priorities of service integration. In addition, this methodology undertakes provider and client interviews in a small, representative sample of facilities to gather information about providers' integration practices, services that clients received, and their attitudes toward integrated services.

Systematic Screening (SyS) for determining and meeting clients' reproductive health needs. This strategy, developed by the Population Council and tested in a variety of contexts, is an intervention to help providers detect and address unmet reproductive health needs of a client in addition to the primary purpose of her/his visit to a facility (Vernon, Foreit, and Ottolenghi 2008). Providers use a brief checklist to identify each client's needs and desires for reproductive health services and then provide them to the client either during the same visit, through an appointment at the same facility, or through referral to another clinic. Although not a methodology to generate information about the level of integration of services, implementation

of SyS requires that a facility collects data about clients' needs and acts upon these data to provide improved, integrated services.

Contents of the following sections

The next sections of this handbook contain examples of the four core data collection instruments for implementation of AIM studies. The instruments are designed to assess the integration of FP and four other reproductive health services: (1) antenatal, (2) postnatal, (3) postabortion, and (4) HIV and STI prevention and detection. These instruments were developed and tested by the Population Council in different contexts. They are generic and can be easily adapted for use in any country.

Bibliography

- Birungi, H. and W. Onyango-Ouma. 2006. "Acceptability and sustainability of the WHO focused antenatal care package in Kenya," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Birungi, H. et al. 2006. "Acceptability and feasibility of introducing the WHO focused antenatal care package in Ghana," *FRONTIERS Final Report*. Washington, DC: Population Council.
- CIOMS. 2002. *International Ethical Guidelines for Biomedical Research Involving Human Subjects*. Geneva: Council for International Organizations of Medical Sciences (CIOMS).
- Das, R. et al. 2007. "Strengthening financial sustainability through integration of voluntary counseling and testing services with other reproductive health services," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Fisher, A. et al. 1998. *Handbook for Family Planning Operations Research Design* (2nd edition). New York: Population Council.
- Fisher, A. and J. Foreit. 2002. *Designing HIV/AIDS Intervention Studies: An Operations Research Handbook*. New York: Population Council.
- GNP+ et al. 2008. *Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: Generic Guide*. Mexico City: IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.
- Hong, R., et al. 2005. "Ghana Trend Analysis for Family Planning Services, 1993, 1996, and 2002," *DHS Trend Reports*, No. 1. Calverton, Maryland USA: ORC Macro.
- International Health Facility Assessment Network. 2008. "Health facility assessment: Relevant resources/supporting documents and mapping resources: Annotated bibliography," *Working Paper WP-08-107*, Chapel Hill, NC: Carolina Population Center.
- Liambila, W. et al. 2008. "Feasibility, acceptability, effect, and cost of integrating counseling and testing for HIV within family planning services in Kenya," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Measure/Evaluation. 2006. "Profiles of Health Facility Assessment Methods," *Technical Report tr-06-36*. Washington, DC: JSI.
- Miller et al. 1997. *The Situation Analysis Approach to Assessing Family Planning and Reproductive Health Services: A Handbook*. New York: Population Council.
- Miller et al. (eds.) 1998. *Clinic-Based Family Planning and Reproductive Health Services in Africa: Findings from Situation Analysis Studies*. New York: Population Council.
- Mwangi, A. et al. 2008. "Strengthening postnatal care services including postpartum family planning in Kenya," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Nawar, L. et al. 2003. "Assessment of pilot health project outcome indicators: West Bank/Gaza," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Population Council. 2007. "Ethical Issues in Reproductive Health," *Studies in Family Planning*, 38(4).
- Postabortion Care Consortium Community Task Force. Essential Elements of Postabortion Care: An Expanded and Updated Model. Postabortion Care Consortium. July 2002.
http://www.pac-consortium.org/site/PageServer?pagename=PAC_Model
- Quiterio et al. 2008. "Situation analysis of the integration of family planning services in postpartum, postabortion and prevention of mother to child transmission programs in the Dominican Republic," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Ramarao, S. et al. 2007. "Assessment of the extension of postabortion care services in Senegal," *FRONTIERS Final Report*. Washington, DC: Population Council.

- Rivero-Fuentes, E. et al. 2008. "Situation analysis of the integration of family planning services in postpartum, postabortion and prevention of mother to child transmission programs in Haiti," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Solis, F. et al. 2008. "Situation analysis of the integration of family planning services in postpartum, postabortion and prevention of mother to child transmission programs in Nicaragua," *FRONTIERS Final Report*. Washington, DC: Population Council.
- Vernon, R. 2008. "Meeting the family planning needs of postpartum women," *FRONTIERS Program Brief* No. 10. Washington, DC: Population Council.
- Vernon, R., J. Foreit, and E. Ottolenghi. 2008. "Introducing systematic screening to reduce unmet health needs: A manager's manual," *FRONTIERS Manual*, revised edition. Washington, DC: Population Council.
- WHO. 2002. *WHO Antenatal Care Randomized Trial: Manual for the Implementation of the New Model*. Geneva: World Health Organization.
- WHO. 2008. "Integrated health services. What and why?" *Technical Brief* No. 1. Geneva: World Health Organization.
- WHO, UNFPA, UNAIDS, and IPPF. Sexual and Reproductive Health & HIV/AIDS. A Framework for Priority Linkages. October 2005. <http://www.who.int/reproductive-health/stis/framework.html>
- Youssef, H. et al. 2007. "Linking family planning with postabortion services in Egypt: Testing the feasibility, acceptability and effectiveness of two models of integration," *FRONTIERS Final Report*. Washington, DC: Population Council.

Appendix 1: Examples of the use of AIM to guide and evaluate integration of FP and other services

1. Use of AIM in the Dominican Republic to assess the integration of FP and antenatal care, postnatal care, postabortion care, and the prevention of mother-to-child transmission of HIV. The Population Council and CESDEM, a Dominican private, nonprofit research organization, used AIM in a diagnostic study of the provision and use of contraception in postnatal, postabortion, and PMTCT programs in the Dominican Republic. The objectives of the study were to assess (a) the contraceptive knowledge, attitudes, and behaviors of providers and clients; (b) the degree to which information, counseling, and delivery are implemented in postnatal, postabortion, and PMTCT services; and (c) the quality of these services and the readiness of postnatal, postabortion, and PMTCT services to offer contraceptive services. The study, which had a national scope, covered 59 public facilities at the primary, secondary, and tertiary level.

The study showed that FP services are integrated with antenatal, delivery, and postnatal care in most of the health units visited and, to a lesser degree, to the integral care provided for persons living with HIV. However, a strong limitation was the lack of integration of counseling during ANC with the provision of methods at the hospitals and maternities after delivery. The study resulted in several recommendations to improve the quality of the services and its integration with FP, including, among others: (1) to design an information system to help identify women who decide during ANC that they want to start using an IUD or undergo sterilization before discharge; (2) to systematically screen outpatient service clients for FP needs; and (3) to increase the integration of FP with services at Integral Care Units (ICUs), either by arranging frequent visits by FP providers to the ICU or by training the ICU providers to screen for FP needs and provide contraceptive technology or refer clients to contraceptive service delivery sites.

See http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/DR_FP.pdf for more information on this project.

2. Use of AIM to test the feasibility, acceptability, effect, and cost of integrating HIV C&T with FP services in Kenya.

In Kenya, AIM was used to pilot-test two models of integration of HIV C&T into existing FP services. In one model, FP clients were educated about HIV prevention generally, and C&T in particular, and they were offered HIV C&T during this consultation by the FP provider. In the second model, FP clients were educated about HIV C&T, and those interested were instead referred to a specialized C&T service, either within the same facility or at another health facility or a stand-alone VCT center.

A pre-post intervention design was used to obtain information about the effect of both models on the use and quality of services and their feasibility, acceptability, and costs. The study demonstrated that both models were feasible and acceptable to providers and to clients as means of integrating HIV prevention counseling, condom promotion, and C&T with FP services, and both models were effective in increasing quality of care and service utilization. The majority of facilities had the capacity to integrate HIV prevention counseling and provision or referral for C&T services within existing FP services, and the costs of the integration were affordable. Provision of both services jointly was perceived by clients to be beneficial and attractive and was welcomed by providers as an opportunity to provide a comprehensive service that better meets their clients' needs. Furthermore, significant improvements were observed in the quality of FP counseling and the discussions about HIV C&T during the FP consultations.

See http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_CT_FP.pdf for more information on this project.

3. Use of AIM to assess the acceptability and feasibility of introducing the WHO-focused antenatal care package in Ghana. The main objective of this study, undertaken by Noguchi Memorial Institute for Medical Research in collaboration with the Population Council, was to examine the extent to which adaptation of the WHO's FANC package influenced the quality of care received by pregnant women and was acceptable to both providers and clients. AIM was used to collect information on the clinics where FANC had been introduced and four comparison clinics. Results showed that the FANC package was well accepted by both clients and providers because of its comprehensiveness and the individualized care. Some components of the package were lacking in several clinics, in particular procedures for disease detection (e.g., testing for syphilis and HIV/AIDS). Existing opportunities for referral were also not fully utilized. Clients visiting the intervention clinics obtained more comprehensive care than those visiting the comparison clinics. However, despite the fact that the FANC package recommends FP counseling to each ANC client, introduction of FANC had no effect on the integration of ANC and FP services.

See http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/ghana_who_anc.pdf for more information on this project.

4. Use of AIM to assess the extension of postabortion care services in Senegal.

In 2006, AIM was used to assess the expansion of PAC services to the primary health-care level in Senegal. From November 2003 to June 2005, Management Sciences for Health (MSH) partnered with the MOH to extend PAC services in 23 Health Districts in the 5 regions in the country. The PAC model that was promoted in this expansion included FP services and counseling, and integration with other reproductive health services. The study, conducted in 2006, had three overarching objectives: (1) to assess the achievements of USAID PAC Working Group's financial investments in the extension of PAC services in Senegal; (2) to assess the extent to which the MSH-supported extension of PAC services has occurred; and

(3) to document the existing model of services, lessons, and challenges that would inform national and global replication and scale-up efforts. During the study, AIM methodology was used to collect information on seven health centers, seven health posts, two health huts, and two regional hospitals across four regions. In addition, the study included interviews with 23 key stakeholders and FGDs with community members, including adults and youth of both genders. Results showed that one limitation to providing FP services to PAC clients was the lack of FP methods available at the site where emergency services were provided.

See http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Senegal_PACAssess.pdf for more information on this project.

Appendix 2: Key steps in a typical AIM study

- 1. Define the objectives of the study** in collaboration with MOH directors, program managers, donors, and other partners. This process also should involve defining the services and type of facilities that will be included in the study.
- 2. Collect information on the location, level of care, and type of all health facilities** in the country or region of interest. If possible, also gather information on the number of clients served in each facility.
- 3. Define the sample of facilities** that will be included in the study.
- 4. Collect background documents** that describe the level of integration of services, such as past assessments and any existing norms and protocols on service provision.
- 5. Make an initial data analysis plan.** Define the key indicators that you want to measure and the disaggregated or comparisons that are of interest. For example, in an AIM study on the integration of HIV C&T into FP services, you may want to measure what percentage of facilities offer HIV C&T to their FP clients and how this varies between public and private institutions.
- 6.** Once the key indicators have been identified, **prepare the data collection instruments** from those presented in this handbook, select items that are pertinent to the objectives of the study, discard any items or modules that are not relevant, and adapt the instruments, if necessary, to the local context and language.
- 7. Write a research protocol** describing the study. Submit the protocol to the relevant IRBs and ERCs. Revise the research protocol according to the comments of the IRBs and ERCs.
- 8. Request letters of support from the MOH or other partner agencies** to facilitate the research team's access to the facility. The letters should

explain the objectives of the study and state that a team of researchers will be visiting the facility during a range of possible dates. The letters also should describe briefly what will happen during the research team's visit, emphasizing that the team will minimize any disturbance to the providers and maintain the privacy and confidentiality of providers and clients. Two copies of each letter should be produced: one to be mailed to the facility and one to be kept by the field supervisors and carried with them during their visits.

9. Recruit two or three of the persons with experience in health surveys to serve as supervisors. They also can conduct a pretest of the interviews in two or three nonsampled health facilities to test interviewee comprehension, willingness to answer questions, and the amount of time required for the interviews. Supervisors will usually train the interviewers, allocate them to facilities, explain the study objectives to facility managers, obtain their permission to collect data, supervise the research team, review completed instruments to verify validity, and assist interviewers if problems arise.

10. Determine how many data collection teams and field supervisors will be needed for the study based on the location and number of facilities in the sample, the mean number of clients served in each facility, and the time required for interviews and other tasks.

11. Recruit the data collection teams and field supervisors who will conduct the study. Organize and conduct a training workshop for the complete research team; everyone who will be involved in the research should attend the workshop, including field supervisors, data collection teams, data entry personnel, and data analysts. In this training, the team should become familiar with the objectives of the study and the concepts and procedures of ethical research, acquire skills in selecting and approaching the interview subjects, and learn how to use all the data collection instruments. The training also should serve to organize the travel logistics and the administrative and financial issues of the data collection teams. A sample training schedule for an eight-day workshop is given in Box 2.

12. Require that field supervisors visit each of the facilities before data collection begins (if the budget allows). In addition to meeting with the facility managers to request their support for the study, field supervisors should collect information about the exact location of the facility, the distance between facilities, the condition of the roads, and the flow of patients. This information should be used for planning the time that each data collection team will stay in each location, where will they reside, and where interviews of clients can take place.

13. Include a minimum of three persons in the data collection teams visiting each facility: at least one person with clinical training, one person with a social science training, and one person with interviewing experience. Those with a clinical background should conduct the observations of client-provider interactions and the service inventories, while those with a social science background are best suited to conduct the client and provider interviews. Data collection teams need to arrive at the facility early in the morning, before services start. Priority should be allocated to observing the consultations and interviewing the clients. If possible, the facility inventory and provider interviews should be carried out simultaneously or at times when the providers are less busy, which is usually in the afternoon.

14. Require that supervisors visit each facility under their supervision at least once during data collection to detect and help solve any problems and to reallocate interviewers between facilities if progress is too slow.

15. Identify situations where the team may need to stay longer than one day, for example, when AIM is used to assess integration of services that are relatively rare, such as PAC and delivery. Some studies have situated a data collection team in a convenient location so that they can be “on call” and ready to move between facilities when an appropriate client becomes available. When measuring the integration of FP with services that are provided around the clock, such as PAC and delivery, it may be necessary to have team members working on shifts or working alternative days and nights over several days.

Box 2.

Sample training schedule for an 8-day workshop

Day	Activities
One	<ul style="list-style-type: none"> Introductions Training plans Objectives of the study Research plan
Two	<ul style="list-style-type: none"> Concepts of reliability, validity and overview of data collection Overview of the instruments Principles of ethical research
Three	<ul style="list-style-type: none"> Review of the Observation Guide instrument Review of the Client Exit Interview instrument
Four	<ul style="list-style-type: none"> Review of the Provider Interview instrument Review of the Inventory instrument Plenary meeting to discuss issues arising from instrument reviews
Five	<ul style="list-style-type: none"> Guidelines for conducting good interviews Break into specialized groups of interviewers and observers Review administration of specific instruments for each group
Six	<ul style="list-style-type: none"> Role-playing to practice the instruments Plenary meeting to discuss role-playing experiences
Seven	<ul style="list-style-type: none"> Review of supervisory roles with Field Supervisors Break into research groups Each team plans its travel logistics
Eight	<ul style="list-style-type: none"> Plenary meeting to discuss group plans Administrative and financial issues

16. Require that supervisors meet with the data collection teams at the end of each day and review the data collection instruments.

This review is an excellent opportunity to revise any inconsistencies in the responses, while the observations and interviews are still fresh in the memory, or go back to the facility and reexamine data that seems erroneous.

17. After data have been collected, create codes for open-ended questions, code data, write a data entry program, and enter the data. Clean the data by verifying that the responses for all items in the databases include only permissible values.

18. Estimate frequencies for all items and determine whether the responses seem reasonable. In suspicious cases, review that the data were coded correctly and that there were no mistakes in the data entry program.

19. Plan a way to present the data that is not too technical and communicates findings in a way that allows their programmatic implications to be identified clearly. Consider which indicators to present in a table and which to present graphically. Determine which indicators to compare across different groups.

20. Analyze the data, and prepare a draft report and a presentation.

21. Hold a data interpretation meeting to present the preliminary findings to program managers, donors, and other stakeholders. Use this and subsequent follow-up meetings to identify the key conclusions to be drawn from the data, develop programmatic recommendations, and plan for how the findings can be used in decisions concerning service integration.

Appendix 3: FRONTIERS projects using AIM

FP/MCH/HIV Integration
<p>Dominican Republic (11/05 – 4/07) Centro de Estudios Sociales y Demograficos, A.C. (CESDEM)</p> <ul style="list-style-type: none"> To assess the use of family planning in postpartum, postabortion, and prevention of mother-to-child transmission of HIV (PMTCT) services <p>http://www.popcouncil.org/frontiers/projects/lac/DomRep_Contra.htm</p>
<p>Nicaragua (11/05 – 4/07) Consultoria y Asesoria (ALVA)</p> <ul style="list-style-type: none"> To assess the use of family planning in postpartum, postabortion, and prevention of mother-to-child transmission of HIV (PMTCT) services <p>http://www.popcouncil.org/frontiers/projects/lac/Nicaragua_PMTCT.htm</p>
<p>Haiti (01/06 – 03/07) Centre d'Evaluation et de Recherche Apliquee (CERA)</p> <ul style="list-style-type: none"> To assess the use of family planning in postpartum, postabortion, and prevention of mother-to-child transmission of HIV (PMTCT) services <p>http://www.popcouncil.org/frontiers/projects/lac/Haiti_PMTCT.htm</p>
<p>India (03/01 – 03/03) Employees' State Insurance Corporation (ESIC), Taylor Nelson Sofres Mode Pvt. Ltd. (MODE)</p> <ul style="list-style-type: none"> To assess the effect of male involvement in ANC and at postpartum on FP uptake and STI prevention <p>http://www.popcouncil.org/frontiers/projects/ane/India_MiM.htm</p>
<p>Kenya (09/06 – 03/08) Jhpiego/ACCESS-FP, Ministry of Health</p> <ul style="list-style-type: none"> To develop, introduce, and assess the acceptability and feasibility of a strengthened postnatal care package that consists of four postnatal visits and integrated FP counseling <p>http://www.popcouncil.org/frontiers/projects/afr/Kenya_StrengthenPostnatal.htm</p>
<p>Lesotho (01/06 – 05/08) Ministry of Health and Social Welfare</p> <ul style="list-style-type: none"> To test the feasibility and effect of a strengthened postpartum care package that includes syphilis screening and management; HIV testing, counseling, and PMTCT; and discussion of postpartum FP and STI prevention counseling <p>http://www.popcouncil.org/frontiers/projects/afr/Lesotho_PMTCT.htm</p>
<p>Kenya (06/04 – 06/05) Institute of African Studies, University of Nairobi</p> <ul style="list-style-type: none"> To assess the Kenyan MOH's adaptation of the WHO ANC package, the effect of the model on service quality and coverage, and its sustainability <p>http://www.popcouncil.org/frontiers/projects/afr/Kenya_ANCPackage.htm</p>
<p>Ghana (10/04 – 08/05) Noguchi Memorial Institute for Medical Research</p> <ul style="list-style-type: none"> To assess the implementation and effects of the government's 2003 ANC policy <p>http://www.popcouncil.org/frontiers/projects/afr/Ghana_ANCPackage.htm</p>

<p>South Africa (04/02 – 06/04) Reproductive Health Research Unit, University of the Witwatersrand, Ministry of Health</p> <ul style="list-style-type: none"> To develop and test an improved and integrated ANC program that increases the range and quality of services provided to ANC clients in public clinics <p>http://www.popcouncil.org/frontiers/projects/afr/SouthAfrica_ANCCostAnalysis.htm</p>
<p>West Bank/Gaza (03/01 – 03/02) Center for Development in Primary Health Care (CDPHC)</p> <ul style="list-style-type: none"> To create a service strategy that increases postpartum use of health care services by first-time mothers or women with one or two children <p>http://www.popcouncil.org/frontiers/projects/ane/WBGaza_Postpartum.htm</p>
<p>PAC/FP Integration</p>
<p>Bolivia (05/99 – 06/01) Ipas, Ministry of Health</p> <ul style="list-style-type: none"> To test improvements in the delivery of postabortion care (PAC) in public hospitals in Bolivia <p>http://www.popcouncil.org/frontiers/projects/lac/Bolivia_TestingModel.htm</p>
<p>Egypt (08/04 – 08/06) Tahseen/Catalyst Project, Ministry of Health</p> <ul style="list-style-type: none"> To measure acceptability and cost-effectiveness of offering FP counseling to PAC clients through two models of integration <p>http://www.popcouncil.org/frontiers/projects/ane/Egypt_FP_PACLinks.htm</p>
<p>Tanzania (09/05 – 10/06) ACQUIRE Project, Ministry of Health</p> <ul style="list-style-type: none"> To assess the feasibility of decentralizing PAC services at lower-level facilities in rural areas <p>http://www.popcouncil.org/frontiers/projects/afr/Tanzania_PACAssess.htm</p>
<p>FP/C&T Integration</p>
<p>South Africa (07/04 – 09/07) Department of Health</p> <ul style="list-style-type: none"> To determine the feasibility and cost effectiveness of integrating HIV C&T services with FP counseling in two different models: one in which C&T referrals were made based on an STI risk assessment as part of FP counseling, and another in which the C&T services were offered on-site <p>http://www.popcouncil.org/frontiers/projects/afr/SouthAfrica_ANCCostAnalysis.htm</p>
<p>Kenya (08/05 – 01/08) Ministry of Health</p> <ul style="list-style-type: none"> To determine the feasibility and cost effectiveness of integrating HIV C&T services with FP counseling in two different models: one in which C&T referrals were made based on an STI risk assessment as part of FP counseling, and another in which the C&T services were offered on-site <p>http://www.popcouncil.org/frontiers/projects/afr/Kenya_HIVFPIntegration.htm</p>

Data collection instruments for the integration of family planning and antenatal care services

This section contains the four basic instruments for conducting an AIM on the integration of family planning and ANC services. Instruments are presented in the following order:

- A) Inventory for facilities available and services provided at the facility**
- B) Observation guide**
- C) Questionnaire for clients' exit interviews**
- D) Questionnaire for providers' interviews**

Since some may be interested in using AIM to gather information exclusively about the integration of ANC and FP services, while others may want to take advantage of a research team already visiting the facility to obtain information about the general quality of ANC, the instruments below contain questions that are relevant for both purposes. The first two modules of the inventory and the observation guide and the first three modules of the provider's and client's interviews are designed to serve as a questionnaire that can easily be adapted to any study that focuses exclusively on measuring the integration of antenatal and FP services.

All the modules that follow the one labeled "Integration of Antenatal Care and Family Planning Services" are designed to assess different components of the quality of ANC services. Those interested in this aspect can adapt the whole instruments to their own context. Some of the questions in these modules are relevant only in certain contexts or for specific objectives, such as those that refer to the activities PMTCT of HIV and STIs, or the questions about costs. These optional questions are shaded for easy identification.

We recommend that only those questions that are directly linked to the objectives of each study (as defined by the researchers) are included in the final questionnaires. Otherwise, research teams risk wasting money and time collecting too much information that will not be used.

A) Inventory for facilities available and services provided at the facility

INSTRUCTIONS TO DATA

COLLECTOR: This inventory should be completed by observing the facilities that are available and having discussions with the person in charge of ANC on the day of the visit. For some questions, you may also have to talk to the person in charge of FP.

For some of the questions in this instrument, you will have to observe directly the availability of equipment, supplies, and infrastructure. Ask the clinic staff member who is assisting you to direct you to the room, laboratory, or storage area that you need to verify the availability of each item. In all cases, you should verify that the items exist by actually observing them yourself; if you are not able to observe them, then code accordingly. Remember that the objective of the inventory is to identify equipment and facilities that currently exist and are in working order and not to evaluate the performance of the staff or the clinic. **For each item, circle the code of the most suitable response or describe as appropriate.** Before beginning, read the following greeting when you meet with the staff person who will help you complete the inventory.

GREETING: Good morning. My name is _____, and I work for _____.

We are currently doing a study about the way that family planning services are being integrated with ANC in the country and the problems that interfere with integration. This is not an evaluation of this facility or of the staff who provide us this information. We are visiting a number of facilities. All the information will be combined, and all the information you provide me will be confidential. No one will know what you said. Are you willing to assist?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other (specify):	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other (specify):	4
1.6	Result of the inventory	Complete	1
		Incomplete	2
		Refused	3
		Other (specify):	4

2. Questions to measure the integration between FP and ANC

No.	QUESTIONS	CODING CATEGORIES			GO TO
2.1	Is (read 1 to 3) available to outpatient clients in this health facility? How many days per week are (read 1 to 3) services offered?				
		Yes	No	Days	
	1) FP counseling	1	2		
	2) Contraceptives	1	2		
	3) ANC	1	2		
2.2	Do the hours of operation of ANC coincide with the hours of operation of FP services?	Yes. Whenever ANC services are open, FP services are also open.			1
		Sometimes. There are times when ANC services are open that FP services are closed. Explain:			2
		No. Whenever ANC services are open, FP services are closed.			3
		Other:			4

2.3	How many providers and of which type (qualifications) are assigned to work in ANC in this facility? Of the staff involved in ANC, how many have as one of their responsibilities giving FP services to ANC clients?			ANC providers that give FP to ANC clients
		Type of staff	ANC	
		1) Medical specialists		
		2) General practitioners		
		3) Medical residents		
		4) Medical interns		
		5) Trained midwives		
		6) Professional nurse		
		7) Auxiliary nurse		
		8) Nursing student		
		9) Social worker		
		10) Other 1: (specify)		
11) Other 2: (specify)				
2.4	Are there any indicators for the integration of FP services to ANC (e.g., offering FP counseling in ANC visits) systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes, explain how:	1	
		No:	2	
		Other:	3	
2.5	Are there any written guidelines or service protocols in this facility for ANC services? <i>Interviewer: Ask to see a copy of the guidelines.</i>	Yes, guidelines are available. <i>Interviewer: Write name of guidelines.</i>	1	
		Yes, but guidelines aren't available.	2	
		No, there aren't written guidelines.	3	▶ 2.8
2.6	Do these guidelines or service protocols recommend that FP services (e.g., counseling) are offered to pregnant women during ANC?	Yes, explain how:	1	
		No	2	
2.7	Do these guidelines or service protocols recommend that pregnant women are referred to FP services elsewhere?	Yes, explain how:	1	
		No	2	
2.8	Is FP counseling routinely offered to ANC clients in this facility? (By routinely, we mean offered to most patients.)	Yes	1	
		No	2	▶ 2.16
2.9	For which ANC clients is FP information routinely offered? (e.g., is it offered only to clients in their first visit?)	Explain:		
2.10	Do ANC clients receive FP counseling at the same time that they receive their ANC consultation?	Yes	1	
		No	2	
		Other:	3	
2.11	Who gives FP counseling to ANC clients? The same provider who gives them ANC or someone else?	Same provider	1	
		Someone else	2	
		Other:	3	
2.12	Where do ANC clients receive FP information?	In the same area where they receive ANC services	1	▶ 2.16
		In the FP services in this facility	2	
		Other:	3	

2.13	Why is FP information not provided in the same area where women receive ANC?	There is not staff available.	1		
		Staff is not trained.	2		
		The facility does not have the necessary equipment.	3		
		There is insufficient room/ space.	4		
		Other:	5		
2.14	Do women who receive ANC in this health facility receive a hand-held record or carnet?	Yes	1		
		No	2	▶ 2.16	
2.15	Is the following information recorded in this carnet? 1) Whether client has received FP counseling 2) Whether client has chosen a postpartum FP method	Information is recorded?			
		Yes	No		
		1	2		
2.16	If a woman that comes for ANC is interested in receiving information on FP, is she able to receive this information on the day of her visit, or is she asked to come back on a different day?	Always receives on same day	1		
		Sometimes receives on same day	2		
		Always asked to come back on a different day	3		
		Other:	4		
2.17	What happens when a woman attending ANC expresses interest in receiving a FP method after delivery? Is she given a referral slip so she can receive a method during delivery care, or is she asked to come back to this same clinic after delivery?	Always given a referral slip	1		
		Always asked to come back here after delivery	2	▶ 2.20	
		It depends, explain:	3		
		Other:	4	▶ 2.20	
2.18	What information is included in this referral slip? <i>Interviewer: Mark all that apply.</i>	FP method of choice	1		
		Name of referring clinic	2		
		Other:	3		
2.19	<i>Interviewer: Ask to see the service statistics for ANC and FP</i>				
2.20	<i>Interviewer: Obtain the following information from the service statistics:</i> 1) Number of ANC visits 2) Number of first ANC visits 3) Number of first-visit ANC clients who received FP counseling 4) Number of ANC clients 5) Number of ANC clients who received FP counseling	Last 12 months	Last 6 months	Last month	Info not available

3. Description of the service area

No.	QUESTIONS	CODING CATEGORIES	
3.1	Area		
3.2	Population		
3.3	Number of women in reproductive age		
3.4	Health facilities operating in the district	Number of hospitals:	
		Number of health centers:	
		Number of health posts:	
		Number of dispensaries:	
		Number of other facilities:	
	<i>Interviewer: Specify what is included in this category.</i>		

4. Hours of operation

No.	QUESTIONS	CODING CATEGORIES	
4.1	Routinely, how many days per week is the facility open for outpatient services?	Days:	
4.2	What are the opening and closing times for outpatient services at this facility?	Opening time ____ : ____ Closing time ____ : ____ (Hour : Minutes)	
4.3	Is there a nurse or doctor present at the facility at all times? (24 hours/day)	Yes	1
		No	2
4.4	Is there a nurse or doctor available on call at all times after hours?	Yes	1
		No	2

5. Services available/staff

No.	QUESTIONS	CODING CATEGORIES		
5.1	Is (read 1 to 15) available to outpatient clients in this health facility? How many days per week are (read 1 to 15) services offered?	Yes	No	Days
	1) FP counseling	1	2	
	2) Contraceptives	1	2	
	3) ANC	1	2	
	4) Delivery	1	2	
	5) Postpartum care	1	2	
	6) Treatment of abortion complications	1	2	
	7) HIV/AIDS counseling	1	2	
	8) HIV/AIDS testing	1	2	
	9) HIV/AIDS treatment and care	1	2	
	10) Services for STIs	1	2	
	11) Child immunization	1	2	
	12) Child growth monitoring	1	2	
	13) Curative services for women	1	2	
	14) Curative services for children	1	2	
	15) Other:			
5.2	Do you have staff shortages in (read 1 to 4) services?	Yes	No	
	1) ANC	1	2	
	2) FP	1	2	
	3) STIs	1	2	
	4) HIV/VCT	1	2	
5.3	What types of staff shortages are most critical?	Medical specialists		1
		General practitioners		2
		Medical residents		3
		Medical interns		4
		Trained midwives		5
		Professional nurse		6
		Auxiliary nurse		7
		Nursing student		8
		Social worker		9
		Other:		10

6. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO	
6.1	How often do formal meetings to discuss facility management/administrative issues take place?	Monthly	1		
		Quarterly	2		
		Semi-annually	3		
		Other:	4		
		No formal management meetings	5		▶ 6.3
6.2	Is an official record of meetings maintained? <i>Interviewer: If yes, ask to see some record from most recent meeting.</i>	Yes, record seen	1		
		Yes, record not seen	2		
		No official record of meetings	3		
6.3	Does this facility have any system for determining clients' opinions about the health facility or services?	Yes	1		
		No	2		▶ 6.5
		Unsure	3		▶ 6.5
6.4	In the past 3 months, have any changes been made in the facility as a result of client opinion?	Yes	1		
		No	2		
6.5	Does this facility have a method for monitoring the quality of care provided to clients?	Yes	1		
		No	2		▶ 6.8
6.6	What is done to monitor quality of care?				
6.7	Are there any indicators for ANC systematically reviewed in these quality-monitoring activities?	Yes	1		
		No	2		
		Other:	3		
6.8	Who is responsible for reviewing findings and taking action relative to quality of care activities? <i>Interviewer: Mark all that apply.</i>	Individual service provision staff	1		
		Individual supervisors	2		
		Internal management/quality team	3		
		External management team	4		
		Other:	5		
6.9	When was the last time an external supervisor (someone from outside this facility) visited the facility?	Within the last 6 months	1		
		More than 6 months ago	2		▶ next section
		No external supervision	3		▶ next section
6.10	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor do the following. <i>Interviewer: Read options and mark all that apply.</i>	Check records?	1		
		Discuss problems?	2		
		Discuss policy/ administrative issues?	3		
		Discuss technical protocols/ practice?	4		
		Hold an official staff meeting?	5		
		Observe individual staff providing services?	6		
		Do anything else (specify)?	7		

7. ANC quality

No.	QUESTIONS	CODING CATEGORIES			GO TO	
7.1	Does this facility have a routine system for taking measurements of antenatal clients prior to consultation?	Yes		1		
		No		2		
7.2	Are tetanus toxoid vaccination services available each day ANC services are provided?	Yes		1		
		No		2		
7.3	Where does this facility refer clients for delivery?					
7.4	Which of the following services are routinely offered to ANC patients in this facility? (By routinely, we mean offered to most patients.) If a service is not routinely offered in this facility, are ANC patients referred to a different health facility to obtain this service? <i>Interviewer: Read options.</i>					
		Service	Offered	Referred	Not offered or referred	
		1) HIV/AIDS voluntary counseling	1	2	3	
		2) HIV/AIDS testing	1	2	3	
		3) Antiretroviral (ARV) prophylaxis treatment for HIV-positive women	1	2	3	
		4) Syphilis screening and treatment	1	2	3	
		5) Other STIs screening and treatment	1	2	3	
		6) Malaria screening and treatment	1	2	3	
		7) TB screening and detection	1	2	3	
		8) TB X-ray services	1	2	3	
		9) TB treatment services DOTS	1	2	3	
7.5	In the cases where ANC clients are referred elsewhere for some services, are they given a referral slip or coupon with information such as the name of the clinic to which they should go, the service they need, or any other information? <i>Interviewer: Ask to see a referral slip.</i>	Yes, form seen		1	▶ 7.7	
		Yes, form not seen		2		
		No		3		
7.6	What information is included in the referral slip or coupon? <i>Interviewer: Mark all that apply.</i>	Name of patient		1		
		Name of referring clinic		2		
		Name of clinic where service should be provided		3		
		Services that should be received		4		
		Other:		5		
7.7	Does staff working on ANC in the outpatient area of this health facility have a directory or list of referral services?	Yes		1	▶ 7.9	
		No		2		
7.8	Is this referral list easily accessible to all staff working on ANC?	Yes		1		
		No		2		
7.9	Are the following tests available to ANC clients in this health facility?					
		Type of test	Conduct test	Collect specimen	Test is referred	Test is not referred
		1) HIV/AIDS preliminary tests	1	2	3	4
		2) HIV/AIDS confirmation tests	1	2	3	4
		3) Syphilis	1	2	3	4
		4) Gonorrhea	1	2	3	4
		5) Test for blood anemia	1	2	3	4
		6) Test urine for protein	1	2	3	4
		7) Test urine glucose	1	2	3	4
		8) Malaria	1	2	3	4
		9) Blood group	1	2	3	4
		10) TB	1	2	3	4
11) Cervical smear	1	2	3	4		

8. Syphilis in ANC

No.	QUESTIONS	CODING CATEGORIES		GO TO
8.1	Are syphilis tests... <i>Interviewer: Obtain answer from question 7.9-3.</i>	Conducted	1	▶ 8.5
		Specimen collected	2	
		Referred or not offered	3	▶ next section
8.2	How often are syphilis screening specimens collected from the clinic (times per week)?	Once	1	
		Twice	2	
		3 times	3	
		More than 3 times	4	
		Other:	5	
8.3	What is the longest interval between blood being taken and the collection day (days)?	1 day	1	
		2 days	2	
		3 days	3	
		More than 3 days	4	
8.4	What type of equipment do you use to store specimens while waiting for collection?	Refrigerator	1	
		Cold box	2	
8.5	When are clients asked to return for syphilis results?	Next ANC appointment	1	
		2 weeks	2	
		Other:	3	
8.6	Does this clinic routinely provide syphilis test results to... <i>Interviewer: Read options until you get a positive response.</i>	Positive clients only?	1	
		Both positive and negative?	2	
		Neither positive nor negative clients?	3	
8.7	Is there a mechanism for informing clients who do not return to ANC of test results?	Yes	1	▶ 8.9
		No	2	
8.8	What is the mechanism?			
8.9	How are partners of clients who tested positive for syphilis treated?	1 dose without test	1	
		Asked to come for 3 doses without blood test	2	
		Blood test taken as well as first dose	3	
		Blood test taken, and partner treated on basis of result before commencing treatment	4	
		Are not treated	5	
		Other:	6	

9. PMTCT of HIV in ANC

No.	QUESTIONS	CODING CATEGORIES		GO TO
9.1	Is HIV voluntary counseling conducted during ANC? <i>Interviewer: Obtain answer from question 7.4-1.</i>	Yes	1	▶ 9.3
		No	2	
9.2	For whom is HIV voluntary counseling being offered?	All ANC clients	1	
		First ANC visits only	2	
		Other:	3	
9.3	Is HIV voluntary testing conducted during ANC visits? <i>Interviewer: Obtain answer from question 7.4-2.</i>	Yes	1	▶ next section
		No	2	
9.4	For whom is HIV voluntary testing being offered?	All ANC clients	1	
		First ANC visits only	2	
		Other:	3	
9.5	Is HIV voluntary testing conducted in an opt-in (women receive pretest counseling and consent to an HIV test) or an opt-out fashion (women are informed that an HIV test will be conducted and they may refuse)?	Opt-in	1	
		Opt-out	2	

9.6	What HIV tests are performed for pregnant women? <i>Interviewer: Mark all that apply.</i>	HIV rapid tests	1		
		ELISA	2		
		WB	3		
		Other:	4		
9.7	When are antenatal clients given their HIV results?	Same day	1		
		Next ANC appointment	2		
		Other:	3		
9.8	Does this clinic routinely provide HIV test results to: <i>Interviewer: Read options until you get a positive response.</i>	Positive clients only?	1		
		Both positive and negative?	2		
		Neither positive nor negative clients	3		
9.9	Is there a mechanism for informing clients who do not return to ANC of test results?	Yes	1	▶ 9.11	
		No	2		
9.10	What is the mechanism?				
9.11	Is there a mechanism to notify the partners of the test results?	Yes	1		
		No	2		
9.12	<i>Interviewer: Obtain the following information from the antenatal and FP records.</i> PMTCT of HIV: 1) Number of ANC clients who received HIV/AIDS counseling 2) Number of ANC clients who were tested for HIV 3) Number of ANC clients who tested positive for HIV 4) Number of ANC clients who returned for their HIV results 5) Number of ANC clients who were tested for syphilis 6) Number of ANC clients who tested positive for syphilis 7) Number of ANC clients who returned for their syphilis results 8) Number of clients tested for HIV for all facilities 9) Number of new HIV-positive clients in the whole facility 10) Number of HIV-positive antenatal women with CD4 counts below 200	Last 12 months	Last 6 months	Last month	Info not available

10. General infrastructure of the facility

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
10.1	<i>Interviewer: Observe the conditions and infrastructure in the facility and mark if it has the following.</i>		
	1) Piped running water	1	2
	2) Electricity	1	2
	3) Working latrines/toilets for clients	1	2
	4) Working phone/short wave radio	1	2
	5) Transport vehicle in working order or standing arrangements for transport in the case of emergencies	1	2
	6) Clean facilities (e.g., the floors are swept, there is no dust in the desks)	1	2
	7) Enough chairs or benches in waiting areas	1	2
	8) Waiting area for clients where they are protected from the sun, rain, and snow	1	2

11. ANC counseling and examination rooms, equipment, and job aids

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Ask to see the room where examinations for antenatal clients are conducted. For the following items, check whether the item is in the room where the examination is conducted or in an adjacent room.</i>				
11.1	Describe the setting for the examination room.	Private room	1	
		Room with other people with separating barrier	2	
		Room with other people and no visual barrier	3	
11.2	Materials and equipment required for hand washing:	Yes	No	
	1) Clean water supply	1	2	
	2) Soap	1	2	
	3) Nail brush or stick	1	2	
	4) Clean towels	1	2	
11.3	Materials and equipment required to provide ANC services in working order:	Yes	No	
	1) Spot light source (flashlight or examination light accepted)	1	2	
	2) Examination couch for gynecological exam	1	2	
	3) Adults weighing scale	1	2	
	4) Blood pressure gauge	1	2	
11.4	What is the most commonly used method to sterilize/disinfect the specula/forceps?	Boiling	1	
		Autoclave	2	
		Heat sterilizer	3	
		Use disposable only	4	
		Using bleach	5	
		Other:	6	
11.5	Materials for record keeping:	Yes	1	
	1) Antenatal clients' cards	No	2	
11.6	Where is blood drawn for ANC services?	At the ANC/MCH	1	
		At the laboratory	2	
		No blood is drawn	3	▶ next section
		Other:	4	
11.7	Is the following equipment available in the place where blood is drawn for ANC services?	Yes	No	
	1) Disposable needles	1	2	
	2) Disposable syringes	1	2	
	3) Vacutainers	1	2	
	4) Sharp disposable container	1	2	

12. Information, education, and communication (IEC) materials

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Verify that the following materials are available in the counseling or the examination room.</i>		Yes	No
12.1	Visual aids for teaching about:		
	1) Different FP methods	1	2
	2) STIs	1	2
	3) HIV/AIDS	1	2
	4) PMTCT of HIV	1	2
	5) Model for demonstrating condom use	1	2
	6) Postpartum care/newborn care/breastfeeding	1	2
	7) Danger signs of complications in pregnancy	1	2
12.2	Information booklets/leaflets for clients to take home:		
	1) On ANC	1	2
	2) On FP	1	2
	3) On HIV/AIDS	1	2
	4) On PMCT of HIV	1	2
	5) On STIs	1	2

13. Drugs, contraceptives, and reagents

No.	QUESTIONS	CODING CATEGORIES	
Interviewer: Ask to see where the following drugs/contraceptives/reagents are kept and mark, for each of them, if it is available on the day of your visit.			
13.1	Antenatal care:	Yes	No
	1) Folic acid	1	2
	2) Ascorbic acid	1	2
	3) Ferrous sulphate tabs	1	2
	4) Tetanus toxoid injection	1	2
	5) Tetanus antitoxin (antitetanus: immunoglobulin: human)	1	2
	6) Combout	1	2
	7) BCG	1	2
	8) Polio	1	2
	9) Measles	1	2
	10) DPT (Diphtheria Pertussis Tetanus)	1	2
	11) HIB	1	2
	12) HBV (Hepatitis B Virus)	1	2
	13) DT	1	2
	14) Riger Lactate Solution	1	2
	15) Magnesium Sulphate	1	2
	16) Lexoprenaline	1	2
13.2	Contraceptives:	Yes	No
	1) Combined oral contraceptives	1	2
	2) Progestin-only pills	1	2
	3) Emergency contraceptive pills (pre-packed)	1	2
	4) Emergency contraceptive pills (not pre-packed)	1	2
	5) Progestin-only injectables	1	2
	6) Monthly injectables	1	2
	7) Combined patches	1	2
	8) Combined vaginal rings	1	2
	9) Jadelle implants	1	2
	10) Implanon implants	1	2
	11) Sinoplant (II) implants	1	2
	12) Copper-bearing intrauterine devices	1	2
	13) IUD kits	1	2
	14) Levonorgestrel intrauterine devices	1	2
	15) Male condoms	1	2
	16) Female condoms	1	2
	17) Diaphragms	1	2
	18) Spermicides	1	2
	19) Female sterilization	1	2
	20) Vasectomy	1	2
13.3	Sexually transmitted infections:	Yes	No
	1) Erythromycin	1	2
	2) Ciprobay	1	2
	3) Flagyl	1	2
	4) Metronidazole	1	2
	5) Benzathine Penicillin	1	2
	6) Doxycycline	1	2
	7) RPR kits	1	2
13.4	ARV drugs:	Yes	No
	1) Nevirapine (NVP)	1	2
	2) Azidothymidine (AZT or ZDV) (Also known as Zidovudine or Retrovir)	1	2
	3) AZT syrup	1	2
	4) Lamivudine (3TC)	1	2
	5) Efavirenz (EFV)	1	2
	6) Zidovudine + Lamivudine (Combivir)	1	2
	7) Abacavir (ABC)	1	2
	8) Stavudine (d4T)	1	2
	9) Emtricitabine (FTC)	1	2
	10) Atazanavir/ritonavir (ATV/r)	1	2
	11) Didanosine (ddI)	1	2
	12) Fosamprenavir/ritonavir (fos-APV/r)	1	2
	13) Indinavir (IDV)	1	2
	14) Lopinavir/ritonavir (LPV/r)	1	2

	15) Nelfinavir (NFV)	1	2
	16) Rifampicin (RIF)	1	2
	17) Saquinavir/ritonavir (SQV/r)	1	2
	18) Tenofovir (TDF)	1	2
	19) Reagents for HIV tests	1	2
13.5	Tuberculosis:	Yes	No
	1) BCG vaccine	1	2
	2) H-Isoniazid	1	2
	3) R-Rifampicin	1	2
	4) Z-Pyrazinamide	1	2
	5) E-Ethambutol	1	2
	6) S-Streptomycin	1	2
	7) Contrimoxazole	1	2
	8) Reagents for TB test	1	2

14. Record keeping

No.	QUESTIONS	CODING CATEGORIES		GO TO
14.1	Is the following information recorded in the clinical history of ANC clients?	Information is recorded?		
		Yes	No	
	1) Client's name	1	2	
	2) Date of last ANC visit	1	2	
	3) Gestational age at last ANC visit	1	2	
	4) Whether client has received FP counseling	1	2	
	5) Whether client has chosen postpartum FP method	1	2	
	6) Whether client has received HIV/AIDS counseling	1	2	
	7) Whether client has been tested for HIV/AIDS	1	2	
	8) Whether client has received syphilis counseling	1	2	
	9) Whether client has been tested for syphilis	1	2	
	10) Risk factors	1	2	
11) Date of future ANC visit	1	2		
14.2	Is there a daily activity register for ANC services provided in the outpatient area of this facility?	Yes	1	▶ end
		No	2	

15. Costs

No.	QUESTIONS	CODING CATEGORIES		
<i>Interviewer: Ask questions 15.1 to 15.3 and register answers in the table below.</i>				
15.1	What are outpatient clients charged for obtaining the following services, commodities, tests, or procedures?			
15.2	Is there a waiver or exemption policy for women who cannot pay?			
15.3	Who is exempted from paying these fees?			
	Service or commodity	15.1 Charge in local currency	15.2 Is there a waiver or exemption policy?	
			Yes	No
	1) ANC consultation	\$	1	2
	2) FP counseling	\$	1	2
	3) Combined oral contraceptives	\$	1	2
	4) Minipills (progestin only pills)	\$	1	2
	5) Emergency contraceptive pills	\$	1	2
	6) Progestin-only injectables (injection every 2 or 3 months)	\$	1	2
	7) Monthly injectables	\$	1	2
	8) Combined patches	\$	1	2
	9) Combined vaginal rings	\$	1	2
	10) Jadelle implants	\$	1	2
	11) Implanon implants	\$	1	2
	12) Sinoplant (II) implants	\$	1	2
	13) IUD	\$	1	2
	14) IUS	\$	1	2
	15) Male condoms	\$	1	2
	16) Female condoms	\$	1	2
	17) Diaphragms	\$	1	2
	18) Spermicides	\$	1	2
	19) Cervical caps	\$	1	2
	20) Female sterilization	\$	1	2
	21) Vasectomy	\$	1	2
	22) HIV/AIDS testing	\$	1	2
	23) Syphilis testing	\$	1	2
	24) Other STIs testing	\$	1	2

B. Observation guide

INSTRUCTIONS TO DATA

COLLECTOR: Before proceeding to observe the interaction between client and provider, use the greeting below to explain to the provider that you will be observing him/her while he attends to his/her clients, to make sure that she/he knows that you are not there to evaluate her/him and that you are not an “expert” who can be consulted during the session. Then obtain the client’s informed consent. When observing, be as discreet as possible. Try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. **For each question, describe or circle the code of the response that most appropriately represents your observation of what happened during the interaction.** As discussed during the training, you may witness behavior that poses a serious risk to the client’s health. Please keep in mind the guidelines for when to intervene in the consultation on behalf of the client’s welfare.

GREETING FOR THE PROVIDER: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their antenatal care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during antenatal care visits. I will observe silently as you attend to your clients and take notes. I am in no way an expert in your area, and I am not here to evaluate your work. I will not make any comments or interfere in your consultations.

Your participation in this component of the study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments. Do I have your permission?

INFORMED CONSENT FORM FOR

THE CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their antenatal care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during antenatal care visits. I would appreciate it if you allowed me to observe your appointment today. If you do, I will be accompanying you through your visit and seeing what you and your provider talk about. I will also observe when he examines you. I am not a health provider in this facility and will not make any comments or participate in your consultations in any way. At the end of your visit, I will, if you allow me to, ask you some questions regarding your experience during your visit. This interview will be private, and none of the providers that see you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me accompany you or to answer my questions. If you choose not to participate in either component of the study, you will not be penalized in any way. If you agree to participate and you change your mind later, you can also ask me to stop observing and exit the room whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services. Your participation in this study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your services.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you agree to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the observation	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Integration of ANC and FP services

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Observe the client-provider interaction during the antenatal check-up visit and note whether providers do the following.</i>		Yes	No
2.1	Ask whether client wants more children in the future.	1	2
2.2	Ask about previous FP use.	1	2
2.3	Ask whether client may want to use a method after delivery.	1	2
2.4	Ask for any FP method preference.	1	2
2.5	Explain different FP method options.	1	2
2.6	<i>Interviewer: Mark the FP methods discussed.</i>		
		Minipills (progestin-only pills)	1
		Combined oral contraceptives	2
		Emergency contraceptive pills	3
		Progestin-only injectables	4
		Monthly injectables	5
		Combined patches	6
		Combined vaginal rings	7
		Jadelle implants	8
		Implanon implants	9
		Sinoplant (II) implants	10
		IUD	11
		IUS	12
		Male condoms	13
		Female condoms	14
		Diaphragms	15
		Spermicides	16
		Cervical caps	17
		Female sterilization	18
		Vasectomy	19
		Fertility awareness methods	20
		Withdrawal	21
		Lactational Amenorrhea Method (LAM)	22
		Other:	23
2.7	Explain who should use each method.	1	2
2.8	Explain how methods work and how they are used.	1	2
2.9	Explain advantages of methods.	1	2
2.10	Explain disadvantages of methods.	1	2
2.11	Explain reversibility of methods.	1	2
2.12	Explain possible side-effects of methods.	1	2

2.13	Discuss client's fears and concerns about methods.	1	2
Explain the following conditions of LAM:		Yes	No
2.14	Exclusive or almost exclusive breastfeeding	1	2
2.15	Infant must be less than 6 months.	1	2
2.16	Absence of menses since delivery	1	2
2.17	Mention that a condom is the only FP method that protects against HIV/AIDS.	1	2
2.18	Explain where methods can be obtained.	1	2
2.19	Recommend the client to seek FP counseling after delivery.	1	2
2.20	Interviewer: Did the woman express interest in using an FP method after delivery?	1	2
2.21	Interviewer: What methods did the client express an interest in? Interviewer: Mark all that apply.	Minipills (progestin-only pills)	1
		Combined oral contraceptives	2
		Emergency contraceptive pills	3
		Progestin-only injectables	4
		Monthly injectables	5
		Combined patches	6
		Combined vaginal rings	7
		Jadelle implants	8
		Implanon implants	9
		Sinoplant (II) implants	10
		IUD	11
		IUS	12
		Male condoms	13
		Female condoms	14
		Diaphragms	15
		Spermicides	16
		Cervical caps	17
		Female sterilization	18
Vasectomy	19		
Fertility awareness methods	20		
Withdrawal	21		
LAM	22		
Other:	23		

3. Introduction and clinical history

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Introduction			
3.1	Greet client.	1	2
3.2	Introduce yourself to the client.	1	2
3.3	Tell the client what is going to be done and encourage her to ask questions.	1	2
Clinical history		Yes	No
3.4	Ask age of client.	1	2
3.5	Ask or help calculate gestational age.	1	2
3.6	Ask history of hypertension.	1	2
3.7	Ask history of diabetes.	1	2
3.8	Ask about alcohol use and smoking.	1	2
3.9	Ask about HIV status.	1	2
3.10	Ask about TB history.	1	2
3.11	Ask about general health problems.	1	2
3.12	Ask about medication currently taken.	1	2
History of previous pregnancies		Yes	No
3.13	Ask number of prior pregnancies and births.	1	2
3.14	Ask whether client had any infant who died in the first week.	1	2
3.15	Ask whether client had heavy bleeding during or after delivery with a previous pregnancy.	1	2
3.16	Ask whether client had previous assisted delivery.	1	2
Danger signs in pregnancy		Yes	No
3.17	Ask about any bleeding during this pregnancy.	1	2
3.18	Ask about any vaginal discharge observed during this pregnancy.	1	2
3.19	Ask whether client felt the baby move (late in pregnancy).	1	2
3.20	Ask whether client had any other symptoms or problems that she thinks might be related to this pregnancy.	1	2

Screening for TB		Yes	No
3.21	Ask about persistent cough for three or more weeks with or without blood-stained sputum.	1	2
3.22	Ask about chest pain.	1	2
3.23	Ask about close contact with someone with TB.	1	2
3.24	Ask for loss of body weight in past month.	1	2
3.25	Ask about intermittent fever for more than 2 weeks.	1	2
3.26	Ask about night sweats for more than 2 weeks.	1	2
3.27	Ask whether client ever had BGG immunization.	1	2
3.28	Explore signs and symptoms of other opportunistic infections.	1	2

4. Physical exam

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
4.1	Wash hands before examining client.	a. Yes, with water only b. Yes, water and soap c. Yes, with antiseptic d. Other:	2
4.2	Take weight.	1	2
4.3	Check height.	1	2
4.4	Take blood pressure.	1	2
4.5	Take temperature.	1	2
4.6	Examine hands and eyes for pallor.	1	2
4.7	Conduct breast exam.	1	2
4.8	Check fetal movements.	1	2
4.9	Listen to fetal heart sounds.	1	2
4.10	Conduct pelvic examination.	1	2
<i>Interviewer: If pelvic examination was performed, did the provider:</i>			
4.11	Wash her hands before the exam?	a. Yes, with water only b. Yes, water and soap c. Yes, with antiseptic d. Other:	2
4.12	Put on new or disinfected gloves before the exam?	1	2
4.13	Use sterilized or disinfected instruments?	1	2

5. Drugs and immunizations

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Iron and folic acid			
5.1	Prescribe/give iron/folic acid.	a. Prescribe b. Give	2
5.2	Explain purpose of iron tables.	1	2
5.3	Explain how to take iron tables.	1	2
Tetanus toxoid			
5.4	Assess need (ask how many injections has the client had).	1	2
5.5	Prescribe/give tetanus toxoid.	a. Prescribe b. Give	2
5.6	Explain purpose of tetanus toxoid.	1	2

6. Information on pregnancy and delivery

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Self-care			
6.1	Assess nutritional status using Body Mass Index.	1	2
6.2	Advise about quantity and quality of food to eat during pregnancy.	1	2
6.3	Discuss personal hygiene.	1	2
6.4	Advise on rest and exercise.	1	2
6.5	Give date for next ANC visit.	1	2
Danger signs			
<i>Interviewer: Explain that women should return to the facility if they experienced the following.</i>			
6.6	Vaginal bleeding	1	2
6.7	Fever (feeling hot)	1	2
6.8	Excessive tiredness and breathlessness	1	2
6.9	Swelling in the face, hands, legs	1	2
6.10	Severe headache or blurred vision	1	2
6.11	Sudden gush of water in the vagina	1	2
6.12	Labored breathing	1	2
6.12	Premature labor pains	1	2
6.13	Baby moving less or not moving at all	1	2
Delivery			
6.14	Remind client of expected date of delivery.	1	2
6.15	Suggest that client have a qualified birth attendant/deliver at health facility.	1	2
6.16	Suggest that client deliver at health facility.	1	2
6.17	Explain symptoms/signs of labor.	1	2
6.18	Discuss items to have at hand for delivery.	1	2
6.19	Explain danger signs in delivery.	1	2

7. HIV/AIDS and STIs

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
<i>Interviewer: Mark whether the provider discusses the following.</i>			
7.1	Discuss STIs symptoms/signs.	1	2
7.2	Discuss effects of STI/HIV/AIDS in pregnancy.	1	2
7.3	Inquire/ask client about presence of STI/HIV symptoms.	1	2
7.4	Discuss STI/HIV risk factors:	Yes	No
	Unprotected sex (no condom use)	1	2
	Multiple sex partners	1	2
	Partner with multiple sex partners	1	2
	Intravenous drug use	1	2
7.5	Explain that condoms reduce HIV risk.	1	2
7.6	Explain that abstinence reduces HIV risk.	1	2
7.7	Explain how to use condoms.	1	2
7.8	Ask client about their STI/HIV risk factors.	1	2
7.9	Provide information on PMTCT of HIV.	1	2
7.10	Discuss HIV testing.	1	2
7.11	Discuss where to go for VCT services.	1	2
7.12	Discuss client's interest in getting tested.	1	2
7.13	Suggest partner gets tested for HIV.	1	2

8. Counseling for HIV-positive women

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
<i>Interviewer: Mark whether the provider asks the following.</i>			
8.1	Client received ARVs after last delivery.	1	2
8.2	Client is currently taking ARVs.	1	2
8.3	Client had a blood test for CD4 recently.	1	2
8.4	Client has a good appetite.	1	2
8.5	Client is experiencing any diarrhea or nausea.	1	2
8.6	Client has lost excess weight.	1	2
8.7	Partner's HIV status is established.	1	2
<i>Interviewer: Mark whether the provider did any of the following.</i>			
8.8	Inform about care and support available.	1	2
8.9	Discuss symptoms of opportunistic infections.	1	2

8.10	Explain infant feeding Accessible, Feasible, Affordable, Safe & Sustainable (AFASS).	1	2
8.11	Explain where she and/or her partner can get psychosocial support.	1	2
8.12	Advise against unprotected early penetrative sex after delivery.	1	2

9. Laboratory tests

No.	QUESTIONS	CODING CATEGORIES		
<i>Interviewer: Observe the client-providers interaction during the antenatal check-up visit, and check which of the following tests were done on site, for which tests she was referred somewhere else, and which tests were not done at all.</i>				
	Test	Done on site	Referred	Not done
9.1	Urine test	1	2	3
9.2	Blood test for hemoglobin	1	2	3
9.3	Blood grouping	1	2	3
9.4	HIV test	1	2	3
9.5	VDRL or RPR for syphilis	1	2	3
9.6	TB test	1	2	3
			Yes	No
9.7	Did the health provider explain clearly what tests were going to be performed?		1	2
9.8	If HIV test was done, did the client give her informed consent?		1	2

10. Post-test information on HIV/AIDS

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Observe the client-provider interaction during the antenatal check-up visit, once the client has taken the HIV test (if she does), and ask the following questions.</i>			
10.1	Did the woman receive her HIV/AIDS results in private, or were there other people with her? If there were other people, who were they?	Received results alone.	1
		There were other pregnant women with her.	2
		If there were other people with her, who?	3
		Yes	No
10.2	Did the health provider explain clearly the results of the test?	1	2
10.3	Did the health provider ask the client whether she had any questions about her results?	1	2
10.4	If the results of the HIV test were negative, did the health provider explain to the client how to protect herself so she remained negative?	1	2
10.5	If the results of the HIV test were positive, did the health provider explain to the client what she should do to protect herself and her baby from the infection?	1	2

11. Client's demographic information

<i>Interviewer: If you were not able to obtain the following information during the observation, ask the client to provide the following information once her consultation is over.</i>		
11.1	Age	
11.2	Gestational age	
11.3	Number of ANC visits, including this one	

C. Client exit interview

INSTRUCTIONS FOR THE

INTERVIEWERS: Approach all women as they leave the area where antenatal care services are provided, and ask them whether they are willing to be asked some questions about the services they received today. If they accept, make sure that you are in a place that guarantees privacy and where the woman is comfortable. Ask them for their informed consent to be interviewed (read the form below). Interview only women who give their informed consent. For each item in the interview, circle the code of the appropriate response or describe, as appropriate.

INFORMED CONSENT FORM FOR

THE CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their antenatal care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are interviewing women who had an antenatal care visit today. In these interviews, we ask them about the services and information they obtained, their satisfaction with the services received, their plans for having more children in the future, and other health

needs they may have. I would appreciate it if you allowed me to ask you some questions. The interview will be private, and none of the providers that saw you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me interview you. If you choose not to participate in our study, you will not be penalized in any way. If you accept to participate and you change your opinion later, you can also ask me to interrupt the interview whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the questionnaire. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Reproductive history

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Explain that you are now going to ask some questions about the children she already has and her plans to have more children in the future.</i>				
2.1	How many living children of your own do you have?	Living children:		if 0 ▶ 2.5
2.2	For how long have you been pregnant?	Number of months:		
		Number of weeks:		
2.3	In the future, would you like to have more children?	Yes	1	
		No	2	▶ next section
		Other:	3	
		Don't know	98	
2.4	How long would you like to wait before becoming pregnant again?	Number of months:		
		Number of years:		
		Other:		

3. FP and optimal birth spacing

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Explain that you are now going to discuss the FP information given during this visit and her plans to use an FP method.</i>				
3.1	During this ANC visit, did you receive any written materials about FP?	Yes	1	
		No	2	
3.2	During this visit, did any health provider tell you how soon after delivery a woman can get pregnant?	Yes	1	
		No	2	▶ 3.4

3.3	According to what they told you, how soon after delivery can a woman get pregnant again? <i>Interviewer: Mark all that apply.</i>	Whenever she restarts her sexual relations	1	
		After her period returns	2	
		After she stops breastfeeding exclusively	3	
		After she stops breastfeeding altogether	4	
		After 6 months	5	
		Other:	6	
		Don't know	98	
3.4	During this visit, did any health provider talk to you about the importance of waiting before getting pregnant again?	Yes	1	▶ 3.6
		No	2	
3.5	After delivery, what is the ideal amount of time that a woman should wait before getting pregnant again?	Months:		
		Years:		
		Other:		
		Don't know	98	
3.6	During this visit, did a health provider talk to you about the methods a couple may use to avoid or delay pregnancy?	Yes	1	▶ 3.8
		No	2	
3.7	Which methods were discussed with you? <i>Interviewer: Mark all that apply.</i>	Minipills (progestin-only pills)	1	
		Combined oral contraceptives	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
Fertility awareness methods	20			
Withdrawal	21			
LAM	22			
Other:	23			
		Don't know	98	
3.8	During this visit, did a health provider tell you where you can obtain an FP method?	Yes	1	▶ 3.10
		No	2	
3.9	Where did they tell you could obtain an FP method?			
3.10	During this visit, did a health provider talk to you about LAM or the method of feeding your baby only with breast milk?	Yes	1	▶ 3.12
		No	2	
3.11	According to what you know, what are the three conditions that must be fulfilled in order to use LAM or the method of feeding the baby only with breast milk?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know
	Feed the baby exclusively or almost exclusively with breast milk.	1	2	98
	Baby must be less than 6 months old.	1	2	98
	Monthly bleedings have not resumed since delivery.	1	2	98
3.12	Are you planning to use a contraceptive or FP method after the birth of your baby?	Yes	1	▶ next section
		No	2	

3.13	Which method would you like to use?	Minipills (pills of only progesterone)	1
		Combined contraceptive pill	2
		Female voluntary sterilization	3
		Male sterilization (vasectomy)	4
		IUD	5
		Condom (male or female)	6
		Injectables	7
		Jadelle implants	8
		Implanon implants	9
		Sinoplant (II) implants	10
		LAM	11
		Other natural methods:	12
		Other:	13
Don't know	98		
3.14	How soon after delivery are you planning to start using an FP method?	Immediately	1
		When she stops breastfeeding	2
		When her menstruation resumes	3
		After 6 weeks	4
		In months	5
		Other:	6
		Don't know	98
3.15	Where will you go to obtain an FP method?	This clinic	1
		Other clinic	2
		Pharmacy	3
		Community worker	4
		Facility where she delivers	5
		Other:	6
		Don't know	98

4. Access to ANC

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Explain that you will now ask a few questions about the ANC she has received.</i>			
4.1	Approximately how long had you been pregnant when you received your first antenatal checkup?	Months:	
		Don't know	98
4.2	For how long have you been pregnant?	Weeks:	
		Months:	
4.3	During this pregnancy, how many times have you come to this or other clinics for antenatal services?	Number of visits:	
		Don't know	98

5. Information received at ANC (danger signs, care in pregnancy, and breastfeeding)

No.	QUESTIONS	CODING CATEGORIES			GO TO
5.1	During this ANC visit, did a health provider talk to you about danger signs in pregnancy that need immediate medical care?	Yes			1
		No			2 ▶ 5.3
5.2	What are the danger signs for which they told you that you need immediate medical care when you are pregnant?				
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know	
	1) Vaginal bleeding	1	2	98	
	2) Fever	1	2	98	
	3) Excessive tiredness and breathlessness	1	2	98	
	4) Swelling in the face, hands, legs	1	2	98	
	5) Severe headache or blurred vision	1	2	98	
	6) Sudden gush of water in the vagina	1	2	98	
	7) Labored breathing	1	2	98	
	8) Premature labor pains	1	2	98	
	9) Baby moving less or not moving at all	1	2	98	
	10) Other:	1	2	98	

5.3	In pregnancy, women must have special care and precautions. During this ANC visit, did a health provider give you any information/advice for your care?	Yes	1	
		No	2	▶ 5.5
5.4	What special care and precautions did they tell you to have when you are pregnant?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know
	1) Don't smoke.	1	2	98
	2) Don't drink alcohol.	1	2	98
	3) Reduce your salt intake.	1	2	98
	4) Take a shower every day.	1	2	98
	5) Avoid exercising a lot or carrying heavy loads.	1	2	98
	6) Rest as much as possible.	1	2	98
	7) Keep your feet up while resting.	1	2	98
	8) Have money and transportation handy for emergencies.	1	2	98
5.5	During this ANC visit, did any health provider talk to you about the importance of taking iron and folic acid?	Yes	1	
		No	2	
5.6	Are you taking iron and folic acid tablets?	Yes, iron and folic acid	1	▶ 5.8
		Yes, iron	2	▶ 5.8
		Yes, folic acid	3	▶ 5.8
		No	4	
5.7	Why are you not taking iron and folic acid tablets?	I didn't know I should take them.	1	
		I don't where to get them.	2	
		I don't have money to buy them.	3	
		I am afraid they may harm my baby.	4	
		They aren't available at the clinic.	5	
		My partner, a family member, or a fiend advised me not to take them.	6	
		Other:	7	
5.9	During this ANC visit, did a health provider talk to you about breastfeeding?	Yes	1	
		No	2	▶ 5.11
5.10	What information/advice did you receive about how and when to breastfeed your baby?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know
	1) How to breastfeed the baby	1	2	98
	2) How to solve problems related to breastfeeding	1	2	98
	3) Breastfeed the baby in the first 2 to 3 hours after delivery	1	2	98
	4) Breastfeed exclusively for the first 6 months after delivery	1	2	98
5.11	During this visit, did a health provider inform you about the expected date of delivery?	Yes	1	
		No	2	
5.12	During this visit, did a health provider inform you about the return date for the next ANC visit?	Yes	1	
		No	2	
		Don't know	98	

6. Delivery plans

No.	QUESTIONS	CODING CATEGORIES			GO TO
6.1	During this ANC visit, did a health provider discuss things you should have in preparation for your delivery?	Yes		1	
		No		2	▶ 6.2
6.2	What information/advice did you receive about things you should have ready in preparation for birth of your baby? <i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know	
	1) Emergency transport	1	2	98	
	2) Money for emergencies	1	2	98	
	3) Discuss with family about what to do when labor starts	1	2	98	
	4) Clothes for the baby and mother	1	2	98	
	5) Disinfectant	1	2	98	
	6) Unused blades/razors	1	2	98	
	7) Sanitary towels/cotton wool	1	2	98	
	8) Gloves	1	2	98	
	9) Other:	1	2	98	
6.3	During this visit, did a health provider discuss what health facility you should go to give birth?	Yes		1	
		No		2	
6.4	Where do you plan to give birth?	This hospital		1	
		Other public hospital		2	
		Other private hospital		3	
		Home		4	
		At the midwife's location		5	
		Other:		6	
		Don't know		98	

7. PMTCT of HIV

No.	QUESTIONS	CODING CATEGORIES			GO TO
7.1	Have you ever heard of HIV or the disease called AIDS?	Yes		1	
		No		2	▶ next section
7.2	Do you know how to prevent HIV? <i>Interviewer: Mark all that apply.</i>	Use condoms		1	
		Fidelity to one partner		2	
		Encourage partner to remain faithful		3	
		Abstain from sex		4	
		Avoid sharing razors/needles		5	
		Other:		6	
		Don't know		98	
7.3	During this visit, did a health provider talk to you about HIV or AIDS?	Yes		1	
		No		2	▶ 7.5

7.4	What did the provider tell you about HIV? <i>Interviewer: Mark spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know	
	1) A woman with HIV can transmit it to her baby without appropriate care.	1	2	98	
	2) A woman with HIV can transmit it to her baby if she breastfeeds.	1	2	98	
	3) Breastfeeding exclusively reduces the chance that a woman with HIV will transmit it to her baby.	1	2	98	
	4) There are medicines to help prevent a woman with HIV from transmitting it to her baby.	1	2	98	
	5) Having multiple sex partners increases HIV risk.	1	2	98	
	6) HIV risk is high if partner has multiple sex partners.	1	2	98	
	7) Using condoms reduces HIV risk.	1	2	98	
	8) Abstinence reduces HIV risk.	1	2	98	
	9) A pregnant woman should have an HIV test.	1	2	98	
	10) The partner should have an HIV test.	1	2	98	
11) Other:	1	2	98		
7.5	In this visit, did a health provider offer you to take the HIV test at this clinic or refer you for HIV testing elsewhere?	Yes, take the test at the clinic		1	
		Yes, be referred to a other clinic		2	
		No		3	
7.6	Did you take the HIV test today?	Yes		1	▶ 7.8
		No		2	
		Don't know		98	
		No response		99	
7.7	Did you receive your HIV test result?	Yes		1	▶ 7.9
		No		2	▶ 7.11
7.8	Have you taken the HIV test during this pregnancy?	Yes		1	
		No		2	▶ 7.11
		Don't know		98	▶ 7.11
		No response		99	▶ 7.11
7.9	Would you tell me your HIV test results? Please know that I will keep this information confidential.	HIV positive		1	
		HIV negative		2	▶ 7.11
		Would not indicate status		3	▶ 7.11
		Don't know		98	▶ 7.11
7.10	Have you received any drug to treat your HIV?	Yes		1	
		No		2	
		Don't know		98	
7.11	Has your partner tested for HIV?	Yes		1	
		No		2	
		Don't know		98	

8. PMTCT of STIs

No.	QUESTIONS	CODING CATEGORIES	GO TO
8.1	Have you heard of diseases that men and women can get through sexual intercourse, sometimes called sexually transmitted infections, or STIs?	Yes	1
		No	2 ▶ 8.4
8.2	If a woman has an STI, what symptoms might she have? <i>Interviewer: Mark all that apply</i>	No symptoms	1
		Lower abdominal pain	2
		Unusual or abnormal discharge	3
		Burning pain on urination	4
		Genital ulcers/sores	5
		Swelling in groin area	6
		Itching	7
		Pain during intercourse	8
		Genital warts	9
		Other:	10
Don't know	98		

8.3	If a man has an STI, what symptoms might he have? <i>Interviewer: Mark all that apply.</i>	No symptoms	1
		Lower abdominal pain	2
		Unusual or abnormal discharge	3
		Burning pain on urination	4
		Genital ulcers/sores	5
		Swelling in groin area	6
		Itching	7
		Pain during intercourse	8
		Genital warts	9
		Other:	10
	Don't know	98	
8.4	During this ANC visit, did a health provider talk to you about STIs?	Yes	1
		No	2

9. Malaria

No.	QUESTIONS	CODING CATEGORIES	
9.1	In this ANC visit, did a health provider talk to you about why it is important to take antimalarial medicines during pregnancy?	Yes	1
		No	2
9.2	In this visit, has a health provider given or prescribed any antimalarial medicines for you?	Yes, given	1
		Yes, prescribed	2
		No	3
9.3	During this visit, did a provider advise you to use treated bed nets/mosquito nets to prevent malaria?	Yes	1
		No	2
9.4	During this visit, did a provider ask you whether you had ever received a tetanus toxoid injection?	Yes	1
		No	2

10. IEC materials

No.	QUESTIONS	CODING CATEGORIES		GO TO
10.1	Did you receive any information materials during this ANC visit?	Yes	1	
		No	2	▶ next section
10.2	What were they about? The content of the information materials?	Health care of baby/mother	1	
		FP	2	
		STIs	3	
		HIV/AIDS	4	
		PMTCT	5	
		Male's involvement	6	
		Other:	7	
	Don't know	98		

11. Satisfaction with services

No.	QUESTIONS	CODING CATEGORIES	
11.1	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Hours:	
		Minutes:	
		Saw provider immediately	97
		Don't know	98
11.2	Do you think the time you waited was too long, reasonable, or short?	Too long	1
		Reasonable	2
		Short	3
		Don't know	98

11.3	<i>Interviewer: Explain that you will now review some common experiences clients have at health facilities. As you mention each one, ask the client if she was satisfied, dissatisfied, or undecided about any of the services today.</i>	Satisfied	Dissatisfied	Undecided	
		Ability to discuss problems or concerns about your pregnancy with the providers	1	2	3
		Amount of explanation the providers gave to you about a problem or treatment	1	2	3
		Quality of examination and treatment provided	1	2	3
		Visual privacy during examination (that other clients could not see you)	1	2	3
		Auditory privacy during discussion (that other clients could not hear you)	1	2	3
		Cleanliness of this facility	1	2	3
		How the clinic staff treated you	1	2	3
11.4	Would you strongly, not strongly, or never recommend a friend to this facility for ANC?	Strongly recommend		1	
		Recommend, but not strongly		2	
		Never recommend		3	
		Don't know		98	

12. Male involvement

No.	QUESTIONS	CODING CATEGORIES		GO TO
12.1	Did the baby's father or your current partner accompany you to this ANC visit?	Yes	1	▶ 12.3
		No	2	
12.2	During this visit, did a health provider advise you to encourage your partner to accompany you to your ANC visits?	Yes	1	
		No	2	
12.3	During this pregnancy, has your partner beaten or insulted you at any time?	Yes	1	
		No	2	▶ 12.5
		No response	99	▶ 12.5
12.4	Have you talked about this issue to a health provider?	Yes	1	
		No	2	
12.5	Would you like your partner to receive information about FP methods?	Yes	1	
		No	2	
		Don't know	98	
12.6	Would you like you and your partner to talk with somebody at this clinic about how both of you can get protection from HIV infection?	Yes	1	
		No	2	
		Don't know	98	

13. Costs

No.	QUESTIONS	CODING CATEGORIES	
13.1	How much did you pay for all services or treatments you received at this facility today? How much did you pay for travel?	Fees for client card:	
		Fees for consultation:	
		Fees for laboratory tests:	
		Fees for medicines:	
		Other:	
		I did not pay anything at the clinic.	
		Travel:	
13.2	What do you think of the costs of your treatment?	Total:	
		They were ok.	1
		Too much	2
		Other:	3
		Don't know	98

14. Accessibility

No.	QUESTIONS	CODING CATEGORIES		GO TO
14.1	By what means of transport did you get to the clinic today? <i>Interviewer: Mark all that apply.</i>	Taxi	1	
		Bus	2	
		Train	3	
		Private car	4	
		Bicycle	5	
		Walk	6	
		Other:	7	
14.2	Approximately how long did it take you to get to the clinic today?	Hours:		
		Minutes:		
14.3	Are the hours of service at this facility appropriate to you?	Yes	1	▶ next section
		No	2	
14.4	Why not?			

15. Demographics

No.	QUESTIONS	CODING CATEGORIES	
15.1	How old are you?	Age in years:	
15.2	What is your current marital status?	Married, monogamous	1
		Married, polygamous	2
		Cohabiting/living with partner	3
		Single, never married	4
		Divorced/separated/widowed	5
15.3	What is the highest level of school you attended?	Did not attend formal school	1
		Primary	2
		Secondary	3
		Tertiary	4
		Other:	5

D. Provider interview

INSTRUCTIONS FOR THE

INTERVIEWER: Interview all health facility staff who are responsible for providing antenatal care, FP services to antenatal care clients, and those who participate in activities with pregnant women for PMTCT of HIV/STIs (if applicable in the study objectives). Please interview staff at the end of the working day or during their breaks. Make it clear that you are seeking their assistance in finding ways of improving the functioning and quality of the services offered by facilities in general and are not evaluating the performance of the facility or of them individually. **For each item, circle the code of the adequate response or describe, as appropriate.** Before beginning, read the following greeting when you meet with each provider that you will interview:

GREETING: Good morning. My name is _____, and I work for _____. We are currently doing a study about the way that FP services are being integrated with antenatal care in the country and the problems that present obstacles to integration. As a part of this study, we are interviewing all health providers who participate in antenatal care, family planning services for pregnant women, and activities to prevent mother-to-child transmission of HIV. These interviews are not to evaluate individual facilities or providers. We are visiting a number of facilities. All the information you give me will be confidential, and no one will know what you said. I will not record your name in the questionnaire, and there will be no way in which the responses you give me can be directly linked to you. They will all be confidential.

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
	Other:	7	
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Demographics and professional experience

No.	QUESTIONS	CODING CATEGORIES	
2.1	Sex <i>Interviewer: Please mark.</i>	Male	1
		Female	2
2.2	How old are you?	Age in years:	
2.3	What is your current technical qualification?	Specialist doctor	1
		General doctor	2
		Social service doctor	3
		Intern MD student	4
		Professional nurse	5
		Auxiliary nurse/aide	6
		Nursing student	7
		Social worker	8
		Other:	9
2.4	How many years ago did you graduate with this degree?	Years:	
2.5	How long have you been working at this facility?	Months:	
		Years:	
2.6	In which unit or department are you currently working?	ANC	1
		FP	2
		Other:	3
2.7	What services do you directly provide at this facility? <i>Interviewer: Mark all that apply.</i>	FP counseling	1
		Contraceptives	2
		ANC	3
		Delivery	4
		Postpartum care	5
		Treatment of abortion complications	6
		HIV/AIDS counseling	7
		HIV/AIDS testing	8
		HIV/AIDS treatment and care	9
		STI services	10
		Child immunization	11
		Child growth monitoring	12
		Curative services for women	13
		Curative services for children	14
		Other:	15

3. Integration of ANC and FP

No.	QUESTIONS	CODING CATEGORIES				GO TO	
3.1	<i>Interviewer: Ask (a) During your in-service professional training, have you ever received training in [read 1 to 6]? For every positive response ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year			
		Yes	No	Yes	No		
		1) Counseling/health education for maternity clients	1	2	1		2
		2) FP counseling techniques	1	2	1		2
		3) FP counseling for maternity clients	1	2	1		2
		4) Advantages and disadvantages of different contraceptive methods	1	2	1		2
		5) Action mechanisms of different FP contraceptive methods	1	2	1		2
6) Contraindications of FP methods for postpartum women	1	2	1	2			

3.2	What are the main services, information, or orientation you provide to ANC clients? <i>Interviewer: Ask "Something else?"</i> <i>Mark all the relevant options.</i>	Apply injection against tetanus	1	
		Information about danger signs in pregnancy	2	
		Information about diet and nutrition	3	
		Counseling about STIs	4	
		Counseling about HIV/AIDS	5	
		Information about breastfeeding	6	
		FP counseling	7	▶ 3.4
		Information about signs of delivery	8	
		Other:	9	
3.3	During the ANC visits, do you provide information about FP?	Yes	1	
		No	2	▶ 3.13
3.4	During the ANC visits:		Yes	No
	1) Do you counsel interested women on choosing a suitable FP method after delivery?		1	2
	2) Do you tell women where they can obtain an FP method after delivery?		1	2
	3) Do you inform women about the importance of using an FP method by the 40th day postpartum?		1	2
	4) Do you provide information about LAM (breastfeeding as an FP)?		1	2
	5) Do you encourage the client to visit the health clinic with her baby by the 40th day postpartum?		1	2
3.5	Can you tell me the three basic principles for LAM to be an effective FP method? <i>Interviewer: Don't read.</i>		Yes	No
	1) Exclusive or almost exclusive breastfeeding or full-time breastfeeding day and night		1	2
	2) Infant must be less than 6 months old.		1	2
	3) Absence of menses since delivery		1	2
3.6	What are the main activities you follow when talking about FP to antenatal clients? <i>Interviewer: Ask "Something else?"</i> <i>Mark all the relevant options.</i>	Identify reproductive goals of woman.		1
		Provide information about different contraceptive methods.		2
		Discuss the client's contraceptive preferences.		3
		Help women select a suitable method.		4
		Instruct women in how to use the selected method.		5
		Other:		6

3.7	<i>Interviewer: Explain that you will now ask you about the client's knowledge of different FP methods.</i>				
For each one of the next methods, please tell me if you:					
1) Know the method sufficiently well to counsel and provide it to a client					
2) Know the method sufficiently well to counsel about it, but not to provide it					
3) Know little about the method and would not feel comfortable counseling or providing it					
4) Do not know the method					
		Know well to counsel and provide it	Know well to counsel but not provide	Know little about it	Do not know it
1) Combined oral contraceptives		1	2	3	4
2) Minipills (progestin-only pills)		1	2	3	4
3) Emergency contraceptive pills		1	2	3	4
4) Progestin-only injectables		1	2	3	4
5) Monthly injectables		1	2	3	4
6) Combined patches		1	2	3	4
7) Combined vaginal rings		1	2	3	4
8) Jadelle implants		1	2	3	4
9) Implanon implants		1	2	3	4
10) Sinoplant (II) implants		1	2	3	4
11) IUD		1	2	3	4
12) IUS		1	2	3	4
13) Male condoms		1	2	3	4
14) Female condoms		1	2	3	4
15) Diaphragms		1	2	3	4
16) Spermicides		1	2	3	4
17) Cervical caps		1	2	3	4
18) Female sterilization		1	2	3	4
19) Vasectomy		1	2	3	4
20) Fertility awareness methods		1	2	3	4
21) Withdrawal		1	2	3	4
22) Other:		1	2	3	4
3.8	During the ANC visits, do you encourage women to wait for some time before getting pregnant again?	Yes			1
		No			2
3.9	According to what you know, what is the ideal time interval between pregnancies to protect a woman's health?	Less than 2 years			1
		2 – 3 years			2
		3 – 5 years			3
		Other:			4
3.10	During the ANC visits, do you discuss with the client how soon after delivery she can get pregnant again?	Yes			1
		No			2
3.11	According to what you know, how soon after delivery can a woman get pregnant again?	4 weeks after delivery, if she doesn't breastfeed exclusively			1
		As soon as menstruation resumes			2
		After 6 months, if she breastfeeds exclusively			3
		Other:			4
		Don't know			98
3.12	What are the main difficulties you have had in this facility in providing FP services for ANC clients in the last 3 months?	Lack of supplies			1
		Lack of qualified personnel			2
		Lack of equipment			3
		Failures in equipment			4
		Inappropriate facilities			5
		Do not feel sufficiently trained			6
		Not enough time to counsel clients			7
		Other:			8

3.13	Are there any written guidelines in this facility for providing FP services to ANC clients?	Yes	1	
		No	2	▶ next section
		Don't know	98	▶ next section
3.14	How well do you know the guidelines for providing FP services to ANC clients?	Very well	1	
		Fairly well	2	
		Not well	3	

4. ANC experience, knowledge, and practices

No.	QUESTIONS	CODING CATEGORIES	GO TO
<i>Interviewer: Explain that you are now going to ask some questions about ANC services.</i>			
4.1	Do you currently personally provide ANC?	Yes	1
		No	2 ▶ next section
4.2	For how many years in total have you provided this service, including your work at another facilities?	Years: <i>Interviewer: If less than 1 year, record "00."</i>	
4.3	Does this health facility have written guidelines on ANC?	Yes	1
		No	2 ▶ 4.5
4.4	How well do you know the guidelines for ANC?	Very well	1
		Fairly well	2
		Not well	3
4.5	How many ANC visits do you recommend for women with normal pregnancies?	Number of visits: Don't know	98
4.6	How many ANC visits do you recommend for women with high-risk pregnancies?	Number of visits: Don't know	98
4.7	Ideally, between what gestation age/period should a pregnant woman come for her first ANC visit?	Low (weeks):	
		High (weeks):	
		Don't know	98
4.8	What laboratory tests do you indicate for women coming to their ANC visits? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	HIV/AIDS	1
		Syphilis	2
		Gonorrhea	3
		Test for blood anemia	4
		Test urine for protein	5
		Test urine glucose	6
		Blood group	7
		Malaria	8
		TB	9
		Other:	10
4.9	What are the danger signs in pregnancy? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	Any vaginal bleeding	1
		Fever	2
		Excessive tiredness and breathlessness	3
		Swelling in the face, hands, legs	4
		Severe headache or blurred vision	5
		Sudden gush of water in the vagina	6
		Labored breathing	7
		Premature labor pains	8
		Baby moving less or not moving at all	9
		Other:	10

4.10	When counseling a woman about preparations for delivery, what topics do you discuss with her? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	When baby is due for delivery	1	
		Identify a health facility for any emergency	2	
		Identifying a health facility for delivery	3	
		Putting money aside in case of emergency	4	
		Planning transport in case of emergency and delivery	5	
		Having a birth partner during birth	6	
		Collecting and preparing the basic supplies for birth	7	
		Other:	8	
4.11	What are the main difficulties you have had in this facility in providing ANC to women in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel adequately trained	6	
		Not enough time to treat clients	7	
		Other:	8	
Don't know	98			

5. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Explain that you will now ask questions related to the organization of work in this facility.</i>				
5.1	In the last 6 months has a supervisor spoken with you about your work or observed your work?	Yes	1	▶ next section
		No	2	
5.2	How many times in the last 6 months has your work been supervised?	Number of times:		
5.3	Did your supervisor do the following the last time she/he supervised you.	Yes	No	
	1) Checked your records	1	2	
	2) Observed your work	1	2	
	3) Provided feedback on your performance	1	2	
	4) Provided updates on administrative or technical issues related to your work	1	2	
	5) Discussed problems you have encountered	1	2	

6. PMTCT of HIV

No.	QUESTIONS	CODING CATEGORIES				GO TO	
6.1	<i>Interviewer: Explain that you will now discuss the integration of ANC and PMTCT of HIV. Ask the following. (a) During your in-service professional training, have you ever received training in (read 1 to 17)? For every positive response ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year			
		Yes	No	Yes	No		
		1) PMTCT of HIV	1	2	1		2
		2) Counseling for prevention of HIV	1	2	1		2
		3) Counseling/social support for HIV/AIDS infected clients	1	2	1		2
		4) Medical management of HIV/AIDS infected clients	1	2	1		2
	5) ARV therapy for HIV/AIDS infected clients	1	2	1	2		
6.2	During ANC visits, do you provide information or counseling to pregnant women about HIV/AIDS?	Yes			1	▶ next section	
		No			2		

6.3	Does this health facility have guidelines on PMTCT of HIV in ANC clients?	Yes	1	
		No	2	▶ 6.5
		Don't know	98	▶ 6.5
6.4	How well do you know these guidelines?	Very well	1	
		Fairly well	2	
		Not well	3	
6.5	Please describe the four pillars (prongs) of PMTCT.	Primary prevention of HIV infection	1	
		Prevention of unintended pregnancies among HIV-positive women	2	
		Prevention of HIV transmission from HIV-infected women to their children	3	
		Treatment, care, and support of HIV-infected women and their families	4	
		Other:	5	
		Don't know	98	
6.6	What is the main information or counseling about HIV/AIDS that you provide to women during their ANC visits? <i>Interviewer: Ask "Anything else?" Mark all the relevant options.</i>	A woman with HIV can transmit it to her baby without appropriate care.	1	
		A woman with HIV can transmit it to her baby if she breastfeeds.	2	
		Breastfeeding exclusively reduces the chance that a woman with HIV transmits it to her baby.	3	
		There are medicines to help prevent HIV transmission from a woman to her baby.	4	
		Having multiple sex partners increases risks of HIV infection.	5	
		Risk of HIV infection is high if partner has multiple sex partners.	6	
		Using condoms reduces risk of HIV infection.	7	
		Abstinence reduces risk of HIV infection.	8	
		A pregnant woman needs to be tested for HIV.	9	
		The partner needs to be tested for HIV.	10	
		Other:	11	
6.7	What kind of messages would you give to HIV-positive mothers to promote safer breastfeeding? <i>Interviewer: Mark all the relevant responses.</i>	Exclusive breastfeeding (6 months)	1	
		Wean abruptly	2	
		Mother to ensure baby is attached and positioned to breast properly to prevent nipple problems	3	
		To promptly seek medical attention for breast problems	4	
		At about 6 months, mother can provide food at least 3 times a day and give fresh fruits and vegetables.	5	
		Mothers and their partners should practice safer sex.	6	
		When to take her and baby's medications	7	
		Other:	8	
6.8	What counseling do you give to all clients for PMTCT of HIV during the postpartum period? <i>Interviewer: Mark all relevant responses.</i>	Do not give any counseling	1	
		Routine testing and counseling for HIV	2	
		Avoid STIs by using condoms	3	
		Being faithful	4	
		Having a faithful partner	5	
		Avoid mother's HIV infection by practicing safer sex	6	
		Encourage partner testing	7	
		Other:	8	

6.9	What counseling do you give to HIV-positive clients to prevent mother to child transmission of HIV during the postpartum period? <i>Interviewer: Mark all relevant responses.</i>	Do not give any counseling	1
		Exclusive breastfeeding for the first 6 months	2
		Exclusive breastfeeding, stopping all breastfeeding as soon as replacement feeding is possible (if baby is less than 6 months old)	3
		If acceptable, feasible, safe, and affordable, use replacement feeding with home-prepared or commercial formula.	4
		If breastfeeding, keep breasts healthy.	5
		Explain that their babies should take ARVs.	6
		Explain that they should take their ARVs.	7
		Tell them that lochia (postpartum vaginal discharge) can cause infection in other people, and therefore they should dispose of blood-stained sanitary pads.	8
		Visit HIV services 2 weeks after delivery for further assessment.	9
		Mothers and partners should practice safer sex.	10
		Other:	11
6.10	According to your own experience, what are the two main problems for the implementation of activities for PMTCT of HIV in this facility?	1. _____ 2. _____ _____	

7. PMTCT of STIs

No.	QUESTIONS	CODING CATEGORIES				
7.1	<i>Interviewer: Explain you will now ask a few questions about STIs: (a) During your in-service professional training, have you ever received training in (read 1 to 17)? For every positive response, ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year		
		Yes	No	Yes	No	
		1) STIs syndromic management and treatment	1	2	1	2
		2) Clinical diagnosis and treatment of STIs	1	2	1	2
		3) Counseling for prevention of STIs	1	2	1	2
4) Syphilis screening (RPR) test	1	2	1	2		
7.2	If an antenatal client has an abnormal discharge, how would you determine whether the discharge is an STI?	Describe candida, not STI				1
		Amount, color, odor				2
		Assessment of risk history				3
		Other:				4
		Don't know				98
7.3	How would you treat a pregnant woman with a discharge symptomatic of an STI?	Give flagyl				1
		Give flagyl return after 1/52				2
		Cervicitis drug				3
		Give flagyl, erythromycin, spectinomycin				4
		Other:				5
Don't know				98		
7.4	How would you treat a pregnant woman with syphilis?	Give her and her partner penicillin stat				1
		Continue with erythromycin 500mg				2
		STIs syndromic approach				3
		Other:				4
		Don't know				98
7.5	How would you treat a pregnant woman with a genital ulcer?	Erythromycin and penicillin				1
		Other:				2
		Don't know				98

8. Malaria

No.	QUESTIONS	CODING CATEGORIES	GO TO
<i>Interviewer: Explain that you will now ask questions about malaria.</i>			
8.1	Please mention three ways of controlling malaria in pregnancy. <i>Interviewer: Mark all that apply.</i>	Counsel client about use of treated bed nets/mosquito nets	1
		Intermittent preventive treatment (IPT) with SP (fansidar)	2
		Case management of symptomatic women	3
		Other:	4
		Don't know	98
8.2	What antimalarial drug is recommended for use among pregnant women to prevent malaria?	SP - Fansidar	1
		Other:	2 ▶ 7.4
		Don't know	98 ▶ 7.4
8.3	At what stages in a woman's pregnancy should you administer the 1st dose of antimalarial (SP) to prevent malaria in pregnancy?	During the 2nd trimester (16 to 24 weeks/4 to 6 months)	1
		Other:	2
		Don't know	98
8.4	At what stages in a woman's pregnancy should you administer the 2nd dose of antimalarial (SP) to prevent malaria in pregnancy	During the 3rd trimester (24 to 36 weeks/6 to 8 months)	1
		Other:	2
		Don't know	98

9. Anemia

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Explain that you will now ask questions about anemia.</i>			
9.1	What are the four major causes of anemia in pregnancy? <i>Interviewer: Mark all that apply.</i>	Iron deficiency	1
		Hookworms	2
		Malaria	3
		Advanced HIV/AIDS	4
		Other:	5
		Don't know	98
9.2	How would you look for signs and symptoms of anemia in your clients? <i>Interviewer: Mark all that apply. Ask "Something else?"</i>	Hemoglobin testing	1
		Ask client whether legs feel heavy.	2
		Ask client whether she sometimes has difficulty walking.	3
		Ask client whether she sometimes has buzzing in the ears.	4
		Ask client whether she sometimes feels palpitations (heart running fast).	5
		Ask client whether she sometimes has dizziness that stops her from walking.	6
		Examine client's palms, nail beds, inner eyelids, and tongue (pallor).	7
		Other:	8

Data collection instruments for the integration of family planning with postnatal care services

This section contains the four basic instruments for conducting an AIM on the integration of FP and postnatal care (PNC) services. PNC includes integrated services for the mother and the child. Instruments are presented in the following order:

- A) Inventory for facilities available and services provided at the facility
- B) Observation guide
- C) Questionnaire for clients' exit interviews
- D) Questionnaire for providers' interviews

Since some may be interested in using AIM to gather information exclusively about the integration of PNC and FP services, while others may want to take advantage of a research team already visiting the facility to obtain information about the general quality of PNC services, the instruments contain questions that are relevant for both purposes. The first two modules of the inventory and the observation guide, and the first three modules of the provider's and client's interviews are designed to serve as a questionnaire that can easily be adapted to any study that focuses exclusively on measuring the integration of PNC and FP services.

All the modules that follow the one labeled "Integration of PNC and Family Planning Services" are designed to assess different components of the quality of PNC services. Those interested in this aspect can adapt the whole instruments to their own context. Some of the questions in these modules are relevant only in certain contexts or for specific objectives, such as those that refer to the activities for PMTCT of transmission of HIV and STIs, or the questions about costs. These optional questions are shaded for easy identification.

We recommend that only those questions that are directly linked to the objectives of each study (as defined by the researchers) are included in the final questionnaires. Otherwise, research teams risk wasting money and time collecting too much information that will not be used.

A. Inventory for facilities available and services provided at the facility

INSTRUCTIONS TO DATA

COLLECTOR: This inventory should be completed by observing the facilities that are available and having discussions with the person in charge of PNC on the day of the visit. For some questions, you may also have to talk to the person in charge of FP.

For some of the questions in this instrument, you will have to observe directly the availability of equipment, supplies, and infrastructure. Ask the clinic staff member who is assisting you to direct you to the room, laboratory, or storage area that you need to verify. In all cases, you should verify that the items exist by actually observing them yourself; if you are not able to observe them, then code accordingly. Remember that the objective of the inventory is to identify equipment and facilities that currently exist and are in working order and not to evaluate the performance of the staff or the clinic. **For each item, circle the code of the most suitable response or describe as appropriate.** Before beginning, read the following greeting when you meet with the person who will help you fill this instrument:

GREETING: Good morning. My name is _____, and I work for _____. We are currently doing a study about the way that family planning services are being integrated with postnatal care in the country and the problems that interfere with the integration. This

is not an evaluation of this facility or of the staff who provide us this information. We are visiting a number of facilities. All the information will be combined, and all the information you provide me will be confidential. No one will know what you said. Are you willing to assist?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
	Other (specify):	7	
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other (specify):	4
1.6	Result of the inventory	Complete	1
		Incomplete	2
		Refused	3
		Other (specify):	4

2. Questions to measure the integration between FP and PNC services

No.	QUESTIONS	CODING CATEGORIES			GO TO	
2.1	Is (read 1 to 6) available to outpatient clients in this health facility? How many days per week are (read 1 to 6) services offered?	Yes	No	Days		
		1) FP counseling	1	2		
		2) Contraceptives	1	2		
		3) PNC	1	2		
		4) Essential newborn care	1	2		
		5) Child immunization	1	2		
		6) Child growth monitoring	1	2		
2.2	Do the hours of operation of PNC coincide with the hours of operation of FP services?	Yes. Whenever PNC services are open, FP services are also open.			1	
		Sometimes. There are times when PNC services are open that FP services are closed. Explain:			2	
		No. Whenever PNC services are open, FP services are closed.			3	
		Other (specify):			4	

2.3	How many providers and of which type (qualifications) are assigned to work in PNC services in this facility? Of the staff involved in PNC, how many have as one of their responsibilities giving FP services to PNC clients?		
	Type of staff	PNC	PNC providers that give FP to PNC clients
	Medical specialists		
	General practitioners		
	Medical residents		
	Medical interns		
	Trained midwives		
	Professional nurse		
	Auxiliary nurse		
	Nursing student		
	Social worker		
Other 1: (specify)			
Other 2: (specify)			
2.4	Are there any indicators for the integration of FP services with PNC (e.g., offering FP counseling in PNC visits) systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes (Explain how):	1
		No	2
		Other (specify):	3
2.5	Are there any written guidelines or service protocols in this facility for PNC services? <i>Interviewer: Ask to see a copy of the guidelines.</i>	Yes, guidelines are available <i>Interviewer: Write name of guidelines.</i>	1
		Yes, but guidelines aren't available.	2
		No, there aren't written guidelines.	3
2.6	Are there any written guidelines or service protocols in this facility for essential newborn care services? <i>Interviewer: Ask to see a copy of the guidelines.</i>	Yes, guidelines are available <i>Interviewer: Write name of guidelines.</i>	1
		Yes, but guidelines aren't available.	2
		No, there aren't written guidelines.	3 ▶ 2.12
2.7	Do these guidelines or service protocols recommend that FP services (e.g., counseling) are offered to women during PNC?	Yes, explain:	1 ▶ 2.9
		No	2
2.8	Do these guidelines or service protocols recommend that postnatal women are referred to FP services elsewhere?	Yes, explain:	1 ▶ 2.12
		No	2 ▶ 2.12
2.9	Which FP services do the guidelines or protocols recommend for PNC clients?	FP counseling	1
		FP methods	2
		Other:	3
2.10	Do these guidelines specify the contraception options that are counterindicated for lactating women?	Yes	1
		No	2 ▶ 2.12

2.11	According to these guidelines, which contraceptive options are contraindicated for lactating women? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
2.12	Is FP counseling routinely offered to PNC clients in this facility? (By routinely, we mean offered to most patients.)	Yes	1	▶ 2.19
		No	2	
2.13	For which PNC clients is FP information routinely offered? (E.g., is it offered only to clients in their first visit?)	Explain:		
2.14	Do PNC clients receive FP counseling at the same time that they receive their PNC consultation?	Yes	1	
		No	2	
		Other:	3	
2.15	Who gives FP counseling to PNC clients? The same provider who gives them PNC or someone else?	Same provider	1	
		Someone else	2	
		Other:	3	
2.16	Where do PNC clients receive FP information?	In the same area where they receive PNC services	1	▶ 2.18
		In the FP services in this facility	2	
		Other:	3	
2.17	Why is FP information not provided in the same area where women receive PNC?	There is not staff available.	1	
		Staff is not trained.	2	
		Do not have the necessary equipment	3	
		Insufficient room/space	4	
		Other:	5	

2.18	Which FP methods are routinely offered to women in postnatal visits? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1			
		Minipills (progestin-only pills)	2			
		Emergency contraceptive pills	3			
		Progestin-only injectables	4			
		Monthly injectables	5			
		Combined patches	6			
		Combined vaginal rings	7			
		Jadelle implants	8			
		Implanon implants	9			
		Sinoplant (II) implants	10			
		IUD	11			
		IUS	12			
		Male condoms	13			
		Female condoms	14			
		Diaphragms	15			
		Spermicides	16			
		Cervical caps	17			
		Female sterilization	18			
		Vasectomy	19			
		Fertility awareness methods	20			
		Withdrawal	21			
		LAM	22			
		Other:	23			
2.19	If a woman that comes for PNC is interested in receiving information on FP, is she able to receive this information on the day of her visit, or is she asked to come back on a different day?	Always receive on same day	1			
		Sometimes receive on same day	2			
		Always asked to come back on a different day	3			
		Other:	4			
2.20	What happens when a woman attending PNC expresses interest in receiving a FP method? Does she receive the method the same day of her visit, or is she asked to come back on a different day?	Always receive on same day	1			
		Sometimes receive on same day	2			
		Always asked to come back a different day	3			
		Other:	4			
2.21	<i>Interviewer: Obtain the following information from the service statistics.</i>	Last 12 months	Last 6 months	Last month	Info not available	
		1) Number of PNC visits				
		2) Number of first PNC visits				
		3) Number of PNC clients who received FP counseling				
		4) Number of first-visit PNC clients who received FP counseling				
		5) Number of PNC clients who received a contraceptive				
2.22	On the date of visit, which of the following contraceptives are available for PNC clients?	Available	Not available			
		1) Combined oral contraceptives	1	2		
		2) Progestin-only pills	1	2		
		3) Emergency contraceptive pills (prepacked)	1	2		
		4) Emergency contraceptive pills (not prepacked)	1	2		
		5) Progestin-only injectables	1	2		
		6) Monthly injectables	1	2		
		7) Combined patches	1	2		
		8) Combined vaginal rings	1	2		
		9) Jadelle implants	1	2		
		10) Implanon implants	1	2		
		11) Sinoplant (II) implants	1	2		
		12) IUD	1	2		
		13) IUS	1	2		
		14) Male condoms	1	2		
		15) Female condoms	1	2		
		16) Diaphragms	1	2		
		17) Spermicides	1	2		
		18) Female sterilization	1	2		
		19) Vasectomy	1	2		

3. Description of district and its functioning

No.	QUESTIONS	CODING CATEGORIES	
3.1	Area		
3.2	Population		
3.3	Number of women in reproductive age		
3.4	Health facilities operating in the district	Number of hospitals:	
		Number of health centers:	
		Number of health posts:	
		Number of dispensaries:	
		Number of other facilities:	
		<i>Interviewer: Specify what is included in this category.</i>	

4. Hours of operation

No.	QUESTIONS	CODING CATEGORIES	
4.1	Routinely, how many days per week is the facility open for outpatient services?	Days:	
4.2	What are the opening and closing hours for outpatient services at this facility?	Opening time ____ : ____ Closing time ____ : ____ (Hour : Minutes)	
4.3	Is there a nurse or doctor present at the facility at all times? (24 hours/day)	Yes No	1 2
4.4	Is there a nurse or doctor available on call at all times after hours?	Yes No	1 2

5. Services available/staff

No.	QUESTIONS	CODING CATEGORIES		
5.1	Is (read 1 to 16) available to outpatient clients in this health facility? How many days per week are (read 1 to 16) services offered?	Yes	No	Days
	1) FP counseling	1	2	
	2) Contraceptives	1	2	
	3) Antenatal care	1	2	
	4) Delivery	1	2	
	5) PNC	1	2	
	6) Treatment of abortion complications	1	2	
	7) HIV/AIDS counseling	1	2	
	8) HIV/AIDS testing	1	2	
	9) HIV/AIDS treatment and care	1	2	
	10) Services for STIs	1	2	
	11) Essential newborn care	1	2	
	12) Child immunization	1	2	
	13) Child growth monitoring	1	2	
	14) Curative services for women	1	2	
	15) Curative services for children	1	2	
	16) Other:			
5.2	Do you have staff shortages in (read 1 to 4) services?	Yes	No	
	1) PNC	1	2	
	2) FP	1	2	
	3) STI	1	2	
	4) HIV/VCT	1	2	

5.3	What types of staff shortages are most critical?	Medical specialists	1
		General practitioners	2
		Medical residents	3
		Medical interns	4
		Trained midwives	5
		Professional nurse	6
		Auxiliary nurse	7
		Nursing student	8
		Social worker	9
		Other:	10

6. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
6.1	How often do formal meetings to discuss facility management/administrative issues take place?	Monthly	1	
		Quarterly	2	
		Semi-annually	3	
		Other:	4	
		No formal management meetings	5	
6.2	Is an official record of meetings maintained? <i>Interviewer: If yes, ask to see some record from most recent meeting.</i>	Yes, record seen	1	
		Yes, record not seen	2	
		No official record of meetings	3	
6.3	Does this facility have any system for determining clients' opinions about the health facility or services?	Yes	1	▶ 6.6
		No	2	
6.4	In the past 3 months, have any changes been made in the facility as a result of client opinion?	Yes	1	
		No	2	
6.5	Does this facility have a method for monitoring the quality of care provided to clients?	Yes	1	▶ 6.8
		No	2	
6.6	What is done to monitor quality of care?			
6.7	Are there any indicators for PNC systematically reviewed in these quality-monitoring activities?	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	5	
6.8	Who is responsible for reviewing findings and taking action relative to quality of care activities? <i>Interviewer: Mark all that apply.</i>	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	5	
6.9	When was the last time an external supervisor (someone from outside this facility) visited the facility?	Within the last 6 months	1	▶ next section
		More than 6 months ago	2	
		No external supervision	3	
6.10	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor do the following: <i>Interviewer: Read options and mark all that apply.</i>	Check records?	1	
		Discuss problems?	2	
		Discuss policy/ administrative issues?	3	
		Discuss technical protocols/ practice?	4	
		Hold an official staff meeting?	5	
		Observe individual staff providing services?	6	
		Do anything else (specify)?	7	

7. PNC quality

No.	QUESTIONS	CODING CATEGORIES			GO TO	
7.1	Which of the following services are routinely offered to PNC patients in the outpatient area of this facility? (By routinely, we mean offered to every patient.) If a service is not routinely offered in this facility, are PNC patients referred to a different health facility to obtain this service?					
		Service	Offered	Referred	Not offered or referred	
		PNC for the mother	1	2	3	
		Essential newborn care	1	2	3	
		Child-growth monitoring	1	2	3	
		Child immunization	1	2	3	
		FP counseling	1	2	3	
		HIV/AIDS voluntary counseling	1	2	3	
		HIV/AIDS testing	1	2	3	
		ARV prophylaxis treatment for HIV-positive women	1	2	3	
		ARV prophylaxis treatment for HIV-positive mothers' babies	1	2	3	
		PCR for HIV-positive mothers	1	2	3	
		HIV/AIDS monitoring and treatment for HIV-positive mothers' babies	1	2	3	
		Syphilis screening and treatment	1	2	3	
		Other STIs screening and treatment	1	2	3	
		Screening of cervical cancer	1	2	3	
Malaria screening and treatment	1	2	3			
TB screening and detection	1	2	3			
TB X-ray services	1	2	3			
TB treatment services DOTS	1	2	3			
7.2	In the cases where PNC clients are referred elsewhere for some services, are they given a referral slip or coupon with information such as the name of the clinic they should go to, the service they need, or any other information? <i>Interviewer: Ask for referral slip.</i>	Yes, form seen		1		
		Yes, form not seen		2		
		No		3	▶ 7.7	
7.3	What information is included in the referral slip or coupon? <i>Interviewer: Mark all that apply.</i>	Name of patient		1		
		Name of referring clinic		2		
		Name of clinic where service should be provided		3		
		Services that should be received		4		
		Other:		5		
7.4	Do staff working on PNC in the outpatient area of this health facility have a directory or list of referral services?	Yes		1		
		No		2	▶ 7.9	
7.5	Is this referral list easily accessible to all staff working on PNC?	Yes		1		
		No		2		
7.6	Are the following tests available to PNC clients in this health facility?	Type of test	Conduct test	Collect specimen	Test is referred	Test is not offered
		HIV/AIDS preliminary tests	1	2	3	4
		HIV/AIDS confirmation tests	1	2	3	4
		CD4 counts	1	2	3	4
		Syphilis	1	2	3	4
		Gonorrhea	1	2	3	4
		Test for blood anemia	1	2	3	4
		Test urine for protein	1	2	3	4
		Test urine glucose	1	2	3	4
		Malaria	1	2	3	4
		Blood group	1	2	3	4
TB	1	2	3	4		
Cervical smear /screening	1	2	3	4		
7.7	Is there any activity to integrate PNC for the mother with essential newborn care, child growth, monitoring, and immunization services?	Yes		1		
		No		2	▶ next section	

7.8	Please explain the procedure to integrate PNC for the mother with essential newborn care, child growth, monitoring, and immunization services.		
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8. General infrastructure of the facility

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
8.1	<i>Interviewer: Observe the conditions and infrastructure in the facility and mark whether it has the following.</i>		
	Piped running water	1	2
	Electricity	1	2
	Working latrines/toilets for clients	1	2
	Working phone/short wave radio	1	2
	Transport vehicle or standing arrangements for transport in the case of emergencies	1	2
	Clean facilities (e.g., the floors are swept, there is no dust in the desks, etc.)	1	2
	Enough chairs or benches in waiting areas	1	2
	Waiting area for clients where they are protected from the sun, rain, and snow	1	2

9. PNC counseling and examination rooms, equipment, and job aids

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
	<i>Interviewer: Ask to see the room where examinations for postpartum clients are conducted. For the following items, check whether the item is in the room where the examination is conducted or in an adjacent room.</i>		
9.1	Describe the setting for the examination room.	Private room	1
		Room with other people with separating barrier	2
		Room with other people and no visual barrier	3
9.2	Materials and equipment required for hand washing:	Yes	No
	1) Clean water supply	1	2
	2) Soap	1	2
	3) Nail brush or stick	1	2
	4) Clean towels	1	2
9.3	Materials and equipment required to provide PNC services in working order:	Yes	No
	1) Spot light source (flashlight or examination light accepted)	1	2
	2) Examination couch for gynecological exam	1	2
	3) Adults weighing scale	1	2
	4) Infant weighing scale	1	2
	5) Blood pressure gauge	1	2
	6) Stethoscope	1	2
	7) Body thermometer	1	2
9.4	What is the most commonly used method to sterilize/disinfect the specula/forceps?	Boiling	1
		Autoclave	2
		Heat sterilizer	3
		Use disposable only	4
		Using bleach	5
		Other:	6

10. IEC materials

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Verify that the following materials are available in the counseling or examination room.</i>			
10.1	Visual aids for teaching about:	Yes	No
	1) Different FP methods	1	2
	2) STIs	1	2
	3) HIV/AIDS	1	2
	4) PMTCT of HIV	1	2
	5) Model for demonstrating condom use	1	2
	6) PNC	1	2
	7) Newborn care	1	2
	8) Breastfeeding	1	2
	9) Danger signs of complications in the postnatal period for the mother	1	2
	10) Danger signs of complications in the postnatal period for the newborn	1	2
10.2	Information booklets/leaflets for clients to take home:	Yes	No
	1) On PNC	1	2
	2) On child care	1	2
	3) On FP	1	2
	4) On PMTCT of HIV	1	2

11. Drugs, vitamins, vaccines, and reagents

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Ask to see where the following drugs/contraceptives/reagents are kept and mark, for each of them, whether it is available on the day of your visit.</i>			
11.1	Drugs and vitamins for PNC:	Yes	No
	1) Oxytocin	1	2
	2) Ergometrine	1	2
	3) Magnesium sulphate	1	2
	4) Calcium gluconate	1	2
	5) Diazepam	1	2
	6) Hydralazine	1	2
	7) Ampicilin	1	2
	8) Gentamicin	1	2
	9) Metronidazole	1	2
	10) Benzathine penicillin	1	2
	11) Cloxacillin	1	2
	12) Amoxicillin	1	2
	13) Ceftriaxone	1	2
	14) Trimethoprim+sulfamethoxazole	1	2
	15) Clotrimazole vaginal pessary	1	2
	16) Erythromycin	1	2
	17) Ciprofloxacin	1	2
	18) Tetracycline or doxycycline	1	2
	19) Artemether or quinine	1	2
	20) Chloroquine tablet	1	2
	21) Lignocaine	1	2
	22) Adrenaline	1	2
	23) Ringer lactate	1	2
	24) Normal saline 0.9%	1	2
	25) Glucose 50% solution	1	2
	26) Water for injection	1	2
	27) Paracetamol	1	2
	28) Gentian violet	1	2
	29) Iron/folic acid tablets	1	2
	30) Mebendazole	1	2
	31) Sulphadoxine+pyrimethamine	1	2
	32) Ferrous sulphate tabs	1	2
	33) Vitamin A	1	2
	34) Lexoprenaline	1	2

11.2	Vaccines:	Yes	No
	1) Tetanus toxoid injection	1	2
	2) Tetanus antitoxin (antitetanus immunoglobulin: human)	1	2
	3) Combout	1	2
	4) BCG (TB)	1	2
	5) OPV (Polio)	1	2
	6) Measles	1	2
	7) DPT (Diphtheria Pertussis Tetanus)	1	2
	8) Hib	1	2
	9) HBV (Hepatitis B Virus)	1	2
10) DT	1	2	
11.3	STIs:	Yes	No
	1) Erythromycin	1	2
	2) Ciprobay	1	2
	3) Flagyl	1	2
	4) Metronidazole	1	2
	5) Benzathine Penicillin	1	2
6) Doxycycline	1	2	
11.4	ARV drugs:	Yes	No
	1) Nevirapine (NVP) for adults	1	2
	2) Azidothymidine (AZT or ZDV) (Also known as Zidovudine or Retrovir) for adults	1	2
	3) Nevirapine (NVP) for infants	1	2
	4) AZT or ZDV for infants (syrup)	1	2
	5) Lamivudine (3TC)	1	2
	6) Efavirenz (EFV)	1	2
	7) Zidovudine + Lamivudine (Combivir)	1	2
	8) Abacavir (ABC)	1	2
	9) Stavudine (d4T)	1	2
	10) Emtricitabine (FTC)	1	2
	11) Atazanavir/ritonavir (ATV/r)	1	2
	12) Didanosine (ddI)	1	2
	13) Fosamprenavir/ritonavir (fos-APV/r)	1	2
	14) Indinavir (IDV)	1	2
	15) Lopinavir/ritonavir (LPV/r)	1	2
	16) Nelfinavir (NFV)	1	2
	17) Rifampicin (RIF)	1	2
	18) Saquinavir/ritonavir (SQV/r)	1	2
19) Tenofovir (TDF)	1	2	
11.5	Tuberculosis:	Yes	No
	1) H-Isoniazid	1	2
	2) R-Rifampicin	1	2
	3) Z-Pyrazinamide	1	2
	4) E-Ethambutol	1	2
	5) S-Streptomycin	1	2
6) Contrimoxazole	1	2	
11.6	Reagents for tests:	Yes	No
	1) Urine strips	1	2
	2) Container for catching urine	1	2
	3) PRP testing kits	1	2
	4) Proteinuria sticks	1	2
	5) HIV testing kits	1	2
	6) Hemoglobin testing kits	1	2
7) Reagents for TB test	1	2	

12. Record keeping

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
12.1	Is the following information recorded in the clinical history of PNC clients?		
	Client's name	1	2
	Date of last PNC visit	1	2
	Baby's age at last PNC visit	1	2
	Whether client has received FP counseling	1	2
	Whether client has received FP method	1	2
	Whether client has received HIV/AIDS counseling	1	2
	Whether client has been tested for HIV/AIDS	1	2
	Risk factors	1	2
Date of future PNC visit	1	2	
12.2	Is there a record where information on the health of the newborn is recorded?	Yes	1
		No	2
12.3	Is there a record where information on baby's immunizations is recorded?	Yes	1
		No	2

13. Service statistics

No.	QUESTIONS	Last 12 months	Last 6 months	Last month	Info not available
	<i>Interviewer: Obtain the following information from the service statistics.</i>				
13.1	General information on PNC clients:				
	1) Number of women who attended PNC in the first week after delivery				
	2) Number of women who attended PNC 6 weeks after delivery				
	3) Number of HIV-positive women who attended PNC in the first week after delivery				
	4) Number of HIV-positive women who attended PNC 2 weeks after delivery				
	5) Number of HIV-positive women who attended PNC 6 weeks after delivery				
13.2	PNC clients who delivered at home:				
	1) Number of women who delivered at home and attended PNC in the first week after delivery				
	2) Number of women who delivered at home and attended PNC 6 weeks after delivery				
13.3	PMTCT of HIV:				
	1) Number of HIV-positive PNC women with CD4 counts below 200				
	2) Number of HIV-positive PNC women referred for follow-up care				
	3) Number of babies from HIV-positive women who took the HIV test using PCR				
	4) Number of babies from HIV-positive women who are also HIV positive				
	5) Number of HIV-exposed infants started on cotrimoxazole at 4 weeks				
	6) Number of infants given follow-up appointments after cotrimoxazole prophylaxis started				

14. Costs

No.	QUESTIONS			
<i>Interviewer: Ask questions 14.1 to 14.3 and register answers in the table below.</i>				
14.1	What are outpatient clients charged for obtaining the following services, commodities, tests, or procedures?			
14.2	Is there a waiver or exemption policy for women who cannot pay?			
14.3	Who is exempted from paying these fees?			
Service or commodity	14.1 Charge in local currency	14.2 Is there a waiver or exemption policy?		14.3 Who is exempted from paying these fees?
		Yes	No	
PNC consultation	\$	1	2	
FP counseling	\$	1	2	
Combined oral contraceptives	\$	1	2	
Minipills (progestin-only pills)	\$	1	2	
Emergency contraceptive pills	\$	1	2	
Progestin-only injectables (injection every 2 or 3 months)	\$	1	2	
Monthly injectables	\$	1	2	
Combined patches	\$	1	2	
Combined vaginal rings	\$	1	2	
Jadelle implants	\$	1	2	
Implanon implants	\$	1	2	
Sinoplan (II) implants	\$	1	2	
IUD	\$	1	2	
IUS	\$	1	2	
Male condoms	\$	1	2	
Female condoms	\$	1	2	
Diaphragms	\$	1	2	
Spermicides	\$	1	2	
Cervical caps	\$	1	2	
Female sterilization	\$	1	2	
Vasectomy	\$	1	2	
HIV/AIDS testing	\$	1	2	
Syphilis testing	\$	1	2	
Other STI testing	\$	1	2	

B. Observation guide

INSTRUCTIONS TO DATA

COLLECTOR: Before proceeding to observe the interaction between client and provider, use the greeting below to explain to the provider that you will be observing her/him while s/he attends to his/her clients and to make sure that she/he knows that you are not there to evaluate her/him and that you are not an “expert” who can be consulted during the session. Then obtain the client’s informed consent. When observing, be as discreet as possible. Try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. **For each question, describe or circle the code of the response that most appropriately represents your observation of what happened during the interaction.** As discussed during the training, you may witness behavior that poses a serious risk to the client’s health. Please keep in mind the guidelines for when to intervene in the consultation on behalf of the client’s welfare.

GREETING FOR THE PROVIDER: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their postnatal care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during postnatal care visits. I will observe silently as you attend to your clients and take notes. I am in no way an expert in your area, and I am not here to evaluate your work. I will not make any comments or interfere in your consultations in any way.

Your participation in this component of the study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments. Do I have your permission?

INFORMED CONSENT FROM THE

CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their postnatal visits. This information will help us to propose ways in which to improve the services offered. As a part of this study we are observing the interaction of health providers and their clients during postnatal visits. I would appreciate it if you allowed me to observe your appointment today. If you do, I will be accompanying you through your visit and seeing what you and your provider talk about. I will also observe when he examines you. I am not a health provider in this facility and will not making any comments or participating in your consultations in any way. At the end of your visit, I will, if you allow me to, ask you some questions regarding your experience during your visit. This interview will be private, and none of the providers that see you today will be present.

However, your participation in this study is voluntary and you can choose not to let me accompany you or to answer to my questions. If you choose not to participate in either component of the study, you will not be penalized in any way. If you accept to participate and you change your opinion later, you can also ask me to exit the room whenever you want.

If you participate, you will not receive money or gifts and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services. Your participation in this study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	___ / ___ / ___ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the observation	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Integration of PNC and FP services

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Observe the client-provider interaction during the PNC visit and note whether providers do the following.</i>		Yes	No	
2.1	Discuss return to fertility.	1	2	
2.2	Ask about resumption of sexual activity.	1	2	
2.3	Ask whether client wants more children in the future.	1	2	
2.4	Ask about current FP use.	1	2	
2.5	<i>Interviewer: Mark whether client is using an FP method.</i>	Yes	1	
		No	2	▶ 2.9
2.6	<i>Interviewer: Mark which FP method the client is using.</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
		Yes	No	
2.7	Ask whether client is happy with FP method she is using.	1	2	

2.8	Ask whether client may want to use a (different) method.	1	2
2.9	Ask for any FP method preferences.	1	2
2.10	Explain different FP method options.	1	2
2.11	<i>Interviewer: Mark the FP methods discussed.</i>	Combined oral contraceptives	1
		Minipills (progestin-only pills)	2
		Emergency contraceptive pills	3
		Progestin-only injectables (injection every 2 or 3 months)	4
		Monthly injectables	5
		Combined patches	6
		Combined vaginal rings	7
		Jadelle implants	8
		Implanon implants	9
		Sinoplant (II) implants	10
		IUD	11
		IUS	12
		Male condoms	13
		Female condoms	14
		Diaphragms	15
Spermicides	16		
Cervical caps	17		
Female sterilization	18		
Vasectomy	19		
Fertility awareness methods	20		
Withdrawal	21		
LAM	22		
Other:	23		
		Yes	No
2.12	Explain who should use each method.	1	2
2.13	Explain how methods work and how they are used.	1	2
2.14	Explain advantages of methods.	1	2
2.15	Explain disadvantages of methods.	1	2
2.16	Explain reversibility of methods.	1	2
2.17	Explain possible side-effects of methods.	1	2
2.18	Discuss client's fears and concerns about methods.	1	2
2.19	Mention that a condom is the only FP method that protects against HIV/AIDS.	1	2
2.20	Explain where methods can be obtained.	1	2
2.21	Explain the following conditions of LAM to breastfeeding women:	Yes	No
	Exclusive or almost exclusive breastfeeding	1	2
	Infant must be less than 6 months	1	2
	Absence of menses since delivery	1	2
	Women was not breastfeeding	1	2
	<i>Interviewer: Did the woman express interest in using (switching of) a FP method?</i>	1	2

2.22	<i>Interviewer: What method did the client express an interest in?</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
2.23	<i>Interviewer: Did the client receive her preferred method?</i>	Yes	1	▶ next section
		No	2	
2.24	<i>Interviewer: Why did the client not receive her preferred method?</i>	Method not available	1	
		No specialist to assist with method.	2	
		Other:	3	
2.25	<i>Interviewer: Was the client referred to FP services or to a place where she can obtain a method?</i>	Yes	1	
		No	2	

3. Introduction and clinical history

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Introduction			
3.1	Greet client.	1	2
3.2	Introduce yourself to the client.	1	2
3.3	Tell the client what is going to be done and encourage her to ask questions.	1	2
Clinical history			
3.4	Ask age of client.	1	2
3.5	Ask age of baby.	1	2
3.6	Ask date of last menstrual period.	1	2
3.7	Ask history of hypertension.	1	2
3.8	Ask history of diabetes.	1	2
3.9	Ask about alcohol use and smoking.	1	2
3.10	Ask about HIV status.	1	2
3.11	Ask about TB history.	1	2
3.12	Ask about general health problems.	1	2
3.13	Ask about medication currently taken.	1	2
Recent birth history			
3.14	Ask number of prior pregnancies and births.	1	2
3.15	Ask place of delivery.	1	2
3.16	Ask mode of delivery.	1	2
3.17	Ask duration of labor.	1	2
3.18	Ask whether client had heavy bleeding during or after delivery with a previous pregnancy.	1	2
3.19	Ask whether placenta was delivered normally or retained.	1	2
3.20	Ask whether baby cried soon after birth.	1	2
3.21	Ask whether client has received a dose of Vitamin A since delivery.	1	2

3.22	Ask how many TT doses client had received.	1	2
Danger signs in postnatal period		Yes	No
3.23	The provider asked the woman whether she has experienced any problems since delivery (e.g., convulsions, difficulty breathing, fever, abdominal pain, swollen breasts, foul-smelling lochia, bleeding or pus from C-section or episiotomy scar/perineum, or headache).	1	2
Danger signs in the newborn		Yes	No
3.24	The provider asked the woman whether her baby has experienced any problems since birth (e.g., difficult breathing, convulsions, fever, bleeding, diarrhea, difficulty feeding, skin pustules, yellow skin or eyes, blue skin, tongue, or lips, or pus in the cord stump).	1	2
Screening for TB		Yes	No
3.25	Ask about persistent cough for 3 or more weeks with or without blood-stained sputum	1	2
3.26	Ask about chest pain.	1	2
3.27	Ask about close contact with a case of TB.	1	2
3.28	Ask about loss of body weight in past month.	1	2
3.29	Ask about intermittent fever for more than 2 weeks.	1	2
3.30	Ask about night sweats for more than 2 weeks.	1	2
3.31	Ask whether the baby ever had a BGG immunization.	1	2
3.32	Explore signs and symptoms of other opportunistic infections.	1	2

4. Physical exam

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
4.1	Wash hands before examining client.	a) With water only b) Water and soap c) With antiseptic d) Other:	2
4.2	Take weight.	1	2
4.3	Check height.	1	2
4.4	Take blood pressure.	1	2
4.5	Take temperature.	1	2
4.6	Examine hands and eyes for pallor.	1	2
4.7	Conduct breast exam.	1	2
4.8	Palpate abdomen for uterine involution.	1	2
4.9	Check for any enlarged lymph nodes (TB).	1	2
Pelvic examination		Yes	No
4.10	Conduct pelvic examination.	1	2
If pelvic examination was performed, did the provider:		Yes	No
4.11	Wash her hands before the exam?	a) With water only b) Water and soap c) With antiseptic d) Other:	2
4.12	Put on new or disinfected gloves before the exam?	1	2
4.13	Use sterilized or disinfected instruments?	1	2

5. Vitamins and nutritional supplements

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Iron and folic acid		Yes	No
5.1	Prescribe/give iron/folic acid.	a. Prescribe b. Give	2
5.2	Explain purpose of iron tablets.	1	2
5.3	Explain how to take iron tables.	1	2
Vitamin A		Yes	No
5.4	Assess need (ask if given in delivery).	1	2
5.5	Prescribe/give vitamin A.	a. Prescribe b. Give	2
5.6	Explain purpose of vitamin A.	1	2

6. Information on PNC and danger signs

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Self-care			
6.1	Assess nutritional status using Body Mass Index.	1	2
6.2	Discuss breast care.	1	2
6.3	Advise about diet during breastfeeding.	1	2
6.4	Discuss personal hygiene and how to clean the perineum.	1	2
Danger signs			
<i>Interviewer: Explain that women should return to the facility if they experience the following.</i>		Yes	No
6.5	Excessive bleeding	1	2
6.6	Convulsions or fits	1	2
6.7	Fever	1	2
6.8	Abdominal pain	1	2
6.9	Feels ill	1	2
6.10	Swollen, red, or tender breasts or sore nipples	1	2
6.11	Urine dribbling or pain/burning sensation while urinating	1	2
6.12	Pain in the perineum or draining pus	1	2
6.13	Foul-smelling vaginal discharge (lochia)	1	2
6.14	Broken episiotomy scar	1	2
6.15	Bleeding from C-section scar	1	2
6.16	Pus oozing from C-section scar/site	1	2
6.17	Excessive tiredness or breathlessness	1	2
6.18	Swollen hands, face, legs	1	2
6.19	Severe headache or blurred vision	1	2
6.20	Pain in the calf muscle (Thrombophlebitis)	1	2
6.21	Other:	1	2

7. Advice on infant feeding

No.	QUESTIONS	CODING CATEGORIES		GO TO
		Yes	No	
7.1	Give advice or counsel on infant feeding.	Yes	1	▶ next section
		No	2	
7.2	Ask which feeding method the mother prefers.	Yes	1	
		No	2	
7.3	<i>Interviewer: Record mother's choice.</i>	Breastfeeding only	1	▶ 7.15
		Formula x replacement feeding only	2	
		Mix feeding (both)	3	
		Yes	No	
7.4	Request that the mother demonstrates breastfeeding.	1	2	
7.5	Guide or assist with positioning of mother and baby.	1	2	
7.6	Guide or assist with attachment of the baby to the breast.	1	2	
7.7	Asses how the baby attached and sucked the breast.	1	2	
7.8	Encourage the mother to discuss how she was managing with breastfeeding.	1	2	
Discuss the following as symptoms that the baby is getting enough food during breastfeeding.		Yes	No	
7.9	Whether baby passes urine 6 times in 24 hours	1	2	
7.10	Whether the mother hears the baby swallow	1	2	
7.11	Breasts feel soft after feedings	1	2	
7.12	Baby gains weight	1	2	
7.13	Baby seems contented	1	2	
7.14	Reemphasize the importance of exclusive breastfeeding.	1	2	
7.15	Talk about risks of mixed feeding.	1	2	
7.16	Discuss hygiene in preparing food.	1	2	
7.17	Discuss correct strength of formula in replacement feeding.	1	2	
7.18	Discuss adequate supply of fuel for replacement feeding.	1	2	
7.19	Discuss use of boiled water when preparing replacement feeding.	1	2	

8. Danger signs for the newborn

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
<i>Interviewer: Explain that the client should bring her baby to the facility if it experiences the following.</i>			
8.1	Difficult breathing (grunting or groaning, chest retractions, flaring of nostrils, shallow breathing)	1	2
8.2	Convulsions or fits	1	2
8.3	Fever	1	2
8.4	Feels cold or cooler than a normal person	1	2
8.5	Diarrhea	1	2
8.6	Not feeding at all – not sucking	1	2
8.7	Difficulty feeding – sucking poorly	1	2
8.8	Cannot be awakened to suck and does not stay awake to suck long enough	1	2
8.9	Sucks but does not seem satisfied	1	2
8.10	Feeds less than 5 times in 24 hours	1	2
8.11	Red swollen eyelids and pus discharging from the eyes	1	2
8.12	Skin pustules/rash	1	2
8.13	Yellow skin or eyes	1	2
8.14	Tongue and lips or skin color is blue	1	2
8.15	A cord stump that is red or draining pus	1	2
8.16	Less than 6 voidings in 24 hours, not frequent yellow, seedy stools	1	2
8.17	Baby is flaccid or rigid.	1	2
8.18	Irritable crying/inconsolable	1	2
8.19	Other:	1	2

9. Immunization schedule

No.	QUESTIONS	CODING CATEGORIES		GO TO
		Yes	No	
9.1	Did the provider give advice about immunizations for the baby?	1	2	
9.2	Did the provider check which immunizations the baby had already received?	1	2	
9.3	Did the mother agree to the baby receiving immunizations?	Yes	1	▶ next section
		No	2	
9.4	Which immunizations did the baby receive at this visit?	Yes	No	
	Polio	1	2	
	BCG	1	2	
	HBV	1	2	
	Other:	1	2	

10. HIV and STIs

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Counseling about HIV and STIs			
10.1	Discuss STIs symptoms/signs.	1	2
10.2	Discuss effects of STI/HIV/AIDS in the baby	1	2
10.3	Ask client about presence of STI/HIV symptoms.	1	2
Discuss STI/HIV risk factors:			
10.4	Unprotected sex (no condom use)	1	2
10.5	Multiple sex partners	1	2
10.6	Partner with multiple sex partners	1	2
10.7	Intravenous drug use	1	2
10.8	Explain that condoms reduce HIV risk.	1	2
10.9	Explain that abstinence reduces HIV risk.	1	2
10.10	Explain how to use condoms.	1	2
10.11	Ask client about their STI/HIV risk factors.	1	2
10.12	Provide information on PMTCT of HIV	1	2
10.13	Discuss HIV testing.	1	2
10.14	Discuss where to go for VCT services.	1	2
10.15	Discuss client's interest in getting tested.	1	2
10.16	Suggest partner get tested for HIV.	1	2

11. Counseling for HIV-positive women

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Mark whether the provider asks any of the following.</i>		Yes	No
11.1	Client received ARVs after delivery.	1	2
11.2	Client is currently taking ARVs.	1	2
11.3	Client had a blood test for CD4 count since delivery.	1	2
11.4	Client has a good appetite.	1	2
11.5	Client is experiencing any diarrhea or nausea.	1	2
11.6	Client has lost excess weight since childbirth.	1	2
11.7	Baby received ARVs after delivery.	1	2
11.8	Baby is currently taking ARVs.	1	2
11.9	Baby had a blood test for CD4 count since delivery.	1	2
11.10	Baby is taking cotrimoxazole prophylaxis.	1	2
11.11	Partner's HIV status is established.	1	2
<i>Interviewer: Mark whether the provider did any of the following.</i>		Yes	No
11.12	Informed client about care and support available.	1	2
11.13	Discussed symptoms of opportunistic infections.	1	2
11.14	Explained infant feeding AFASS.	1	2
11.15	Explained where she and/or her partner can get psychosocial support.	1	2
11.16	Discussed the use of cotrimoxazole prophylaxis for baby.	1	2
11.17	Prescribed cotrimoxazole for mother.	1	2
11.18	Advised against unprotected early penetrative sex after delivery.	1	2

12. Laboratory tests

No.	QUESTIONS	CODING CATEGORIES		
<i>Interviewer: Observe the client-provider interaction during the PNC check-up visit, and check which of the following tests were done on site, for which tests she was referred somewhere else, and which tests were not done at all.</i>				
	Test	On site	Referred	Not done
12.1	Urine test	1	2	3
12.2	Blood test for hemoglobin (anemia)	1	2	3
12.3	Blood grouping	1	2	3
12.4	HIV test	1	2	3
12.5	VDRL or RPR for syphilis	1	2	3
12.6	TB test	1	2	3
		Yes	No	
12.7	Did the health provider explain clearly what tests were going to be performed?	1		2

13. Post-test information on HIV/AIDS

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Observe the client-provider interaction during the PNC check-up visit, once the client has taken the HIV test (if she does), and ask the following questions.</i>			
13.1	Did the woman receive her HIV/AIDS results in privacy, or were there other people with her? If there were other people, who were they?	Received results alone.	1
		There were other women with her.	2
		If there were other people with her, who?	3
		Yes	No
13.2	Did the health provider explain clearly the results of the test?	1	2
13.3	Did the health provider ask the client whether she had any questions about her results?	1	2
13.4	If the results of the HIV test were negative, did the health provider explain to the client how to protect herself so she remained negative?	1	2
13.5	If the results of the HIV test were positive, did the health provider explain to the client what she should do to protect herself and her baby from the infection?	1	2

14. Client's demographic information

<i>Interviewer: If you were not able to obtain the following information during the observation, ask the client directly once her consultation is over.</i>		
14.1	Age	
14.2	Delivery date	
14.3	Number of PNC visits, including this one:	

C. Client exit interview

INSTRUCTIONS FOR THE

INTERVIEWER: Approach all women as they leave the area where PNC services are provided, and ask them whether they are willing to be asked some questions about the services they received today. If they accept, make sure that you are in a place that guarantees privacy and where the woman is comfortable. Ask them for their informed consent to be interviewed (read the form below). Interview only women who give their informed consent. For each item in the interview, circle the code of the adequate response or describe, as appropriate.

INFORMED CONSENT FORM FOR

THE CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their postnatal care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are interviewing women who had a postnatal care visit today. In these interviews, we ask them about the services and information they obtained, their satisfaction with the services received, their plans for having more children in the future, and other health

needs they may have. I would appreciate it if you allowed me to ask you some questions. The interview will be private, and none of the providers that saw you today will be present.

Your participation in this study is voluntary, and you can choose not to let me interview you. If you choose not to participate in our study, you will not be penalized in any way. If you accept to participate and you change your opinion later, you can also ask me to interrupt the interview whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the questionnaire. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Reproductive history

No.	QUESTIONS	CODING CATEGORIES		GO TO
2.1	How many living children of your own do you have?	Living children:		
2.2	How long ago did your last pregnancy end?	Number of days:		
		Number of weeks:		
		Number of months:		
2.3	In the future, would you like to have more children?	Yes	1	
		No	2	▶ next section
		Other:	3	
		Don't know	98	
2.4	How long would you like to wait before becoming pregnant again?	Number of months:		
		Number of years:		
		Other:		

3. FP and optimal birth spacing

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Explain that you will now discuss the FP services she received during this visit and her plans to use a FP method.</i>				
3.1	During this PNC visit, did any health provider tell you how soon after delivery a woman can get pregnant?	Yes	1	
		No	2	▶ 3.3
3.2	According to what they told you, how soon after delivery can a woman get pregnant again? <i>Interviewer: Mark all that apply.</i>	Whenever she restarts her sexual relations	1	
		After her period returns	2	
		After she stops breastfeeding exclusively	3	
		After she stops breastfeeding altogether	4	
		After 6 months	5	
		Other:	6	
		Don't know	98	

3.3	During this PNC visit, did any health provider talk to you about the importance of waiting for some time before getting pregnant again?	Yes	1	
		No	2	▶ 3.5
3.4	After delivery, what is the ideal amount of time that a woman should wait before getting pregnant again?	Months:		
		Years:		
		Other:		
		Don't know	98	
3.5	During your time in this facility, did you receive any information about FP methods?	Yes	1	
		No	2	▶ 3.8
3.6	How did you get this information? <i>Interviewer: Mark all that apply.</i>	Video	1	
		Individual talk	2	
		Group talk	3	
		Written material	4	
		Other:	5	
3.7	Which methods were discussed in the information you received? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Female condoms	13	
		Male condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
	Don't know	98		
3.8	During this visit, did a health provider talk to you about LAM or the method of feeding your baby only with breast milk?	Yes	1	
		No	2	▶ 3.10
3.9	What are the three conditions that must be fulfilled in order to use LAM or the method of feeding the baby only with breast milk? <i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>			
		Not aided	Aided	Don't know
	Feed the baby exclusively or almost exclusively with breast milk.	1	2	98
	Baby must be less than 6 months old.	1	2	98
	Monthly bleedings have not resumed since delivery.	1	2	98
3.10	During this visit, did a health provider offer you a contraceptive method?	Yes	1	
		No	2	
3.11	Did you receive a contraceptive method today?	Yes	1	
		No	2	▶ 3.15

3.12	Which contraceptive method did you receive? <i>Interviewer: Mark all that apply. Ask: "Something else?"</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
3.13	Is this the method you wanted to use?	Yes	1	▶ next section
		No	2	
3.14	Why did you not receive the method you wanted to use? <i>Interviewer: Mark all that apply.</i>	Cost	1	
		Method was not available.	2	▶ next section for all responses
		There is no operating room or surgeon.	3	
		Providers said I have contraindications.	4	
		Other:	5	
3.15	Would you have liked to receive an FP method before leaving this facility?	Yes	1	
		No	2	▶ 3.17
3.16	Why did you not receive a contraceptive method today?	She is breastfeeding and thinks she does not need a contraceptive method.	3	▶ 3.19
		She is not breastfeeding but thinks she does not need a contraceptive method.	4	▶ 3.19
		Cost	5	
		She was not offered one.	6	
		The method she wanted was not available.	7	
		There is no operating room or surgeon.	8	
		Providers said she has contraindications.	9	
		Other:	10	
3.17	Are you currently using an FP method?	Yes	1	
		No	2	▶ 3.19

3.18	Which contraceptive method are you using? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1	▶ next section
		Minipills (progestin-only pills)	2	▶ next section
		Emergency contraceptive pills	3	▶ next section
		Progestin-only injectables (injection every 2 or 3 months)	4	▶ next section
		Monthly injectables	5	▶ next section
		Combined patches	6	▶ next section
		Combined vaginal rings	7	▶ next section
		Jadelle implants	8	▶ next section
		Implanon implants	9	▶ next section
		Sinoplant (II) implants	10	▶ next section
		IUD	11	▶ next section
		IUS	12	▶ next section
		Male condoms	13	▶ next section
		Female condoms	14	▶ next section
		Diaphragms	15	▶ next section
		Spermicides	16	▶ next section
		Cervical caps	17	▶ next section
		Female sterilization	18	▶ next section
		Vasectomy	19	▶ next section
		Fertility awareness methods	20	▶ next section
Withdrawal	21	▶ next section		
LAM	22			
Other:	23	▶ next section		
3.19	During this visit, did a health provider tell you where you can obtain an FP method?	Yes	1	
		No		▶ 3.21
3.20	Where did they tell you could obtain an FP method?			
3.21	Since your baby was born, have you resumed menstruating (monthly periods)?	Yes	1	
		No	2	
3.22	Since your baby was born, have you resumed sexual relations (having sex)?	Yes	1	
		No	2	

4. Reasons for visit to health facility and integration of maternal and child care

No.	QUESTIONS	CODING CATEGORIES		GO TO
<i>Interviewer: Explain that you will now discuss the reasons for the client's visit today.</i>				
4.1	What were your reasons for coming to the clinic today? <i>Interviewer: Mark all that apply.</i>	PNC	1	
		Child immunization	2	
		FP	3	
		Removal of sutures	4	
		Baby check-up	5	
		Feeding advice	6	
		Seeking care because mother is sick	7	
		Seeking care because newborn is sick	8	
		Other:	9	
4.2	During your visit, did any provider offer you services other than the ones you requested?	Yes	1	▶ next section
		No	2	
4.3	What services did they offer you?	PNC check-up	1	
		FP	2	
		Other:	3	

5. Access to PNC

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Explain that you will now ask a few questions about the PNC she received.</i>			
5.1	How many times have you visited a health facility since the birth of this baby? (including this visit)?	Number of visits: Don't know	98
5.2	In how many of these visits have you been seen by a health provider to make sure that you are recovering well from your pregnancy?	Number:	
5.3	In how many of these visits has your baby been seen by a health provider?	Number:	

6. Information about danger signs during the PNC period

No.	QUESTIONS	CODING CATEGORIES			GO TO	
6.1	During this postnatal visit, has a health provider talked to you about danger signs in the PNC period that need immediate medical care?	Yes		1	▶ 6.3	
		No		2		
6.2	What are the danger signs in the PNC period for which they told you that you need immediate medical care? <i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know		
		Bleeding	1	2	98	
		Convulsions or fits	1	2	98	
		Fast or difficult breathing	1	2	98	
		Fever	1	2	98	
		Abdominal pain	1	2	98	
		Feeling ill	1	2	98	
		Swollen, red, or tender breasts or sore nipples	1	2	98	
		Urine dribbling or pain/burning while urinating	1	2	98	
		Pain in the perineum or draining pus	1	2	98	
		Foul-smelling vaginal discharge (lochia)	1	2	98	
		Broken episiotomy scar	1	2	98	
		Bleeding from C-section scar	1	2	98	
		Pus oozing from C-section scar/site	1	2	98	
		Excessive tiredness or breathlessness	1	2	98	
		Swollen hands, face, legs	1	2	98	
		Severe headache or blurred vision	1	2	98	
Pain in the calf muscle (Thrombophlebitis)	1	2	98			
Other:	1	2	98			
6.3	During your visit today, did a health provider talk to you about the special care women must have after delivery?	Yes		1	▶ 6.5	
		No		2		

6.4	What recommendations did you receive from the health personnel about the special care women must have after delivery?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know
	Get enough rest and sleep.	1	2	98
	Eat well, and eat everything.	1	2	98
	Wash perineum daily and after fecal excretion.	1	2	98
	Change perineal pads every 4 to 6 hours, or more frequently, if necessary.	1	2	98
	Wash used pads or dispose of them safely.	1	2	98
	Wash her body daily.	1	2	98
	Avoid sexual intercourse until perineal wound heals.	1	2	98
Other:	1	2	98	
6.5	Did you receive Vitamin A during your visit today?	Yes		1
		No		2

7. Breastfeeding

No.	QUESTIONS	CODING CATEGORIES			GO TO
<i>Interviewer: Explain that you will now ask some questions about her newborn's feeding</i>					
7.1	During this PNC visit, did a health provider discuss with you how to feed your baby?	Yes		1	
		No		2	▶ 7.3
7.2	<i>Interviewer: Ask this question only if the answer to 7.1 was Yes. Record spontaneous responses, then ask about remaining items.</i>				
	What recommendations did you receive about how and when breastfeed your baby?	Not aided	Aided	Don't know	
	1) Exclusive breastfeeding in the first 6 months after delivery	1	2	98	
	2) Feed on demand (as often as baby wants)	1	2	98	
	3) How to breastfeed the baby (position)	1	2	98	
	4) How to solve problems related to breastfeeding the baby	1	2	98	
	5) How to assess whether the baby is getting enough food during breastfeeding	1	2	98	
6) Other:	1	2	98		
7.3	Are you currently breastfeeding your baby?	Yes		1	
		No		2	▶ next section
7.4	For how long do you plan to continue feeding your baby with breast milk?	Weeks:			
		Months:			
		Don't know		98	
7.5	Are you giving this baby any food or liquids other than breast milk?	Yes (specify)		1	
		No		2	

8. Danger signs for the newborn

No.	QUESTIONS	CODING CATEGORIES			GO TO
<i>Interviewer: Explain that you will now ask some questions about the information the client received regarding her newborn's health.</i>					
8.1	During this PNC visit, did a health provider talk to you about danger signs for which you should bring your baby to a health facility?	Yes		1	
		No		2	▶ next section

8.2	What are the danger signs in the PNC period for which your baby needs immediate medical care?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>	Not aided	Aided	Don't know
	Difficult breathing (grunting or groaning, chest retractions, flaring of nostrils, shallow breathing)	1	2	98
	Convulsions or fits	1	2	98
	Fever	1	2	98
	Feels cold or cooler than a normal person	1	2	98
	Diarrhea	1	2	98
	Not feeding at all – not sucking	1	2	98
	Difficulty feeding – sucking poorly	1	2	98
	Cannot be awakened to suck and does not stay awake to suck long enough	1	2	98
	Sucks but does not seem satisfied	1	2	98
	Feeds less than 5 times in 24 hours	1	2	98
	Red swollen eyelids and pus discharging from the eyes	1	2	98
	Skin pustules/rash	1	2	98
	Yellow skin or eyes	1	2	98
	Tongue and lips or skin color is blue	1	2	98
	A cord stump that is red or draining pus	1	2	98
	Less than 6 voidings in 24 hours, not frequent yellow, seedy stools	1	2	98
	Baby is flaccid or rigid.	1	2	98
	Irritable crying/inconsolable	1	2	98
Other:	1	2	98	

9. PMTCT of HIV

No.	QUESTIONS	CODING CATEGORIES		GO TO
9.1	Have you ever taken an HIV test?	Yes	1	
		No	2	▶ next section
		Don't know	3	▶ next section
9.2	Would you tell me your HIV test results? Please know that I will keep this information confidential.	HIV positive	1	
		HIV negative	2	▶ next section
		Would not indicate status	3	▶ next section
		Don't know	98	▶ next section
9.3	During your visit today, did a health provider discuss with you the need for your baby to receive a medicine to prevent HIV infection?	Yes	1	
		No	2	
9.4	Has your baby taken a medicine to prevent HIV infection?	Yes	1	
		No	2	
9.5	During your visit today, did a health provider discuss with you the need for your baby to receive a medicine (cotrimoxazole) to prevent opportunistic infections (getting other infections related to HIV)?	Yes	1	
		No	2	
9.6	Has your baby taken a medicine to prevent opportunistic infections?	Yes	1	
		No	2	
9.7	During your visit today, did a health provider give you any recommendations about how and what to feed your baby to prevent HIV infection? What did they tell you?	No recommendation	1	
		Not to breastfeed at all	2	
		Breastfeed exclusively	3	
		Other:	4	
9.8	During your visit today, did you receive information about where you can go to receive more support about questions and concerns you may have about HIV?	Yes	1	
		No	2	

10. Follow-up and referrals

No.	QUESTIONS	CODING CATEGORIES		GO TO
10.1	During your visit today, were you given any information on follow-up care available for you and your baby?	Yes	1	▶ next section
		No	2	
10.2	When will you go for a follow-up visit?	Days from now:		
		Weeks from now:		
		Other:		
10.3	During your visit today, were you given an appointment for a follow-up visit (return date)?	Yes	1	▶ next section
		No	2	
10.4	During your visit today, were you referred for any services?	Yes	1	▶ next section
		No	2	
10.5	For what services were you referred? <i>Interviewer: Mark all that apply.</i>	PNC check for mother	1	
		Child growth monitoring	2	
		Immunizations	3	
		Follow up infant feeding	4	
		ARV unit for mother	5	
		ARV unit for infant	6	
		CD4 count for mother	7	
		CD4 count for infant	8	
		Cotrimoxazole for infant	9	
		Cotrimoxazole for mother	10	
		Clinical care for mother	11	
		Clinical care for infant	12	
		FP	13	
		STIs detection and treatment	14	
		HIV/AIDS C&T	15	
Cervical cancer screening	16			
Counseling on how to deal with violence from partner	17			
Other:	18			

11. IEC materials

No.	QUESTIONS	CODING CATEGORIES	
11.1	Did you receive any information materials during this postnatal visit?	Yes	1
		No	2
11.2	What were they about? The content of the information materials? <i>Interviewer: Mark all that apply.</i>	Health care of baby	1
		Health care of mother	2
		FP	3
		STIs	4
		HIV/AIDS	5
		PMTCT	6
		Other:	7

12. Satisfaction with services

No.	QUESTIONS	CODING CATEGORIES	
12.1	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Minutes:	
		Hours:	
		Saw provider immediately	97
		Don't know	98
12.2	Do you think the time you waited was too long, reasonable, or short?	Too long	1
		Reasonable	2
		Short	3
		Don't know	98

12.3	<i>Interviewer: Explain that you will now ask about some common experiences clients have at health facilities. As you mention each one, ask the client to say whether she was satisfied, dissatisfied, or undecided about any of the services received today.</i>	Satisfied	Dissatisfied	Undecided	
		Ability to discuss problems or concerns about your and baby's care with the providers	1	2	3
		Amount of explanation the providers gave to you about a problem or treatment	1	2	3
		Quality of examination and treatment provided	1	2	3
		Visual privacy during examination (that other clients could not see you)	1	2	3
		Auditory privacy during discussion (that other clients could not hear you)	1	2	3
		Cleanliness of this facility	1	2	3
		How the clinic staff treated you	1	2	3
12.4	Would you strongly, not strongly, or never recommend a friend to this facility for PNC?	Strongly recommend		1	
		Recommend, but not strongly		2	
		Never recommend		3	
		Don't know		98	

13. Male involvement

No.	QUESTIONS	CODING CATEGORIES		GO TO
13.1	Did the baby's father or your current partner accompany you to this PNC visit?	Yes	1	▶ 13.3
		No	2	
13.2	During this visit, did a health provider advise you to encourage your partner to accompany you to your PNC visits?	Yes	1	
		No	2	
13.3	During your last pregnancy or after you gave birth, has your partner beaten or insulted you at any time?	Yes	1	▶ 13.5
		No	2	
		No response	99	
13.4	Have you talked about this issue to a health provider?	Yes	1	
		No	2	
13.5	Would you like your partner to receive information about FP methods?	Yes	1	
		No	2	
		Don't know	98	
13.6	Would you like you and your partner to talk with somebody at this clinic about how both of you can get protection from HIV infection?	Yes	1	
		No	2	
		Don't know	98	

14. Costs

No.	QUESTIONS	CODING CATEGORIES	
14.1	How much did you pay for all services or treatments you received at this facility today? How much did you pay for travel?	Fees for client card:	
		Fees for consultation:	
		Fees for laboratory tests:	
		Fees for medicines:	
		Other:	
		I did not pay anything at the clinic.	
		Travel:	
14.2	What do you think of the costs of your treatment?	Total:	
		They were ok.	1
		Too much	2
		Other:	3
		Don't know	98

15. Accessibility

No.	QUESTIONS	CODING CATEGORIES		GO TO
15.1	By what means of transport did you get to the clinic today? <i>Interviewer: Mark all that apply.</i>	Taxi	1	
		Bus	2	
		Train	3	
		Private car	4	
		Bicycle	5	
		Walk	6	
		Other:	7	
15.2	Approximately how long did it take you to get to the clinic today?	Hours:		
		Minutes:		
15.3	Are the hours of service at this facility appropriate for you?	Yes	1	▶ 15.5
		No	2	
15.4	Why not?			
15.5	When you arrived to the health facility, did you have any problem to receive care?	Yes (<i>specify</i>)	1	
		No	2	

16. Demographics

No.	QUESTIONS	CODING CATEGORIES	
16.1	How old are you?	Age in years:	
16.2	What is your current marital status?	Married, monogamous	1
		Married, polygamous	2
		Cohabiting/living with partner	3
		Single, never married	4
		Divorced/separated/widowed	5
16.3	What is the highest level of school you attended?	Did not attend formal school	1
		Primary	2
		Secondary	3
		Tertiary	4
		Other:	5

D. Provider interview

INSTRUCTIONS FOR THE

INTERVIEWERS: Interview all health facility staff who are responsible for providing PNC FP services to PNC clients, and those who participate in activities with postnatal women for PMTCT of HIV/STIs (if applicable in the study objectives). Please interview staff at the end of the working day or during their breaks. Make it clear that you are seeking their assistance in finding ways of improving the functioning and quality of the services offered by facilities in general and are not evaluating the performance of the facility or of them individually. **For each item, circle the code of the adequate response or describe, as appropriate.** Read the following greeting when you meet with each provider that you will interview.

GREETING: Good morning. My name is _____, and I work for _____.

We are currently doing a study about the way that family planning services are being integrated to postnatal care in the country and the problems that present obstacles to integration. As a part of this study, we are interviewing all health providers who participate in postnatal care, family planning services for postnatal women, and activities to prevent mother-to-child transmission of HIV. These interviews are not to evaluate individual facilities or providers. We are visiting a number of facilities. All the information you give me will be confidential, and no one will know what you said. I will not record your name in the questionnaire, and there will be no way in which the responses you give me can be directly linked to you. They will all be confidential.

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Demographics and professional experience

No.	QUESTIONS	CODING CATEGORIES	
2.1	Sex <i>Interviewer: Please mark.</i>	Male	1
		Female	2
2.2	How old are you?	Age in years:	
2.3	What is your current technical qualification?	Specialist doctor	1
		General doctor	2
		Social Service doctor	3
		Intern MD student	4
		Professional nurse	5
		Auxiliary nurse	6
		Nursing student	7
		Social worker	8
		Other:	9
2.4	How many years ago did you graduate with this degree?	Years:	
2.5	How long have you been working at this facility?	Months:	
		Years:	
2.6	In which unit or department are you currently working?	PNC	1
		FP	2
		Other:	3
2.7	What services do you directly provide at this facility? <i>Interviewer: Mark all that apply</i>	FP counseling	1
		Contraceptives	2
		ANC care	3
		Delivery	4
		PNC	5
		Treatment of abortion complications	6
		HIV/AIDS counseling	7
		HIV/AIDS testing	8
		HIV/AIDS treatment and care	9
		STI services	10
		Child immunization	11
		Child growth monitoring	12
		Curative services for women	13
		Curative services for children	14
		Other:	15

3. Integration of PNC and FP

No.	QUESTIONS	CODING CATEGORIES				GO TO	
3.1	<i>Interviewer: Ask (a) During your in-service professional training, have you ever received training in [read 1 to 7]? For every positive response, ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year			
		Yes	No	Yes	No		
		1) Counseling/health education for postnatal clients	1	2	1		2
		2) Counseling /health education on newborn care	1	2	1		2
		3) FP counseling techniques	1	2	1		2
		4) FP counseling for postnatal clients	1	2	1		2
		5) Advantages and disadvantages of different contraceptive methods	1	2	1		2
		6) Action mechanisms of different family contraceptive methods	1	2	1		2
		7) Contraindications of FP methods for postnatal women	1	2	1		2

3.2	What are the main services, information, or orientation you provide to PNC clients? <i>Interviewer: Ask "Something else?" Mark all relevant options.</i>	Advice on PNC and hygiene	1	▶ 3.4
		Advice on newborn care	2	
		Information about danger signs in woman	3	
		Information about danger signs in newborn	4	
		Information about diet and nutrition	5	
		Advise on breastfeeding and breast care	6	
		FP counseling	7	
		Counseling on optimal birth spacing	8	
		Counseling on LAM	9	
		Counseling about STIs	10	
		Counseling about HIV/AIDS	11	
		Information about PMTCT of HIV	12	
Others:	13			
3.3	During the PNC visits, do you provide information about FP?	Yes	1	▶ 3.16
		No	2	
3.4	During the PNC visits:	Yes	No	▶ 3.16
	1) Do you counsel interested women on choosing a suitable FP method?	1	2	
	2) Do you tell women where they can obtain an FP method?	1	2	
	3) Do you inform women about the importance of using an FP method by the 40th day postnatal?	1	2	
	4) Do you provide information about LAM (breastfeeding as an FP method)?	1	2	
3.5	Can you tell me the three basic principles for LAM to be an effective method of FP? <i>Interviewer: Don't read.</i>	Yes	No	▶ 3.16
	Exclusive or almost exclusive breastfeeding or full time breastfeeding day and night	1	2	
	Infant must be less than 6 months old.	1	2	
	Absence of menses since delivery	1	2	
3.6	What are the main activities you follow when talking about FP to postnatal clients? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	Identify reproductive goals of woman.	1	▶ 3.16
		Provide information about different contraceptive methods.	2	
		Discuss the client's contraceptive preferences.	3	
		Help women select a suitable method.	4	
		Instruct women in how to use the selected method.	5	
		Other:	6	

3.7	<p><i>Interviewer: Explain that you will now ask you about the client's knowledge of different FP methods.</i></p> <p>For each one of the next methods, please tell me if you:</p> <p>1) Know the method sufficiently well to counsel and provide it to a client 2) Know the method sufficiently well to counsel about it, but not to provide it 3) Know little about the method and would not feel comfortable counseling or providing it 4) Do not know the method</p>																																																																																																																									
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3.9	Do you know whether there are any contraceptive methods that are contraindicated for postnatal women who are not breastfeeding? What methods are these? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1	
		Mini-pills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
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		IUD	11	
		IUS	12	
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		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
Don't know		98	▶ 3.11	
3.10	For any methods mentioned in questions 3.8 and 3.9, what are the contraindications?	Explain:		
3.11	During the PNC visits, do you encourage women to wait for some time before getting pregnant again?	Yes	1	
		No	2	
3.12	According to what you know, what is the ideal time interval between pregnancies to protect a woman's health?	Less than 2 years	1	
		2 – 3 years	2	
		3 – 5 years	3	
		Other:	4	
3.13	During the PNC visits, do you discuss with the client how soon after delivery she can get pregnant again?	Yes	1	
		No	2	
3.14	According to what you know, how soon after delivery can a woman get pregnant again? <i>Interviewer: Mark all the relevant options.</i>	4 weeks after delivery, if she doesn't breastfeed exclusively	1	
		As soon as menstruation resumes	2	
		After 6 months, if she breastfeeds exclusively	3	
		Other:	4	
		Don't know	98	
3.15	What are the main difficulties you have had in this facility in providing FP services for PNC clients in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel sufficiently trained	6	
		Not enough time to counsel clients	7	
		Other:	8	
3.16	Are there any written guidelines in this facility for providing FP services to PNC clients?	Yes	1	
		No	2	
		Don't know	98	
			▶ next section	
3.17	How well do you know the guidelines for providing FP services to PNC clients?	Very well	1	
		Fairly well	2	
		Not well	3	
			▶ next section	

4. PNC experience, knowledge, and practices

No.	QUESTIONS	CODING CATEGORIES	GO TO
4.1	Do you currently personally provide PNC?	Yes	1
		No	2 ▶ next section
4.2	For how many years in total have you provided this service, including your work at other facilities?	Years: <i>Interviewer: If less than 1 year, record "00."</i>	
4.3	Does this health facility have written guidelines on PNC?	Yes	1
		No	2 ▶ 4.6
4.4	How well do you know the guidelines for PNC?	Very well	1
		Fairly well	2
		Not well	3
4.5	What are the recommendations for personal care that should be given to postnatal women? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	Get enough rest and sleep.	1
		Eat well, and eat everything.	2
		Wash perineum daily and after fecal excretion.	3
		Change perineal pads every 4 to 6 hours, or more frequently if necessary.	4
		Wash used pads or dispose of them safely.	5
		Wash her body daily.	6
		Avoid sexual intercourse until perineal wound heals.	7
		Other:	8
4.6	What are the danger signs in the postnatal period? <i>Interviewer: Ask "Something else?" Mark all the relevant options.</i>	Bleeding	1
		Convulsions or fits	2
		Fast or difficult breathing	3
		Fever	4
		Abdominal pain	5
		Feeling ill	6
		Swollen, red, or tender breasts or sore nipples	7
		Urine dribbling or pain/burning sensation while urinating	8
		Pain in the perineum or draining pus	9
		Foul-smelling vaginal discharge (lochia)	10
		Broken episiotomy scar	11
		Bleeding from C-section scar	12
		Pus oozing from C-section scar/site	13
		Excessive tiredness or breathlessness	14
		Swollen hands, face, legs	15
		Severe headache or blurred vision	16
		Pain in the calf muscle (Thrombophlebitis)	17
		Other:	18
4.7	Can you tell me the major causes of anemia in the postnatal period? <i>Interviewer: Mark all that apply.</i>	Iron deficiency	1
		Hookworms	2
		Advanced HIV/AIDS	3
		Malaria	4
		Other:	5

4.8	How would you look for signs and symptoms of anemia in your clients? <i>Interviewer: Mark all that apply.</i>	Examine client for pallor.	1
		Examine client's palms, nail beds, inner eyelids, and tongue (conjunctival and palmar pallor).	2
		Check record for bleeding in pregnancy, delivery, or postnatal.	3
		Ask client whether she had heavy bleeding since delivery.	4
		Ask client whether she tires easily.	5
		Ask client whether she gets breathless during her daily routine.	6
		Ask client whether she sometimes has difficulty walking.	7
		Ask client whether she sometimes has buzzing in the ears.	8
		Ask client whether she sometimes feels palpitations (heart beating fast).	9
		Ask client whether she sometimes has dizziness that stops her from walking.	10
		Ask client whether her legs feel heavy.	11
		Check hemoglobin level.	12
		Other:	13
4.9	What do you do to manage anemia in the postnatal period?	Give a double dose of iron.	1
		Give ferrous sulphate and folic acid.	2
		Treat hookworms.	3
		Counsel client about eating a balanced diet.	4
		Advise the client to rest.	5
		Give the client a blood transfusion, if needed.	6
		Other:	7
4.10	What are the main difficulties you have had in this facility in providing PNC to women in the last 3 months?	Lack of supplies	1
		Lack of qualified personnel	2
		Lack of equipment	3
		Failures in equipment	4
		inappropriate facilities	5
		Do not feel adequately trained	6
		Not enough time to treat clients	7
		Other:	8

5. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
5.1	In the last 6 months, has a supervisor spoken with you about your work or observed your work?	Yes	1	▶ next section
		No	2	
5.2	How many times in the last 6 months has your work been supervised?	Number of times:		
5.3	Did your supervisor do the following the last time she/he supervised you:	Yes	No	
	1) Checked your records	1	2	
	2) Observed your work	1	2	
	3) Provided feedback on your performance	1	2	
	4) Provided updates on administrative or technical issues related to your work	1	2	
	5) Discussed problems you have encountered	1	2	

6. PMTCT of HIV

No.	QUESTIONS	CODING CATEGORIES				GO TO
6.1	<p>Interviewer: (a) During your professional experience, have you ever received training in [read 1 to 5]? For every positive response, ask: (b) Have you received training in [...] in the past year?</p> <p>1) PMTCT of HIV/AIDS 2) Counseling for prevention of HIV 3) Counseling/social support for HIV/AIDS infected clients 4) Medical management of HIV/AIDS-infected clients 5) ARV for HIV/AIDS-infected clients</p>	(a) Ever received training		(b) Received training last year		
		Yes	No	Yes	No	
		1	2	1	2	
		1	2	1	2	
		1	2	1	2	
		1	2	1	2	
6.2	During PNC, do you provide information or counseling to women about HIV/AIDS?	Yes			1	▶ end
		No			2	
6.3	Does this health facility have guidelines on PMTCT of HIV?	Yes			1	▶ 6.6
		No			2	
		Don't know			98	
6.5	How well do you know these guidelines?	Very well			1	
		Fairly well			2	
		Not well			3	
6.6	Please describe the four pillars (prongs) of PMTCT.	Primary prevention of HIV infection			1	
		Prevention of unintended pregnancies among HIV-positive women			2	
		Prevention of HIV transmission from HIV-infected women to their children			3	
		Treatment, care, and support of HIV-infected women and their families			4	
		Other:			5	
		Don't know			98	
6.7	<p>What counseling do you give to <u>all</u> postnatal clients for PMTCT of HIV during the postnatal period?</p> <p>Interviewer: Mark all relevant responses.</p>	Do not give any counseling.			1	
		Routine testing and counseling for HIV			2	
		Avoid STIs by using condoms and having a faithful partner.			3	
		Avoid mother's HIV infection by practicing safer sex.			4	
		Encourage partner testing.			5	
		Other:			6	
6.8	<p>What counseling do you give to HIV-positive clients for PMTCT of HIV during the postnatal period?</p> <p>Interviewer: Mark all relevant responses.</p>	Do not give any counseling.			1	
		Exclusive breastfeeding for the first 6 months			2	
		Exclusive breastfeeding, stopping all breastfeeding as soon as replacement feeding is possible (if baby is less than 6 months old)			3	
		If acceptable, feasible, safe and affordable, use replacement feeding with home-prepared or commercial formula.			4	
		If breastfeeding, keep breasts healthy.			5	
		Explain that their babies should take ARVs.			6	
		Explain that they should take their ARVs.			7	
		Tell them that lochia can cause infection in other people, and therefore they should dispose of blood-stained sanitary pads.			8	
		Visit HIV services 2 weeks after delivery for further assessment.			9	
		Mothers and partners should practice safer sex.			10	
		Other:			11	

6.9	What kind of messages do you give to HIV-positive mothers to promote safer breastfeeding? <i>Interviewer: Mark all the relevant responses.</i>	Do not give any counseling.	1
		Exclusive breastfeeding for the first 6 months	2
		Exclusive breastfeeding, stopping all breastfeeding as soon as replacement feeding is possible (if baby is less than 6 months old)	3
		If acceptable, feasible, affordable, safe and sustainable, use replacement feeding with home-prepared or commercial formula.	4
		Early weaning and replacement feeding at around 6 months	5
		Ensure baby is attached and positioned to breast properly to prevent nipple problems.	6
		Promptly seek medical attention for breast problems.	7
		Other:	8
6.10	What are the conditions necessary for replacement feeding to be a viable option for the children of HIV-positive mothers?	It has to be acceptable, feasible, affordable, safe and sustainable.	1
		Other:	2
		Don't know	98
6.11	What special recommendations/information do you provide to postnatal women who are HIV positive regarding their personal care and the care of their babies?	Do not give any counseling.	1
		Use sit baths to encourage healing.	2
		Treat preexisting vulval warts/abscess aggressively.	3
		Advise against unprotected early penetrative sex after delivery.	4
		Monitor and seek care early for opportunistic infections.	5
		Counseling on available support	6
		Regular monitoring of CD4 count	7
		Regular checkups (6 monthly)	8
		Availability and use of ARVs	9
		Cotrimoxazole prophylaxis for newborn	10
		Cleanliness	11
		Avoid stressful situations.	12
		Eat a balanced diet.	13
		Other:	14
6.12	What special recommendations do you provide to postnatal women who are HIV positive regarding FP? <i>Interviewer: Mark all relevant options.</i>	Do not provide special recommendations.	1
		Remind them that a future pregnancy can have significant health risks for them and their baby.	2
		Recommend that they wait before another pregnancy.	3
		Counsel them on safer sex, including the use of the condom.	4
		Tell them that the IUD is not recommended for women with AIDS who are not in ART.	5
		Recommend that they not use LAM.	6
		Recommend that they always use a condom in addition to other FP methods.	7
		Tell them that spermicides are not appropriate for HIV-positive women.	8
		If they are taking pills for tuberculosis or ART (rifampin), contraceptive pills, monthly injectables, and implants may not be appropriate for them.	9
		Other:	10

6.13	Which FP method do you usually recommend for new postnatal women who are HIV positive?	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
			Don't know	
6.14	Do you know whether any contraceptive methods are counterindicated for HIV-positive women? What methods are these? <i>Interviewer: Mark all the relevant ones.</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		LAM	22	
		Other:	23	
			Don't know	
6.15	For any methods mentioned in question 6.14, what are the contraindications?	Explain:		

Data collection instruments for family planning in postabortion care services

This section contains the four basic instruments for conducting an AIM on the FP component of postabortion care (PAC) services. Instruments are presented in the following order:

- A) **Inventory for facilities available and services provided at the facility**
- B) **Observation guide**
- C) **Questionnaire for clients' exit interviews**
- D) **Questionnaire for providers' interviews**

Since some may be interested in using AIM to gather information exclusively about the FP component of PAC services, while others may want to take advantage of a research team already visiting the facility to obtain information about the general quality of PAC, the instruments below contain questions that are relevant for both purposes. The first two modules of the inventory and the observation guide, and the first three modules of the provider's and client's interviews are designed to serve as a questionnaire that can easily be adapted to any study that focuses exclusively on measuring the quality of FP services in PAC.

All the modules that follow the one labeled "FP in Postabortion Care Services" are designed to assess different components of the quality of PAC services. Those interested in this aspect can adapt the whole instruments to their own context. Some of the questions in these modules are relevant only in certain contexts or for specific objectives, such as those that refer to hours of operation or the questions about costs. These optional questions are shaded for easy identification.

We recommend that only those questions that are directly linked to the objectives of each study (as defined by the researchers) are included in the final questionnaires. Otherwise, research teams risk wasting money and time collecting too much information that will not be used.

A. Inventory for facilities available and services provided at the facility

INSTRUCTIONS TO DATA

COLLECTOR: This inventory should be completed by observing the facilities that are available and having discussions with the person in charge of PAC on the day of the visit. For some questions, you may also have to talk to the person in charge of FP.

For some of the questions in this instrument, you will have to observe directly the availability of equipment, supplies, and infrastructure. Ask the clinic staff member who is assisting you to direct you to the room, laboratory, or storage area that you need to verify the availability of each item. In all cases, you should verify that the items exist by actually observing them yourself; if you are not able to observe them, then code accordingly. Remember that the objective of this instrument is to identify equipment and facilities that currently exist and are in working order and not to evaluate the performance of the staff or the clinic. **For each item, circle the code of the most suitable response or describe, as appropriate.** Before beginning, read the following greeting when you meet with the person who will help you fill this instrument:

GREETING: Good morning. My name is _____, and I work for _____. We are currently doing a study about the way that family planning services are being integrated with PAC in the country and the issues that arise with integration. This is not an evaluation of this facility or of the people who give us this information. We are visiting a number of facilities and all the information you give me will be confidential. No one will know what you said. Are you willing to assist?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the inventory	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. FP services in PAC

No.	QUESTIONS	CODING CATEGORIES			GO TO
2.1	Is (read 1 to 3) available to clients in this health facility? How many days per week are (read 1 to 3) services offered?	Yes	No	Days	
	1) FP counseling	1	2		
	2) Contraceptives	1	2		
	3) Antenatal care	1	2		
2.2	Do the hours of operation of FP services coincide with the hours of operation and discharge of PAC clients?	Yes. Whenever PAC clients are discharged, FP services are open.			1
		Sometimes. There are times when postabortion clients are discharged that FP services are closed. Explain:			2
		No. Whenever PAC clients are discharged, FP services are closed.			3
		Other:			4
2.3	How many providers and of which type (qualifications) are assigned to work in PAC in this facility? Of the staff involved in PAC, how many have as one of their responsibilities giving FP to PAC clients?				
	Type of staff	PAC	PAC providers that give FP to PAC clients		
	1) Medical specialists				
	2) General practitioners				
	3) Medical residents				
	4) Medical interns				
	5) Trained midwives				
	6) Professional nurse				
	7) Auxiliary nurse				
	8) Nursing student				
	9) Social worker				
	10) Other 1:				
	11) Other 2:				

2.4	Are there any indicators for the provision of FP services to postabortion clients systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes, explain how:	1		
		No	2		
		Other:	3		
2.5	Are there any written guidelines in this facility for postabortion services? <i>Interviewer: Ask to see a copy of the guidelines.</i>	Yes, guidelines are available	1		
		Yes, but guidelines aren't available.	2		
		No, there aren't written guidelines.	3		▶ 2.8
2.6	Do these guidelines or service protocols recommend that FP services (e.g., counseling) are offered to postabortion clients as a part of PAC?	Yes, explain how:	1		
		No	2		
2.7	Do these guidelines or service protocols recommend that postabortion clients are referred to FP services elsewhere?	Yes, explain how:	1		
		No	2		
2.8	Is FP counseling routinely offered to postabortion clients in this facility? (By routinely, we mean offered to most clients.)	Yes	1	▶ 2.13	
		No	2		
2.9	Do postabortion clients receive FP counseling before they are discharged from PAC?	Yes, explain:	1		
		No	2		
		Other, explain:	3		
2.10	Who gives FP counseling to postabortion clients? The same provider who gives them PAC or someone else?	Same provider	1		
		Someone else	2		
		Other:	3		
2.11	Where do postabortion clients receive FP counseling?	In the same area where they receive PAC	1	▶ 2.13	
		In the FP area in this facility	2		
		Other:	3		
2.12	Why is FP counseling not provided in the same area where women receive PAC?	There is no staff available.	1		
		Staff is not trained.	2		
		The facility does not have the necessary equipment.	3		
		There is insufficient room/space.	4		
		Other:	5		
2.13	Where do postabortion clients who want to obtain a contraceptive method receive the method?	In the same area where they receive PAC	1		
		In the FP area in this facility	2		
		Other:	3		
2.14	Which of the following contraceptive methods are available for postabortion clients? Of these, which are available at any time, and which are offered on a limited schedule?	Available for postabortion clients?			
		Available any time?			
		Yes	No	Yes	No
		Method			
		1) Combined oral contraceptives	1	2	1
2) Minipills (progestin-only pills)	1	2	1	2	

3) Emergency contraceptive pills	1	2	1	2	
4) Progestin-only injectables (injection every 2 or 3 months)	1	2	1	2	
5) Monthly injectables	1	2	1	2	
6) Combined patches	1	2	1	2	
7) Combined vaginal rings	1	2	1	2	
8) Jadelle implants	1	2	1	2	
9) Implanon implants	1	2	1	2	
10) Sinoplant (II) implants	1	2	1	2	
11) IUD	1	2	1	2	
12) IUS	1	2	1	2	
13) Male condoms	1	2	1	2	
14) Female condoms	1	2	1	2	
15) Diaphragms	1	2	1	2	
16) Spermicides	1	2	1	2	
17) Cervical caps	1	2	1	2	
18) Female sterilization	1	2	1	2	
19) Vasectomy	1	2	1	2	
20) Fertility awareness methods	1	2	1	2	
21) Withdrawal	1	2	1	2	
22) Other:	1	2	1	2	
2.15	Are postabortion clients who are interested in receiving a contraceptive method that is not available in the same area where they receive PAC routinely referred to FP services in this facility or to another place where they can get their desired method?	Yes, referred to FP services in this facility	1		
		Yes, referred elsewhere (specify)	2		
		No	3		
		Other:	4		
2.16	Interviewer: Obtain the following information from the service statistics.	Last 12 months	Last 6 months	Last month	Info not available
	Number of PAC clients				
	Number of PAC clients who received FP counseling				
	Number of PAC clients who received a contraceptive before discharge				
	Number of PAC clients who were referred to FP services				
2.17	On the date of visit, which of the following contraceptives were available for PAC clients?	Available			Not available
	1) Combined oral contraceptives				
	2) Progestin-only pills				
	3) Emergency contraceptive pills (prepacked)				
	4) Emergency contraceptive pills (not prepacked)				
	5) Progestin-only injectables				
	6) Monthly injectables				
	7) Combined patches				
	8) Combined vaginal rings				
	9) Jadelle implants				
	10) Implanon implants				
	11) Sinoplant (II) implants				
	12) IUD				
	13) IUS				
	14) Male condoms				
	15) Female condoms				
	16) Diaphragms				
	17) Spermicides				
	18) Female sterilization				
	19) Vasectomy				

3. Description of the service area

No.	QUESTIONS	CODING CATEGORIES	
3.1	Area		
3.2	Population		
3.3	Number of women in reproductive age		
3.4	Health facilities operating in the district	Number of hospitals:	
		Number of health centers:	
		Number of health posts:	
		Number of dispensaries:	
		Number of other facilities:	
		<i>Interviewer: Specify what is included in this category.</i>	

4. Hours of operation

No.	QUESTIONS	CODING CATEGORIES	
4.1	Routinely, how many days per week is the facility open?	Days:	
4.2	What are the opening and closing hours at this facility?	Opening time ____:____ Closing time ____:____ (Hour : Minutes)	
4.3	Does the facility provide PAC 24 hours a day?	Yes	1
		No	2
4.4	Is there a nurse or doctor present at the facility at all times? (24 hours/day)	Yes	1
		No	2
4.5	Is there a nurse or doctor available on call at all times after hours?	Yes	1
		No	2

5. Services available/Staff

No.	QUESTIONS	CODING CATEGORIES	
5.1	Do you have staff shortages in (read 1 to 2) services?	Yes	No
	1) PAC	1	2
	2) FP	1	2
5.2	What types of staff shortages are most critical?	Medical specialists	1
		General practitioners	2
		Medical residents	3
		Medical interns	4
		Trained midwives	5
		Professional nurse	6
		Auxiliary nurse	7
		Nursing student	8
		Social worker	9
		Other:	10

6. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO	
6.1	How often do formal meetings to discuss facility management/administrative issues take place?	Monthly	1		
		Quarterly	2		
		Semi-annually	3		
		Other:	4		
		No formal management meetings	5		▶ 6.3
6.2	Is an official record of meetings maintained?	Yes, record seen	1		
		Yes, record not seen	2		
		No official record of meetings	3		
	<i>Interviewer: If yes, ask to see some record from most recent meeting.</i>				
6.3	Does this facility have any system for determining clients' opinions about the health facility or services?	Yes	1		
		No	2		▶ 6.6
		Unsure	3		▶ 6.6

6.4	In the past 3 months, have any changes been made in the facility as a result of client opinion?	Yes	1	
		No	2	
6.5	Does this facility have a method for monitoring the quality of care provided to clients?	Yes	1	▶ 6.8
		No	2	
6.6	What is done to monitor quality of care?			
6.7	Are there any indicators for PAC systematically reviewed in these quality-monitoring activities?	Yes	1	
		No	2	
		Other:	3	
6.8	Who is responsible for reviewing findings and taking action relative to quality of care activities? <i>Interviewer: Mark all that apply.</i>	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	5	
6.9	When was the last time an external supervisor (someone from outside this facility) visited the facility?	Within the last 6 months	1	▶ next section
		More than 6 months ago	2	
		No external supervision	3	
6.10	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor do the following. <i>Interviewer: Read options and mark all that apply. Ask "Something else?"</i>	Check records?	1	
		Discuss problems?	2	
		Discuss policy/administrative issues?	3	
		Discuss technical protocols/practice?	4	
		Hold an official staff meeting?	5	
		Observe individual staff providing services?	6	
		Other:	7	

7. PAC quality

No.	QUESTIONS	CODING CATEGORIES			GO TO	
7.1	Which of the following services are routinely offered to postabortion clients in this facility? (By routinely, we mean offered to every client.) If a service is not routinely offered in this facility, are postabortion clients referred to a different health facility to obtain this service? <i>Interviewer: Read options.</i>					
		Service	Offered	Referred		Not offered or referred
		FP	1	2		3
		HIV/AIDS voluntary counseling	1	2		3
		HIV/AIDS testing	1	2		3
		STI screening and treatment	1	2		3
Infertility treatment	1	2	3			
7.2	In the cases where postabortion clients are referred elsewhere for some services, are they given a referral slip or coupon with information such as the name of the clinic to which they should go, the service they need, or any other information? <i>Interviewer: Ask to see a referral slip.</i>	Yes, form seen	1	▶ 7.4		
		Yes, form not seen	2			
		No	3			

7.3	What information is included in the referral slip or coupon? <i>Interviewer: Mark all that apply.</i>	Name of patient	1	
		Name of referring clinic	2	
		Name of clinic where service should be provided	3	
		Services that should be received	4	
		Other:	5	
7.4	Does staff working with postabortion clients in this facility have a directory or list of referral services?	Yes	1	▶ next section
		No	2	
7.5	Is this referral list easily accessible to all staff working with postabortion clients?	Yes	1	
		No	2	

8. Organization of PAC services

No.	QUESTIONS	CODING CATEGORIES		GO TO	
8.1	What uterine evacuation techniques are used in this health facility to treat postabortion clients?	Manual Vacuum Aspiration (MVA)	1		
		Electric vacuum aspiration	2		
		Dilatation and Curettage (D&C)	3		
		Other:	4		
8.2	Does the facility have providers trained in uterine evacuation in the three shifts?	Yes	No		
		Morning	1		2
		Afternoon	1		2
		Night	1		2
8.3	Does this facility have providers trained in MVA?	Yes	1	▶ 8.5	
		No	2		
8.4	Does the facility have providers trained in MVA in the three shifts?	Yes	No		
		Morning	1		2
		Afternoon	1		2
		Night	1		2
8.5	Can a postabortion client be discharged at any time of day?	Yes	1		
		No	2		
8.6	What is the average hospital stay for postabortion clients?	Minutes:			
		Hours:			
		Days:			

9. General infrastructure of the facility

No.	QUESTIONS	CODING CATEGORIES		
9.1	<i>Interviewer: Observe the conditions and infrastructure in the facility and mark whether it has the following.</i>	Yes	No	
		1) Piped running water	1	2
		2) Electricity	1	2
		3) Working latrines/toilets for clients	1	2
		4) Working phone/short wave radio	1	2
		5) Transport vehicle in working order or standing arrangements for transport in the case of emergencies	1	2
		6) Clean facilities (e.g., the floors are swept, there is no dust in the desks)	1	2
		7) Enough chairs or benches in waiting areas	1	2
		8) Waiting area for clients where they are protected from the sun, rain and snow	1	2

10. PAC examination rooms

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Ask to see the area where women with obstetric emergencies are first examined. For the following items, check whether the item is in the area or in an adjacent room.</i>			
10.1	Describe the setting for the examination room:	Private room	1
		Room with other people with separating barrier	2
		Room with other people and no visual barrier	3
10.2	Materials and equipment required for hand washing:	Yes	No
	1) Clean water supply	1	2
	2) Soap	1	2
	3) Nail brush or stick	1	2
	4) Clean towels	1	2
10.3	Materials and equipment required to examine women in working order:	Yes	No
	1) Spot light source (flashlight or examination light accepted)	1	2
	2) Examination couch for gynecological exam	1	2
10.4	What is the most commonly used method to sterilize/disinfect the specula/forceps?	Boiling	1
		Autoclave	2
		Heat sterilizer	3
		Use disposable only	4
		Using bleach	5
		Other:	6

11. PAC treatment rooms and equipment

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Ask to see the area where the therapeutic procedures (D&C or MVA) take place for postabortion clients. For the following items, check whether the item is in the area or in an adjacent room.</i>			
11.1	Describe the setting for the examination room:	Private room	1
		Room with other people with separating barrier	2
		Room with other people and no visual barrier	3
11.2	Materials and equipment required for hand washing:	Yes	No
	(1) Clean water supply	1	2
	(2) Soap	1	2
	(3) Nail brush or stick	1	2
	(4) Clean towels	1	2
11.3	Instruments and equipment are in working order:	Yes	No
	(1) Instrument table	1	2
	(2) Gynecological exam table	1	2
	(3) Light	1	2
	(4) Uterine forceps	1	2
	(5) Ligature forces	1	2
	(6) Speculum	1	2
	(7) MVA instruments	1	2
	(8) D&C instruments	1	2

12. IEC materials

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Verify that the following materials are available in the room where PAC clients receive counseling.</i>			
12.1	1) Visual aids for teaching about:	Yes	No
	2) Different FP methods	1	2
	3) Model for demonstrating condom use	1	2
	4) PAC	1	2
	5) STIs	1	2
	6) HIV/AIDS	1	2
12.2	Information booklets/leaflets for clients to take home:	Yes	No
	1) Different FP methods	1	2
	2) Model for demonstrating condom use	1	2
	3) PAC	1	2
	4) STIs	1	2
	5) HIV/AIDS	1	2

13. Record keeping

No.	QUESTIONS	CODING CATEGORIES			
13.1	Is there a daily activity record for PAC in this facility?	Yes	1		
		No	2		
13.2	<i>Interviewer: Complete this information using the available statistics from the last 12 months.</i>	Last 12 months	Last 6 months	Last month	Info not available
	Number of all postabortion clients				
	Number of postabortion clients treated with MVA				
	Number of postabortion clients treated with D&C				
	Number of postabortion clients treated with digital curage				

14. Costs

No.	QUESTIONS			
14.1	What are clients charged for obtaining the following services, commodities, tests, or procedures? <i>Interviewer: Ask questions 14.1 to 14.3 and register answers in the table below.</i>			
14.2	Is there a waiver or exemption policy for women who cannot pay?			
14.3	Who is exempted from paying these fees?			
		14.1 Charge in local currency	14.2 Is there a waiver or exemption policy?	
			Yes	No
	Service or commodity			14.3 Who is exempted from paying these fees?
	Treatment of incomplete abortion	\$	1	2
	FP counseling	\$	1	2
	Combined oral contraceptives	\$	1	2
	Minipills (progestin-only pills)	\$	1	2
	Emergency contraceptive pills	\$	1	2
	Progestin-only injectables (injection every 2 or 3 months)	\$	1	2
	Monthly injectables	\$	1	2
	Combined patches	\$	1	2
	Combined vaginal rings	\$	1	2
	Jadelle implants	\$	1	2
	Implanon implants	\$	1	2
	Sinoplant (II) implants	\$	1	2
	IUD	\$	1	2
	IUS	\$	1	2
	Male condoms	\$	1	2
	Female condoms	\$	1	2
	Diaphragms	\$	1	2
	Spermicides	\$	1	2
	Cervical caps	\$	1	2
	Female sterilization	\$	1	2
	Vasectomy	\$	1	2
	HIV/AIDS testing	\$	1	2
	Syphilis testing	\$	1	2
	Other STI testing	\$	1	2

B. Observation guide

INSTRUCTIONS TO DATA

COLLECTOR: Before proceeding to observe the interaction between client and provider, use the greeting below to explain to the provider that you will be observing him/her while he attends to his/her clients to make sure that she/he knows that you are not there to evaluate her/him and that you are not an “expert” who can be consulted during the session. Then obtain the client’s informed consent. When observing, be as discreet as possible: try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. **For each question, describe or circle the code of the response that most appropriately represents your observation of what happened during the interaction.** As discussed during the training, you may witness behavior that poses a serious risk to the client’s health. Please keep in mind the guidelines for when to intervene in the consultation on behalf of the client’s welfare.

GREETING FOR THE PROVIDER: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during postabortion care. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during their postabortion care visits. I will observe silently as you attend to your clients and take notes. I am in no way an expert in your area, and I am not here to evaluate your work. I will not make any comments or interfere in your consultations in any way.

Your participation in this component of the study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments. Do I have your permission?

INFORMED CONSENT FORM FOR THE

CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their postabortion care visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during the treatment and counseling for postabortion care visits. I would appreciate it if you allowed me to observe your treatment and counseling today. If you do, I will be accompanying you through your visit and seeing what you and your provider talk about. I will also observe when he examines you. I am not a health provider in this facility and will not making any comments or participate in your consultations in any way. At the end of your visit I will, if you allow me to, ask you some questions regarding your experience during your visit. This interview will be private, and none of the providers that see you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me accompany you or not to answer my questions. If you choose not to participate in either component of the study, you will not be penalized in any way. If you agree to participate and you change your opinion later, you can also ask me to exit the room whenever you want. If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the observation	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. FP services in PAC

No.	QUESTIONS	CODING CATEGORIES		GO TO
	<i>Interviewer: Observe the client-provider interaction during PAC and note whether providers do the following.</i>	Yes	No	
2.1	Discuss return to fertility.	1	2	
2.2	Ask whether client wants more children in the future.	1	2	
2.3	Ask about FP use at the time of pregnancy.	1	2	
2.4	<i>Interviewer: Mark whether client was using an FP method.</i>	1	2	
2.5	Ask whether client may want to use a method.	1	2	
2.6	Ask for any FP method preferences.	1	2	
2.7	Explain different FP method options.	1	2	
2.8	<i>Interviewer: Mark the FP methods discussed.</i>	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
		Vasectomy	19	
		Fertility awareness methods	20	
		Withdrawal	21	
		Other:	22	
		Yes	No	
2.9	Explain who should use each method.	1	2	
2.10	Explain how methods work and how they are used.	1	2	

2.11	Explain advantages of methods.	1	2	
2.12	Explain disadvantages of methods.	1	2	
2.13	Explain reversibility of methods.	1	2	
2.14	Explain possible side-effects of methods.	1	2	
2.15	Discuss client's fears and concerns about methods.	1	2	
2.16	Mention that condom is the only FP method that protects against HIV/AIDS.	1	2	
2.17	Explain where methods can be obtained.	1	2	
2.18	Interviewer: Did the woman express interest in using an FP method?	1	2	
2.19	Interviewer: What method did the client express an interest in?	Combined oral contraceptives Minipills (progestin-only pills) Emergency contraceptive pills Progestin-only injectables (injection every 2 or 3 months) Monthly injectables Combined patches Combined vaginal rings Jadelle implants Implanon implants Sinoplant (II) implants IUD IUS Male condoms Female condoms Diaphragms Spermicides Cervical caps Female sterilization Vasectomy Fertility awareness methods Withdrawal Other:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	
2.20	Interviewer: Did the client receive her preferred method?	Yes No	1 2	▶ 2.22
2.21	Interviewer: Why did the client not receive her preferred method?	Method not available No specialist to assist with method Other:	1 2 3	
2.22	Interviewer: Was the client referred to FP services or to a place where she can obtain a method after today?	Yes No	1 2	

3. Introduction and clinical history

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
Introduction			
3.1	Greet client.	1	2
3.2	Introduce yourself to the client.	1	2
3.3	Tell the client what is going to be done and encourage her to ask questions.	1	2
Clinical history			
3.4	Review client's clinical record or pregnancy carnet.	1	2
3.5	Ask date of last menstrual period.	1	2
3.6	Ask history of hypertension.	1	2
3.7	Ask history of diabetes.	1	2
3.8	Ask about history of problems with current pregnancy.	1	2
3.9	Ask about obstetric history.	1	2
3.10	Ask about past medical history.	1	2
3.11	Ask about surgical history.	1	2
Recent birth history			
3.12	Ask number of prior pregnancies and births.	1	2
3.13	Ask mode of delivery.	1	2
3.14	Ask whether client had heavy bleeding during or after delivery with a previous pregnancy.	1	2

4. Physical exam

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
4.1	Wash hands before examining client.	a) With water only b) Water and soap c) With antiseptic d) Other:	2
4.2	Take blood pressure.	1	2
4.3	Take pulse.	1	2
4.4	Take temperature.	1	2
4.5	Auscultate heart.	1	2
4.6	Examine abdomen.	1	2

5. Pain relief

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
5.1	Did the woman ask for pain relief or show signs of pain or distress at any time during her stay?	Yes, asked for pain relief	1
		Yes, showed signs of pain	2
		No	3
5.2	Did the provider respond?	Yes	1
		No	2
5.3	How did they provider respond?	Gave medication	1
		Reassured client	2
		Scolded client	3
		Other:	4

6. Information on danger signs

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
	<i>Interviewer: Before leaving the facility, was the woman instructed about the following danger signs and symptoms that may arise?</i>		
6.1	Increased bleeding	1	2
6.2	Bleeding heavier than a normal period	1	2
6.3	Continued bleeding for 2 weeks	1	2
6.4	Foul-smelling vaginal discharge	1	2
6.5	Severe abdominal pain	1	2
6.6	Fever	1	2
6.7	Chills	1	2
6.8	Muscle aches	1	2
6.9	Tenderness to pressure in the abdomen	1	2
6.10	Delay (6 weeks or more) in resuming menstrual period	1	2
6.11	Dizziness or fainting	1	2
6.12	Feeling ill, weakness	1	2
6.13	Nausea or vomiting	1	2
6.14	Severe and constant headaches	1	2
6.15	Was the client told were to go in case she had any of these alarm signs?	1	2

7. Information on follow-up care

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
	<i>Interviewer: Before leaving the facility, was the woman instructed about the following?</i>		
7.1	When and where to return for a check-up	1	2
7.2	When she can start having sexual relations again	1	2
7.3	Rest and hygiene precautions she needs to follow after leaving the facility	1	2

C. Client exit interview

INSTRUCTIONS FOR THE

INTERVIEWER: Approach all women as they leave the area where PAC services are provided and asked them whether they are willing to be asked a few questions about the services they received today. If they accept, make sure that you are in a place that guarantees privacy and where the woman is comfortable. Ask them for their informed consent to be interviewed (read the form below). Interview only women who give their informed consent. **For each item in the interview, circle the code of the adequate response or describe, as appropriate.**

INFORMED CONSENT FORM FOR THE

CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given when they are treated for postabortion care services. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are interviewing women who had postabortion care services today. In these interviews, we ask them about the services and information they obtained, their satisfaction with the services received, their plans for having more children in the future, and other health

needs they may have. I would appreciate it if you allowed me to ask you some questions. The interview will be private, and none of the providers that saw you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me interview you. If you choose not to participate in our study, you will not be penalized in any way. If you accept to participate and you change your opinion later, you can also ask me to interrupt the interview whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the questionnaire. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Reproductive history

No.	QUESTIONS	CODING CATEGORIES	GO TO
2.1	How many living children of your own do you have?	Living children:	
2.2	In the future, would you like to have more children?	Yes	1
		No	2 ▶ next section
		Other:	3
		Don't know	98
2.3	How long would you like to wait before becoming pregnant again?	Number of months:	
		Number of years:	
		Other:	

3. FP services during PAC

No.	QUESTIONS	CODING CATEGORIES	GO TO
3.1	During this visit, did a health provider talk to you about how soon you can get pregnant again?	Yes	1
		No	2 ▶ 3.3
3.2	According to what they told you, how soon is the earliest that a woman is fertile (can become pregnant again) after she has had an abortion? <i>Interviewer: Mark all that apply.</i>	Almost immediately	1
		Before her period	2
		After her period	3
		Within 4 weeks	4
		Within 4 weeks	5
		Other:	6
	Don't know	98	
3.3	During this visit, did a provider ask you whether you wanted to get pregnant any time soon?	Yes	1
		No	2
3.4	During this visit, did you receive any information about FP methods?	Yes	1
		No	2 ▶ 3.7
3.5	How did you get this information? <i>Interviewer: Mark all that apply.</i>	Video	1
		Individual talk	2
		Group talk	3
		Written material	4
		Other:	5
3.6	Which methods were discussed in the information you received? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1
		Minipills (progestin-only pills)	2
		Emergency contraceptive pills	3
		Progestin-only injectables (injection every 2 or 3 months)	4
		Monthly injectables	5
		Combined patches	6
		Combined vaginal rings	7
		Jadelle implants	8
		Implanon implants	9
		Sinoplant (II) implants	10
		IUD	11
		IUS	12
		Male condoms	13
		Female condoms	14
		Diaphragms	15
		Spermicides	16
		Cervical caps	17
		Female sterilization	18
		Vasectomy	19
		Fertility awareness methods	20
		Withdrawal	21
		Other:	22
	Don't know	98	

3.7	During this visit, did a health provider offer you a FP method?	Yes	1	
		No	2	
3.8	Did you receive an FP method today?	Yes	1	
		No	2	▶ 3.12
3.9	Which FP method did you receive?	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Combined patches	6	
		Combined vaginal rings	7	
		Jadelle implants	8	
		Implanon implants	9	
		Sinoplant (II) implants	10	
		IUD	11	
		IUS	12	
		Male condoms	13	
		Female condoms	14	
		Diaphragms	15	
		Spermicides	16	
		Cervical caps	17	
		Female sterilization	18	
Vasectomy	19			
Fertility awareness methods	20			
Withdrawal	21			
Other:	22			
3.10	Is(Are) this(these) the method(s) you wanted to use?	Yes	1	▶ next section
		No	2	
3.11	Why did you not receive the method you wanted to use? <i>Interviewer: Mark all that apply.</i>	Cost	1	▶ next section
		Method was not available.	2	▶ next section
		There is no operating room or surgeon.	3	▶ next section
		Providers said I had contraindications.	4	▶ next section
		Other:	5	▶ next section
3.12	Would have you liked to receive an FP method before leaving this facility today?	Yes	1	
		No	2	▶ 3.14
3.13	Why did you not receive a contraceptive method today? <i>Interviewer: Mark all that apply.</i>	Cost	1	
		She was not offered one.	2	
		The method she wanted was not available.	3	
		There is no operating room or surgeon.	4	
		Providers said she has contraindications.	5	
		Other:	6	
3.14	During this visit, did a health provider tell you where you can obtain an FP method?	Yes	1	
		No	2	▶ next section
3.15	Where did they tell you could obtain a FP method?			

4. Quality of service of provider-client interactions

No.	QUESTIONS	CODING CATEGORIES	
<i>Interviewer: Explain that you will now ask some questions about the quality of the care the client received at this facility.</i>			
4.1	Did the provider who treated you tell you his or her name?	Yes	1
		No	2
		Don't remember	98
4.2	During your stay in this facility, did the staff call you by your name?	Yes	1
		No	2
		Don't remember	98
4.3	Did the doctor explain to you what would happen during your treatment? Did you understand the explanation?	Yes	1
		No	2
		Don't remember	98

5. Pain management

No.	QUESTIONS	CODING CATEGORIES	
5.1	Did a health provider ask you whether you were feeling pain while you were in the facility today?	Yes	1
		No	2
		Don't remember	98
5.2	Were you given any medication to ease the pain?	Yes	1
		No	2
		Don't remember	98

6. Counseling about self-care and danger signs

No.	QUESTIONS	CODING CATEGORIES			GO TO
6.1	Did a provider explain to you how to take care for yourself at home, after leaving the health facility today?	Yes		1	
		No		2	
6.2	Did a health provider discuss with you when it is safe for you to resume sexual activity?	Yes		1	
		No		2	▶ 6.4
6.3	According to what they told you, after an abortion, how long should a woman wait before having sexual relations?	Months:			
		Weeks:			
		Days:			
		Other:			
6.4	Did a health provider explain to you what to expect after you were discharged? In other words, did they tell you what normal symptoms a woman may experience after an abortion?	Yes		1	
		No		2	
6.5	Did a health provider discuss with you the following aspects of your care after you leave the facility?	Yes	No	Don't know	
	1) When you can resume your normal activities	1	2	98	
	2) To avoid intense physical activity for 2 to 3 days	1	2	98	
	3) The medicine you can take to relieve light pain	1	2	98	
	4) That the vaginal bleeding may last from 3 days to 3 weeks	1	2	98	
	5) To wash the perineum (external area between your genital area and the anus)	1	2	98	
	6) Not to insert anything in your vagina (including tampons) until you are completely healed	1	2	98	
6.6	Did a health provider talk to you about danger signs or symptoms in the postabortion period that need immediate medical care?	Yes		1	
		No		2	▶ 6.8

6.7	What are the danger signs or symptoms for which they told you that you need immediate medical care in the postabortion period?			
	<i>Interviewer: Record spontaneous responses, then ask about remaining items.</i>			
		Not aided	Aided	Don't know
	Increased bleeding	1	2	98
	Bleeding heavier than a normal period	1	2	98
	Continued bleeding for 2 weeks	1	2	98
	Foul-smelling vaginal discharge	1	2	98
	Severe abdominal pain	1	2	98
	Fever	1	2	98
	Chills	1	2	98
	Muscle aches	1	2	98
	Tenderness to pressure in the abdomen	1	2	98
	Delay (6 weeks or more) in resuming menstrual period	1	2	98
	Dizziness or fainting	1	2	98
	Feeling ill, weakness	1	2	98
Nausea or vomiting	1	2	98	
Severe and constant headache	1	2	98	
Other:	1	2	98	

7. Follow-up and information about other services and referrals

No.	QUESTIONS	CODING CATEGORIES		GO TO
7.1	Did a health provider tell you when to make a follow-up visit?	Yes	1	▶ 7.3
		No	2	
7.2	When were you told to come for a follow-up visit (return date)?	In days:		
		In weeks:		
		Other:		
7.3	During your stay in this facility, were you given information about other health services?	Yes	1	▶ 7.5
		No	2	
7.4	About which services did you receive information? <i>Interviewer: Mark all that apply.</i>	FP	1	
		STIs	2	
		HIV/AIDS	3	
		Cervical cancer screening	4	
		Breast cancer screening	5	
		Counseling on how to deal with violence from my partner	6	
		Other:	7	
7.5	During your visit today, were you referred for any services?	Yes	1	▶ next section
		No	2	
7.6	For what services were you referred? <i>Interviewer: Mark all that apply.</i>	FP	1	
		STIs detection and treatment	2	
		HIV/AIDS counseling and testing	3	
		Cervical cancer screening	4	
		Counseling on how to deal with violence from partner	5	
		Other:	6	

8. IEC materials

No.	QUESTIONS	CODING CATEGORIES	
8.1	Did you receive any information materials during this visit?	Yes	1
		No	2
8.2	What were they about? The content of the information materials? <i>Interviewer: Mark all that apply.</i>	PAC	1
		FP	2
		STIs	3
		HIV/AIDS	4
		Domestic violence	5
		Other:	6

9. Satisfaction with services

No.	QUESTIONS	CODING CATEGORIES	
9.1	How long did you wait between the time you arrived at this facility and the time you were able to see a provider?	Minutes:	
		Hours:	
		Saw provider immediately	97
		Don't know	98
9.2	Would you strongly, not strongly, or never recommend a friend to this facility?	Strongly recommend	1
		Recommend, but not strongly	2
		Never recommend	3
		Don't know	98
9.3	Why? <i>Interviewer: Mark all that apply.</i>	Courtesy	1
		Competence of staff	2
		Quality of services	3
		Overall environment	4
		Pace of services	5
		Cost	6
		Other:	7

10. Costs

No.	QUESTIONS	CODING CATEGORIES	
10.1	How much did you pay for all services or treatments you received at this facility today? How much did you pay for travel?	Fees for client card:	
		Fees for procedure:	
		Fees for anesthesia:	
		Fees for laboratory tests:	
		Fees for medicines:	
		Other:	
		I did not pay anything at the clinic.	
10.2	What do you think of the costs of your treatment?	Travel:	
		Total:	
		They were okay.	1
		Too much	2
		Other:	3
	Don't know	98	

11. Accessibility

No.	QUESTIONS	CODING CATEGORIES	
11.1	By what means of transport did you get to the clinic today? <i>Interviewer: Mark all that apply.</i>	Taxi	1
		Bus	2
		Train	3
		Private car	4
		Bicycle	5
		Walk	6
		Other:	7
11.2	Approximately how long did it take you to get to the clinic today?	Hours:	
		Minutes:	
11.3	At approximately what time did you get to this facility?	Hours:	
		Minutes:	
11.4	<i>Interviewer: Record current time.</i>	Hours:	
		Minutes:	
11.5	When you arrived to the health facility, did you have any problem in receiving care?	Yes. Which one?	1
		No	2

12. Demographics

No.	QUESTIONS	CODING CATEGORIES	
12.1	How old are you?	Age in years:	
12.2	What is your current marital status?	Married, monogamous	1
		Married, polygamous	2
		Cohabiting/living with partner	3
		Single, never married	4
		Divorced/separated/widowed	5
12.3	What is the highest level of school you attended?	Did not attend formal school	1
		Primary	2
		Secondary	3
		Tertiary	4
		Other:	5

D. Provider interview

INSTRUCTIONS FOR THE

INTERVIEWERS: Interview all health facility staff who are responsible for providing PAC, including FP services, to PAC clients. Please interview staff at the end of the working day or during their breaks. Make it clear that you are seeking their assistance in finding ways of improving the functioning and quality of the services offered by facilities in general and are not evaluating the performance of the facility or of them individually. **For each item, circle the code of the adequate response or describe, as appropriate.** Read the following greeting when you meet with each provider that you will interview.

GREETING: Good morning. My name is _____, and I work for _____. We are currently doing a study about the way that FP services are provided during postabortion care in the country and the problems that present obstacles to integration. As a part of this study, we are interviewing all health providers who participate in postabortion care, including FP services for postabortion women. These interviews are not to evaluate individual facilities or providers. We are visiting a number of facilities. All the information you give me will be confidential, and no one will know what you said. I will not record your name in the questionnaire, and there will be no way in which the responses you give me can be directly linked to you. They will all be confidential.

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Demographics and professional experience

No.	QUESTIONS	CODING CATEGORIES	
2.1	Sex <i>Interviewer: Please mark.</i>	Male	1
		Female	2
2.2	How old are you?	Age in years:	
2.3	What is your current technical qualification?	Specialist doctor	1
		General doctor	2
		Social service doctor	3
		Intern MD student	4
		Professional nurse	5
		Auxiliary nurse	6
		Nursing student	7
		Social worker	8
		Other:	9
2.4	How many years ago did you graduate with this degree?	Years:	
2.5	How long have you been working at this facility?	Months:	
		Years:	
2.6	In which unit or department are you currently working?	PAC	1
		FP	2
		Other:	3
2.7	What services do you directly provide at this facility? <i>Interviewer: Mark all that apply.</i>	FP counseling	1
		Contraceptives	2
		Antenatal care	3
		Delivery	4
		Postpartum care	5
		Treatment of abortion complications	6
		HIV/AIDS counseling	7
		HIV/AIDS testing	8
		HIV/AIDS treatment and care	9
		STI services	10
		Child immunization	11
		Child growth monitoring	12
		Curative services for women	13
		Curative services for children	14
		Other:	15

3. Integration of PAC and FP

No.	QUESTIONS	CODING CATEGORIES				GO TO	
3.1	<i>Interviewer: (a) During your in-service professional training, have you ever received training in [read 1 to 6]? For every positive response, ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year			
		Yes	No	Yes	No		
		1	2	1	2		
		1	2	1	2		
		1	2	1	2		
		1	2	1	2		
		1	2	1	2		
3.2	What are the main services, information, or orientation you provide to PAC clients? <i>Interviewer: Mark all the relevant options.</i>	Comfort women		1			
		Advise on PAC and hygiene		2			
		Information about danger signs		3			
		FP counseling		4			▶ 3.4
		Others:		5			

3.3	During the PAC visit, do you provide information about FP?	Yes	1	▶ 3.11	
		No	2		
3.4	During PAC:	Yes	No		
	1) Do you counsel interested women on choosing a suitable FP method?	1	2		
	2) Do you tell women where they can obtain an FP method?	1	2		
	3) Do you inform women of how soon after PAC that they are they are risk of becoming pregnant again if they do not use a contraceptive method?	1	2		
3.5	What are the main activities you follow when talking about FP to postabortion clients? <i>Interviewer: Mark all the relevant options.</i>	Identify reproductive goals of woman.	1		
		Provide information about different contraceptive methods.	2		
		Discuss the client's contraceptive preferences.	3		
		Help women select a suitable method.	4		
		Instruct women in how to use the selected method.	5		
		Other:	6		
3.6	<i>Interviewer: Explain that you will now ask you about the client's knowledge of different FP methods.</i>				
	For each one of the next methods, please tell me if you:				
	1) Know the method sufficiently well to counsel and provide it to a client				
	2) Know the method sufficiently well to counsel about it, but not to provide it				
	3) Know little about the method and would not feel comfortable counseling or providing it				
	4) Do not know the method				
		Know well to counsel and provide it	Know well to counsel but not to provide it	Know little about it	Do not know it
	Combined oral contraceptives	1	2	3	4
	Minipills (progestin-only pills)	1	2	3	4
	Emergency contraceptive pills	1	2	3	4
	Progestin-only injectables	1	2	3	4
	Monthly injectables	1	2	3	4
	Combined patches	1	2	3	4
	Combined vaginal rings	1	2	3	4
	Jadelle implants	1	2	3	4
	Implanon implants	1	2	3	4
	Sinoplant (II) implants	1	2	3	4
	IUD	1	2	3	4
	IUS	1	2	3	4
	Male condoms	1	2	3	4
	Female condoms	1	2	3	4
	Diaphragms	1	2	3	4
	Spermicides	1	2	3	4
	Cervical caps	1	2	3	4
	Female sterilization	1	2	3	4
	Vasectomy	1	2	3	4
	Fertility awareness methods	1	2	3	4
Withdrawal	1	2	3	4	
Other:	1	2	3	4	

3.7	Do you know of any special consideration to have in mind while providing FP services to postabortion women? Which ones? <i>Interviewer: Mark all that apply.</i>	No special considerations	1	
		Infection should be ruled out or resolved before the use of IUDs, female sterilization, and fertility awareness methods.	2	
		Injuries to the genital tract should be resolved before the use of IUDs, combined vaginal rings, spermicides, diaphragms, cervical caps, female sterilization, and fertility awareness methods.	3	
		IUD insertion after a second-trimester abortion requires a specifically trained provider.	4	
		Female sterilization must not be decided when woman is sedated, under stress, or in pain.	5	
		The diaphragm must be refitted after first-trimester abortions.	6	
		In second-trimester abortions, use of the diaphragm must be delayed 6 weeks.	7	
		Fertility-awareness methods should be started once the woman has no infection-related secretions or bleeding.	8	
		Other:	9	
		Don't know	10	
3.8	According to what you know, how soon after PAC is a woman at risk of getting pregnant again? <i>Interviewer: Mark all the relevant options.</i>	Before 2 weeks if in a first-trimester abortion	1	
		Within 4 weeks in a second- or third-trimester abortion	2	
		Other:	3	
		Don't know	98	
3.9	From a medical point of view, for how long should a postabortion client wait before becoming pregnant again?	Months:		
		Weeks:		
		Other:		
		Don't know	98	
3.10	What are the main difficulties you have had in this facility in providing FP services for postabortion clients in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel sufficiently trained	6	
		Not enough time to counsel clients	7	
		Other:	8	
3.11	Are there any written guidelines in this facility for providing FP services to PAC clients?	Yes	1	
		No	2	▶ 3.13
		Don't know	98	▶ 3.13
3.12	How well do you know the guidelines for providing FP services to PAC clients?	Very well	1	
		Fairly well	2	
		Not well	3	
3.13	What are your suggestions for improving the integration of FP with postabortion services?	Recommendations:		

4. PAC experience, knowledge, and practices

No.	QUESTIONS	CODING CATEGORIES		GO TO
4.1	Are you directly involved in the clinical treatment of women with postabortion complications?	Yes	1	▶ 4.5
		No	2	
4.2	For how many years in total have you provided this service, including your work in other facilities?	Years: <i>Interviewer: If less than 1 year, record "00."</i>		
4.3	Do you consider yourself competent to practice the following. <i>Interviewer: Read the options and mark all the relevant ones.</i>	MVA	1	
		Electric vacuum aspiration	2	
		D&C	3	
4.4	Which of the following methods do you personally use to treat women with incomplete abortions and abortion complications? <i>Interviewer: Read the options and mark all the relevant ones.</i>	MVA	1	
		Digital curage	2	
		D&C	3	
		Abortion with drugs	4	
		Other:	5	
4.5	Do you currently provide postabortion counseling or orientation to women in this facility?	Yes	1	▶ 4.10
		No	2	
4.6	For how many years in total have you provided this service? Please include your work at other facilities.	Years: <i>Interviewer: If less than 1 year, record "00."</i>		
4.7	What are the main components of the counseling and orientation you offer to postabortion clients? <i>Interviewer: Mark all that apply.</i>	Comfort woman	1	
		Inform about health condition	2	
		Inform about surgical procedure	3	
		Inform about post-treatment care	4	
		Inform about danger signs	5	
		Counsel about FP	6	
		Counsel about STIs, HIV/AIDS	7	
		Respond to questions and concerns	8	
		Refer to other services	9	
		Other:	10	
4.8	What are the main recommendations for personal care that should be given to postabortion women? <i>Interviewer: Mark all relevant options.</i>	Avoid intense physical activity for 2 to 3 days.	1	
		The medicine they can take to relieve pain	2	
		To wash the perineum	3	
		To avoid vaginal sex until bleeding stops	4	
		Other:	5	
	Don't know	98		
4.9	What are the danger signs in the postabortion period? <i>Interviewer: Mark all that apply.</i>	Increased bleeding	1	
		Bleeding heavier than abnormal period	2	
		Continued bleeding for 2 weeks	3	
		Foul-smelling vaginal discharge	4	
		Severe abdominal pain	5	
		Fever	6	
		Chills	7	
		Muscle aches	8	
		Tenderness to pressure in the abdomen	9	
		Delay (6 weeks or more) in resuming menstrual period	10	
		Dizziness or fainting	11	
		Feeling ill, weakness	12	
		Nausea or vomiting	13	
		Severe and constant headache	14	
		Other:	15	
	Don't know	98		

4.10	What are the main difficulties you have had in this facility in treating postabortion women in the last 3 months?	Lack of supplies	1	
		Lack of qualified personnel	2	
		Lack of equipment	3	
		Failures in equipment	4	
		Inappropriate facilities	5	
		Do not feel adequately trained	6	
		Not enough time to treat clients	7	
		Other:	8	
	Don't know	98		
4.11	Does this health facility have guidelines for PAC?	Yes	1	▶ next section
		No	2	
		Don't know	98	
4.12	How well do you know the guidelines for PAC?	Very well	1	
		Fairly well	2	
		Not well	3	

5. Suggestions for improving PAC

No.	QUESTIONS	CODING CATEGORIES		GO TO
5.1	Do you have any suggestions to improve your ability to provide PAC?	Yes	1	▶ 5.3
		No	2	
5.2	In what domains would you like to improve or reinforce your abilities?	Uterine evacuation techniques	1	
		Counseling	2	
		Postpartum FP	3	
		Other:	4	
5.3	What would you recommend to improve PAC in this facility? <i>Interviewer: Mark all that apply.</i>	More medicines and products	1	
		Train/rotate staff	2	
		Motivate staff	3	
		More staff	4	
		Have a special area for PAC	5	
		Improve the prevention of infections	6	
		Decrease the duration of the treatment	7	
		Other:	8	
		No suggestions	9	
Don't know	98			

6. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
6.1	In the last 6 months, has a supervisor spoken with you about your work or observed your work?	Yes	1	▶ end
		No	2	
6.2	How many times in the last 6 months has your work been supervised?	Number of times:		
6.3	Did your supervisor do the following the last time she/he supervised you?	Yes	No	
	1) Checked your records	1	2	
	2) Observed your work	1	2	
	3) Provided feedback on your performance	1	2	
	4) Provided updates on administrative or technical issues related to your work	1	2	
	5) Discussed problems you have encountered	1	2	

Data collection instruments for the integration of family planning and HIV and STI prevention and detection

This section contains the three basic instruments for conducting an AIM for using FP services as a platform for offering or integrating HIV and STI prevention and detection services. Instruments are presented in the following order:

- A) Inventory for facilities available and services provided at the facility
- B) Observation guide
- C) Questionnaire for clients' exit interview
- D) Questionnaire for providers' interviews

Since some may be interested in using AIM to gather information exclusively about how FP services can be used as an entry point for HIV and STI prevention and detection services, while others may want to take advantage of a research team already visiting the facility to obtain information about the general quality of these services, the instruments below contain questions that are relevant for both purposes. The first three modules of the inventories, the first two modules of the observation guide, and the first four modules of the interviews are designed to serve as a questionnaire that can easily be adapted to any study that focuses exclusively on measuring how FP services are integrated with HIV and STI prevention and detection services.

All the modules following the integration modules are designed to assess different components of the quality of FP and HIV and STI prevention and detection services. Those interested in this aspect can adapt the whole instruments to their own context. Some of the questions in these modules are relevant only in certain contexts or for specific objectives, such as those that refer to accessibility or the questions about costs. These optional questions are shaded for easy identification. We recommend that only those questions that are directly linked to the objectives of each study (as defined by the researchers) are included in the final questionnaires. Otherwise, research teams risk

wasting money and time collecting too much information that will not be used.

A. Inventory for facilities available and services provided at the facility

INSTRUCTIONS TO DATA

COLLECTOR: This inventory should be completed by observing the facilities that are available and having discussions with the person in charge of FP services on the day of the visit

For some of the questions in this instrument, you will have to observe directly the availability of equipment, supplies, and infrastructure. Ask the clinic staff member who is assisting you to direct you to the room, laboratory, or storage area that you need to verify the availability of each item. In all cases, you should verify that the items exist by actually observing them yourself; if you are not able to observe them, then code accordingly. Remember that the objective of the inventory is to identify equipment and facilities that currently exist and are in working order and not to evaluate the performance of the staff or the clinic. For each item, circle the code of the adequate response or describe, as appropriate. **For each item, circle the code of the most suitable response or describe as appropriate.** Read the following greeting when you meet with the person who will help you complete the inventory.

GREETING: Good morning. My name is _____, and I work for _____.

We are currently doing a study about the way that family planning services are being integrated with HIV and STI prevention and detection counseling and the issues that arise with integration. This is not an evaluation of this facility or of the staff who provide us this information. We are visiting a number of facilities. All the information will be combined, and all the information you provide me will be confidential. No one will know what you said. Are you willing to assist?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of observation	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the inventory	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Current integration between FP and HIV/STI prevention and detection services

No.	QUESTIONS	CODING CATEGORIES			GO TO
2.1	Is (read 1 to 6) available to outpatient clients in this health facility? How many days per week are (read 1 to 6) services offered?	Yes	No	Days	
	1) FP counseling	1	2		
	2) Contraceptives	1	2		
	3) HIV/AIDS counseling	1	2		
	4) HIV/AIDS testing	1	2		
	5) HIV/AIDS treatment and care	1	2		
	6) STI services	1	2		
2.2	Do the hours of operation of FP services coincide with the hours of operation of HIV/AIDS counseling?	Yes. Whenever FP services are open, HIV/AIDS counseling is also open.			1
		Sometimes. There are times when FP services are open that HIV/AIDS counseling is closed. Explain:			2
		No. Whenever FP services are open, HIV/AIDS counseling is closed.			3
		Other:			4

2.3	Do the hours of operation of FP services coincide with the hours of operation of STI services?	Yes. Whenever FP services are open, STI services are also open.	1		
		Sometimes. There are times when FP services are open that STI services are closed. Explain:	2		
		No. Whenever FP services are open, STI services are closed.	3		
		Other:	4		
2.4	How many providers and of which type (qualifications) are assigned to work in FP services in this facility? Of the staff involved in FP, how many have as one of their responsibilities giving HIV/AIDS counseling to FP clients? How many have as one of their responsibilities giving STI counseling to FP clients?				
		Type of staff	FP	FP providers that give HIV/AIDS counseling to FP clients	FP providers that give STI counseling to FP clients
		1) Medical specialists			
		2) General practitioners			
		3) Medical residents			
		4) Medical interns			
		5) Trained midwives			
		6) Professional nurse			
		7) Auxiliary nurse			
		8) Nursing student			
		9) Social worker			
		10) Other 1:			
11) Other 2:					
2.5	Are there any indicators for the integration of FP services with HIV/AIDS prevention and detection services systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes, explain how:	1		
		No	2		
		Other:	3		
2.6	Are there any indicators for the integration of FP services with STI prevention and detection services systematically reviewed in the facility quality-monitoring activities (e.g., in monthly meetings)?	Yes, explain how:	1		
		No	2		
		Other:	3		
2.7	Are there any written guidelines or service protocols in this facility for FP services? <i>Interviewer: Ask to see a copy of the guidelines.</i>	Yes, guidelines are available.	1	▶ 2.12	
		<i>Interviewer: Write name of guidelines.</i> Yes, but guidelines aren't available.	2		
		No, there aren't written guidelines.	3		
2.8	Do these guidelines or service protocols recommend that HIV/AIDS prevention and detection services are offered to FP clients?	Yes, explain how:	1	▶ 2.10	
		No	2		

2.9	Which HIV/AIDS prevention and detection services do the guidelines or protocols recommend for FP clients? <i>Interviewer: Mark all that apply.</i>	Counseling	1	
		Testing	2	
		Other:	3	
2.10	Do these guidelines or service protocols recommend that STI prevention and detection services are offered to FP clients?	Yes, explain how:	1	▶ 2.12
		No	2	
2.11	Which STI prevention and detection services do the guidelines or protocols recommend for FP clients? <i>Interviewer: Mark all that apply.</i>	Counseling on prevention	1	
		Testing	2	
		Syndromic management	3	
		Other:	4	
2.12	Are HIV/AIDS prevention and detection services routinely offered to FP clients in this facility?	Yes	1	▶ 2.17
		No	2	
2.13	Which HIV/AIDS prevention and detection services are routinely offered to FP clients in this facility? <i>Interviewer: Mark all that apply.</i>	Counseling	1	
		Testing	2	
		Other:	3	
2.14	Who gives HIV/AIDS counseling to FP clients? The same provider who gives them FP or someone else?	Same provider	1	
		Someone else	2	
		Other:	3	
2.15	Where do FP clients receive HIV/AIDS counseling?	in the same area where they receive FP services	1	▶ 2.17
		Somewhere else, where?	2	
2.16	Why is HIV/AIDS counseling not provided in the same area where women receive FP services?	There is not staff available.	1	
		Staff is not trained.	2	
		The facility does not have the necessary equipment.	3	
		There is insufficient room/ space.	4	
		Other:	5	
2.17	Are STI prevention and detection services routinely offered to FP clients in this facility?	Yes	1	▶ 2.22
		No	2	
2.18	Which STI prevention and detection services are routinely offered to FP clients in this facility? <i>Interviewer: Mark all that apply.</i>	Counseling	1	
		Testing	2	
		Other:	3	
2.19	Who gives STI counseling to FP clients? The same provider who gives them FP or someone else?	Same provider	1	
		Someone else	2	
		Other:	3	
2.20	Where do FP clients receive STI counseling?	in the same area where they receive FP services	1	▶ next section
		Somewhere else, where?	2	
2.21	Why is STI counseling not provided in the same area where women receive FP services?	There is not staff available.	1	▶ next section
		Staff is not trained.	2	
		The facility does not have the necessary equipment.	3	
		Other:	4	
2.22	Are FP clients routinely referred to other services?	Yes	1	▶ next section
		No	2	

2.23	To what location or room are FP client referred?		
2.24	For what other additional services are FP clients referred?	HIV VCT	1
		STI screening and treatment	2
		Pap smears	3
		Breast cancer screening	4
		Other:	5
2.25	How are FP clients referred in the case of routine referrals?	Verbally	1
		With a written referral	2
		Other:	3
2.26	How are FP clients referred in the case of other referrals?	Verbally	1
		With a written referral	2
		Other:	3
2.27	Do you have a way of knowing whether the FP clients went to the referral services?	Explain:	

3. Potential for further integration between FP and HIV/STI prevention and detection services

No.	QUESTIONS	CODING CATEGORIES		GO TO
3.1	Is there an FP clinic at this health facility, or are FP services mainly offered at outpatient service consultations?	There is a clinic or special room.	1	
		They are mainly offered at outpatient service consultations.	2	
		Other:	3	
3.2	How do FP clients come to the service? All at once or trickle in?	All at once	1	
		Trickle in	2	
		Other:	3	
3.3	Do FP clients wait for services together?	Yes	1	
		No	2	
3.4	Is there a provider available to do a group education session during the time that FP clients are waiting?	Yes, an education session is already being done.	1	
		Yes	2	
		No	3	
3.5	In which of the following forms is FP counseling provided? <i>Interviewer: Read options and mark all that apply.</i>	Several women are counseled together.	1	
		The woman is alone with the counselor.	2	
		The woman and her male partner are counseled together.	3	
		Other:	4	
3.6	Are group education sessions conducted for FP clients?	Yes	1	▶ next section
		No	2	
3.7	Are HIV or STI topics also covered in these sessions?	Yes	1	
		No	2	

4. Description of the service area

No.	QUESTIONS	CODING CATEGORIES	
4.1	Area		
4.2	Population		
4.3	Number of women in reproductive age		
4.4	Health facilities operating in the district	Number of hospitals:	
		Number of health centers:	
		Number of health posts:	
		Number of dispensaries:	
		Number of other facilities:	
		<i>Interviewer: Specify what is included in this category:</i>	

5. Hours of operation

No.	QUESTIONS	CODING CATEGORIES	
5.1	Routinely, how many days per week is the facility open for outpatient services?	Days:	
5.2	What are the opening and closing hours for outpatient services at this facility?	Opening time _____ : _____	
		Closing time _____ : _____	
		(Hour : Minutes)	
5.3	Is there a nurse or doctor present at the facility at all times (24 hours/day)?	Yes	1
		No	2
5.4	Is there a nurse or doctor available on call at all times after hours?	Yes	1
		No	2

6. Services available/staff

No.	QUESTIONS	CODING CATEGORIES		
6.1	Is (read 1 to 15) available to outpatient clients in this health facility? How many days per week are (read 1 to 15) services offered?	Yes	No	Days
	1) FP counseling	1	2	
	2) Contraceptives	1	2	
	3) ANC	1	2	
	4) Delivery	1	2	
	5) PNC	1	2	
	6) Treatment of abortion complications	1	2	
	7) HIV/AIDS counseling	1	2	
	8) HIV/AIDS testing	1	2	
	9) HIV/AIDS treatment and care	1	2	
	10) STI services	1	2	
	11) Child immunization	1	2	
	12) Child growth monitoring	1	2	
	13) Curative services for women	1	2	
	14) Curative services for children	1	2	
	15) Other:	1	2	
6.2	Do you have staff shortages in (read 1 to 3) services?	Yes	No	
	1) FP		1	2
	2) STI		1	2
	3) HIV/VCT		1	2

6.3	What types of staff shortages are most critical?	Medical specialists	1
		General practitioners	2
		Medical residents	3
		Medical interns	4
		Trained midwives	5
		Professional nurse	6
		Auxiliary nurse	7
		Nursing student	8
		Social worker	9
		Other:	10

7. Supervision

No.	QUESTIONS	CODING CATEGORIES		GO TO
7.1	How often do formal meetings to discuss facility management/administrative issues take place?	Monthly	1	
		Quarterly	2	
		Semi-annually	3	
		Other:	4	
		No formal management meetings	5	
7.2	Is an official record of meetings maintained? <i>Interviewer: If yes, ask to see some record from most recent meeting.</i>	Yes, record seen	1	
		Yes, record not seen	2	
		No official record of meetings	3	
7.3	Does this facility have any system for determining clients' opinions about the health facility or services?	Yes	1	▶ 7.6
		No	2	
7.4	In the past 3 months, have any changes been made in the facility as a result of client opinion?	Yes	1	
		No	2	
7.5	Does this facility have a method for monitoring the quality of care provided to clients?	Yes	1	▶ 7.8
		No	2	
7.6	What is done to monitor quality of care?			
7.7	Are there any indicators for PNC that are systematically reviewed in these quality-monitoring activities?	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	5	
7.8	Who is responsible for reviewing findings and taking action relative to quality of care activities? <i>Interviewer: Mark all that apply.</i>	Individual service provision staff	1	
		Individual supervisors	2	
		Internal management/quality team	3	
		External management team	4	
		Other:	5	
7.9	When was the last time an external supervisor (someone from outside this facility) visited the facility?	Within the last 6 months	1	▶ next section
		More than 6 months ago	2	
		No external supervision	3	
7.10	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor do the following: <i>Interviewer: Read options and mark all that apply.</i>	Check records?	1	
		Discuss problems?	2	
		Discuss policy/administrative issues?	3	
		Discuss technical protocols/practice?	4	
		Hold an official staff meeting?	5	
		Observe individual staff providing services?	6	
		Do anything else? (specify)	7	

8. Laboratory tests

No.	QUESTIONS	CODING CATEGORIES			
8.1	Are the following tests available to clients in this health facility?				
	Type of test	Conduct test	Collect specimen	Test is referred	Test is not offered
	HIV preliminary tests	1	2	3	4
	HIV confirmation tests	1	2	3	4
	Syphilis	1	2	3	4
	Gonorrhea/chlamydia	1	2	3	4
	Test for blood anemia	1	2	3	4
	Test urine for protein	1	2	3	4
	Test urine glucose	1	2	3	4
	Malaria	1	2	3	4
	Blood group	1	2	3	4
	TB	1	2	3	4
	Cervical smear	1	2	3	4
Pregnancy test	1	2	3	4	
8.2	Does the facility have the ability to do viral load counts to monitor HIV/AIDS, or is blood sent to another facility?	Yes, at this facility			1
		No, sent to another facility			2
8.3	Does the facility have the ability to do CD4 counts to monitor HIV/AIDS, or is blood sent to another facility?	Yes, at this facility			1
		No, sent to another facility			2
8.4	Does the facility have a DOTS program for TB?	Yes			1
		No			2

9. General infrastructure of the facility

No.	QUESTIONS	CODING CATEGORIES	
9.1	<i>Interviewer: Observe the conditions and infrastructure in the facility and mark whether it has the following.</i>	Yes	No
	1) Piped running water	1	2
	2) Electricity	1	2
	3) Working latrines/toilets for clients	1	2
	4) Working phone/short wave radio	1	2
	5) Transport vehicle or standing arrangements for transport in the case of emergencies	1	2
	6) Clean facilities (e.g., the floors are swept, there is no dust in the desks)	1	2
	7) Enough chairs or benches in waiting areas	1	2
	8) Waiting area for clients where they are protected from the sun, rain, and snow	1	2

10. Conditions of FP area

No.	QUESTIONS	CODING CATEGORIES	
10.1	<i>Interviewer: Ask to see the room where FP counseling is given. For the following items, check whether the item is in the room where the examination is conducted or in an adjacent room.</i>		
	Describe the setting for the examination room.	Private room	1
		Room with other people with separating barrier	2
		Room with other people and no visual barrier	3
10.2	Mark whether the area satisfies the following conditions:	Yes	No
	(1) Visual privacy	1	2
	(2) Auditory privacy	1	2
10.3	Is there a visible sign outside the FP area announcing that FP services are available ?	Yes	1
		No	2
10.4	Is there a visible sign announcing that FP services are available elsewhere in the outpatient services area?	Yes, where?:	1
		No	2

11. Availability and resupply of HIV rapid tests

No.	QUESTIONS	CODING CATEGORIES	
11.1	Are HIV rapid test kits available in the facility?	Yes, observed	1
		Yes, not observed	2
		No	3
11.2	Are HIV rapid test kits ordered from the same supplier as contraceptive supplies (including condoms)?	Yes	1
		No	2
11.3	From whom are they ordered?		
11.4	Are HIV rapid test kits and contraceptive supplies ordered in the same way?	Yes	1
		No	2
11.5	How are rapid tests ordered?		

12. Condom dispensers

Interviewer: Collect information on the location and accessibility of condoms at the facility. A condom dispenser can be any container that the facility uses to put condoms in for ease of accessibility. Examples of dispensers are a cardboard box or a bowl.

Location of dispenser	Appropriateness of location		Designated person to check and fill	How often checked	When last checked	Condoms currently in dispenser
	Visibility*	Privacy**				

* **Visibility:** Dispenser is located in a place where clients can easily find it.

** **Privacy:** Dispenser is located in an area where clients can get condoms without being observed by other clients/providers.

13. IEC materials

No.	QUESTIONS	CODING CATEGORIES	
13.1	<i>Interviewer: Verify that the following materials are available in the FP counseling or examination room.</i>	Yes	No
	Visual aids for teaching about:		
	1) Different FP methods	1	2
	2) Dual protection	1	2
	3) STIs prevention	1	2
	4) HIV/AIDS prevention	1	2
	5) HIV/AIDS treatment and care	1	2
	6) PMTCT	1	2
13.2	Information booklets/leaflets for clients to take home:	Yes	No
	1) Different FP methods	1	2
	2) Dual protection	1	2
	3) STIs prevention	1	2
	4) HIV/AIDS prevention	1	2
	5) HIV/AIDS treatment and care	1	2
		6) PMTCT	1

14. Record keeping

No.	QUESTIONS	CODING CATEGORIES		GO TO
14.1	Do women who receive FP services in this health facility receive a record card they carry with them?	Yes	1	
		No	2	▶ 14.3
14.2	What information is recorded in this card?	Information is recorded?		
		Yes	No	
	1) Client's name	1	2	
	2) Date of last visit	1	2	
	3) Whether client has received FP method	1	2	
	4) Method delivered	1	2	
	5) Whether client has received HIV/AIDS counseling	1	2	
	6) Whether client has received HIV test	1	2	
	7) Whether client has received STI counseling	1	2	
8) Date of future visit	1	2		
14.3	Is there a record where information on FP clients is recorded?	Yes. Where?		1
		No		2

15. Service statistics

No.	QUESTIONS	CODING CATEGORIES			
		Last 12 months	Last 6 months	Last month	Info not available
15.1	<i>Interviewer: Ask to see the service statistics and obtain the following information from them.</i>				
	1) General information on FP (should be available from the FP records)				
	2) Number of women who received FP services				
	3) Number of first-time FP visitors				
	4) Number of repeat FP visitors				
	5) Number of FP clients referred for HIV testing				
	6) Number of FP clients referred for STI services				
15.2	1) VCT (should be available from the testing records)				
	2) Number of VCT clients				
	3) Number of VCT clients who were tested				
	4) Number of clients receiving results				
	5) Number of clients who tested positive				
	6) Number referred for other services				
	7) Number referred to community or support groups				

B. Observation guide

INSTRUCTIONS TO DATA

COLLECTOR: Before proceeding to observe the interaction between client and provider, use the greeting below to explain to the provider that you will be observing him while he attends to his/her clients and to make sure that she/he knows that you are not there to evaluate her/him and that you are not an “expert” who can be consulted during the session. Then obtain the client’s informed consent. When observing, be as discreet as possible: try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. **For each question, describe or circle the code of the response that most appropriately represents your observation of what happened during the interaction.** As discussed during the training, you may witness behavior that poses a serious risk to the client’s health. Please keep in mind the guidelines for when to intervene in the consultation on behalf of the client’s welfare.

GREETING FOR THE PROVIDER:

My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their family planning visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during family planning visits. I will observe silently as you attend to your clients and take notes. I am in no way an expert in your area, and I am not here to evaluate your work. I will not make any comments or interfere in your consultations in any way.

Your participation in this component of the study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments. Do I have your permission?

INFORMED CONSENT FORM FOR THE

CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their FP visits. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are observing the interaction of health providers and their clients during FP visits. I would appreciate it if you allowed me to observe your appointment today. If you do, I will be accompanying you through your visit and seeing what you and your provider talk about. I will also observe when he examines you. I am not a health provider in this facility and will not making any comments or participating in your consultations in any way. At the end of your visit, I will, if you allow me to, ask you some questions regarding your experience during your visit. This interview will be private, and none of the providers that see you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me accompany you or not to answer my questions. If you choose not to participate in either component of the study, you will not be penalized in any way. If you agree to participate and you change your opinion later, you can also ask me to exit the room whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the notes I take. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
1.1	Date of observations	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the observation	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Integration of FP services and HIV/AIDS and STI prevention and detection

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
2.1	Discuss STI/HIV/AIDS symptoms/signs.	1	2
2.2	Explain that STIs may be asymptomatic.	1	2
2.3	Ask client about presence of STI/HIV symptoms.	1	2
2.4	Advise client to seek medical treatment if they notice any symptoms of an STI.	1	2
2.5	Discuss STI/HIV risk factors: 1) Unprotected sex (no condom use) 2) Multiple concurrent partners 3) Partner with multiple partners	Yes	No
		1	2
		1	2
		1	2
2.6	Explain that STIs increase HIV risk.	1	2
2.7	Explain that condoms reduce HIV risk.	1	2
2.8	Explain that abstinence reduces HIV risk.	1	2
2.9	Encourage the use of condoms for STI/HIV prevention along with the use of another FP method.	1	2
2.10	Explain how to use a condom.	1	2
2.11	Explain PMTCT.	1	2
2.11	Ask client about their STI/HIV risk factors.	1	2
2.12	Discuss HIV testing: 1) Ask whether client has ever been tested for HIV. 2) Ask date of last test. 3) Ask client's status. 4) Does the client disclose her/his status? 5) Offer VCT.	Yes	No
		1	2
		1	2
		1	2
		1	2
		1	2

3. Integration of FP and HIV services for HIV-positive clients

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
3.1	Screen for symptoms of TB (chronic cough, weight loss, and night sweats).	1	2
3.2	If TB negative, ask whether they have started prophylaxis.	1	2
3.3	If TB positive, ask whether they have been referred to a TB clinic.	1	2
3.4	Ask about CD 4 count.	1	2
3.5	Ask about ARV treatment.	1	2

4. Integration of FP and HIV services for HIV-negative or HIV-unknown clients

No.	QUESTIONS	CODING CATEGORIES	
		Yes	No
4.1	Discuss where to go for VCT services.	1	2
4.2	Discuss client's interest in getting tested.	1	2
4.3	Refer client to another facility for VCT.	1	2
4.4	Test client for HIV.	1	2
4.5	Suggest that partner gets tested for HIV.	1	2

5. Quality of FP counseling

No.	QUESTIONS	CODING CATEGORIES		GO TO
		Used	Not used	
5.1	Which IEC materials are used during the consultation?			
	1) Flip chart	1	2	
	2) Brochures/leaflet	1	2	
	3) Contraceptive samples (e.g., pills, condom)	1	2	
	4) Posters	1	2	
	5) Anatomical models	1	2	
	6) Other:	1	2	
5.2	Which methods were discussed during the consultation?	Yes	No	
	Combined oral contraceptives	1	2	
	Minipills (progestin-only pills)	1	2	
	Emergency contraceptive pills	1	2	
	Progestin-only injectables (injection every 2 or 3 months)	1	2	
	Jadelle Implants	1	2	
	Implanon implants	1	2	
	Sinoplant (II) implants	1	2	
	IUD	1	2	
	IUS	1	2	
	Male condoms	1	2	
	Diaphragms	1	2	
	Cervical caps	1	2	
	Female sterilization	1	2	
	Vasectomy	1	2	
Fertility awareness methods	1	2		
Withdrawal	1	2		
	Other:	1	2	
5.3	Did the provider promote or emphasize one method in particular?	Yes	1	
		No	2	▶ 5.5
5.4	If yes, which method did the provider emphasize?	Emphasized	Not emphasized	
	Combined oral contraceptives	1	2	
	Minipills (progestin-only pills)	1	2	
	Emergency contraceptive pills	1	2	
	Progestin-only injectables (injection every 2 or 3 months)	1	2	
	Jadelle implants	1	2	
	Implanon implants	1	2	
	Sinoplant (II) implants	1	2	
	IUD	1	2	
	IUS	1	2	
	Male condoms	1	2	
	Diaphragms	1	2	
	Cervical caps	1	2	
	Female sterilization	1	2	
Vasectomy	1	2		
Fertility awareness methods	1	2		
Withdrawal	1	2		
5.5	Did the client mention a preference for a particular method without being asked?	Yes	1	
		No	2	
5.6	Did the provider ask the client which method she would prefer to use?	Yes	1	
		No	2	
5.7	Did the client decide to use (switch to) a contraceptive method?	Yes	1	▶ 5.9
		No	2	

5.8	If not, what is the main reason the client did not choose a method?	Yes	No	
	Came for info only	1	2	
	Changed mind	1	2	
	Pregnancy suspected	1	2	
	Medical contraindications	1	2	
	Other health reasons	1	2	
	Method not available	1	2	
	Was happy with current method	1	2	
Other:	1	2		
5.9	What method did the client decide to use?	Yes	No	
	Combined oral contraceptives	1	2	
	Minipills (progestin-only pills)	1	2	
	Emergency contraceptive pills	1	2	
	Progestin-only injectables (injection every 2 or 3 months)	1	2	
	Jadelle implants	1	2	
	Implanon implants	1	2	
	Sinoplant implants	1	2	
	IUD	1	2	
	IUS	1	2	
	Male condoms	1	2	
	Diaphragms	1	2	
	Cervical caps	1	2	
	Female sterilization	1	2	
Vasectomy	1	2		
Fertility awareness methods	1	2		
Withdrawal	1	2		
5.10	Did the provider:	Yes	No	
	Explain how method works and how it is used?	1	2	
	Explain advantages of method?	1	2	
	Explain disadvantages of method?	1	2	
	Explain reversibility of method?	1	2	
	Explain possible side-effects of method?	1	2	
Discuss client's fears and concerns about method?	1	2		
5.11	Did the client receive her/his preferred method?	Yes	1	▶ 5.14
		No	2	
5.12	Why did the client not receive her preferred method?	Yes	No	
	Referred to another place for method	1	2	
	Client to return with menses	1	2	
	Method out of stock	1	2	
	Client to return for procedure	1	2	
Other:	1	2		
5.13	Was an alternative method provided to the client to use while waiting to receive her method of choice? Which method was given?	Yes	No	
	None	1	2	
	Combined oral contraceptives	1	2	
	Minipills (progestin-only pills)	1	2	
	Emergency contraceptive pills	1	2	
	Progestin-only injectables (injection every 2 or 3 months)	1	2	
	Jadelle implants	1	2	
	Implanon implants	1	2	
	Sinoplant (II) implants	1	2	
	IUD	1	2	
	IUS	1	2	
	Male condoms	1	2	
	Diaphragms	1	2	
	Cervical caps	1	2	
	Female sterilization	1	2	
	Vasectomy	1	2	
	Fertility awareness methods	1	2	
Withdrawal	1	2		
Others:	1	2		

5.1.4	Was the client told when to return for a resupply or a follow-up?	Yes	1	▶ next section
		No	2	
	If yes, where?	Yes	No	
	This facility	1	2	
	Another health facility	1	2	
	Pharmacy/private doctor	1	2	
Other:	1	2		

6. Medical procedures performed

No.	QUESTIONS	CODING CATEGORIES		GO TO
6.1	Was a pelvic examination performed?	Yes	1	▶ 6.3
		No	2	
6.2	If yes, did the provider:	Yes	No	
	1) Inform the client what would happen before the exam?	1	2	
	2) Wash hands before the exam?	1	2	
	3) Use new or disinfected gloves?	1	2	
	4) Visually inspect external genitalia?	1	2	
	5) Take a pap smear/specimen?	1	2	
	6) Perform a digital/bimanual examination?	1	2	
	7) Wash hands after the exam?	1	2	
	8) Inform the client about the results of the exam?	1	2	
	9) Use sterilized or disinfected instruments?	1	2	
6.3	If a speculum examination was performed, did the provider:	Yes	No	
	1) Use a clean speculum?	1	2	
6.4	If an IUD was inserted, did the provider:	Yes	No	
	1) Sound the uterus?	1	2	
6.5	If an injectable was given, did the provider:	Yes	No	
	1) Disinfect the injection site?	1	2	
	2) Use a sterile needle?	1	2	
	3) Massage the injection site?	1	2	

7. Other health issues

No.	QUESTIONS	CODING CATEGORIES	
7.1	During the consultation, did any provider take or perform any of these actions?	Yes	No
	1) Assess weight	1	2
	2) Perform/refer for pregnancy test	1	2
	3) Perform general physical exam	1	2
	4) Perform/request/refer for blood test	1	2
	5) Perform a breast exam	1	2
	6) Perform/request/refer for blood test for a pap smear	1	2
	7) Perform a syndromic analysis for STIs	1	2
7.2	What other health issues were discussed with the client during the consultation?	Yes	No
	1) Gynecological exam/pap smear	1	2
	2) Pregnancy testing	1	2
	3) PMTCT	1	2
	4) Gender-based violence/partner's abuse	1	2
	5) Curative services	1	2
	6) Other:	1	2

C. Client exit interview

INSTRUCTIONS FOR THE

INTERVIEWERS: Approach all women as they leave the area where FP services are provided, and asked them whether they are willing to be asked a few questions about the services they received today. If they accept, make sure that you are in a place that guarantees privacy and where the woman is comfortable. Ask them for their informed consent to be interviewed (read the form below). Interview only women who give their informed consent. **For each item in the interview, circle the code of the adequate response or describe, as appropriate.**

INFORMED CONSENT FORM FOR THE

CLIENT: My name is _____, and I work with _____, where we are conducting a study to see what information clients are given during their FP services. This information will help us to propose ways in which to improve the services offered. As a part of this study, we are interviewing women who visited the facility for FP services today. In these interviews, we ask them about the services and information they obtained, their satisfaction with the services received, their plans for having more children in the future, and other health needs they may have.

I would appreciate it if you allowed me to ask you some questions. The interview will be private, and none of the providers that saw you today will be present.

However, your participation in this study is voluntary, and you can choose not to let me interview you. If you choose not to participate in our study, you will not be penalized in any way. If you accept to participate and you change your opinion later, you can also ask me to interrupt the interview whenever you want.

If you participate, you will not receive money or gifts, and you will not benefit directly from your participation. However, your participation will result in improved future maternal and reproductive health services.

Your participation in this study will remain confidential. I will not record your name in the questionnaire. This way, no one will be able to know that I observed your appointments.

Finally, if you have any questions about this study at a later stage, you can come back here and clear your doubts with your provider at the clinic. Do you accept to participate in this study?

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. HIV services received during this visit

No.	QUESTIONS	CODING CATEGORIES			GO TO
2.1	During your visit to this health facility, did a health provider talk to you about STIs and/or HIV/AIDS? <i>Interviewer: Mark all that apply.</i>	Yes, about HIV/AIDS		1	
		Yes, about STIs		2	
		No		3	
		Don't know		98	
2.2	If yes, what did the provider tell you? <i>Interviewer: Mark spontaneous responses, then ask about remaining items.</i>	Not prompted	Prompted	Don't know	
		1	2	98	
		1	2	98	
		1	2	98	
		1	2	98	
		1	2	98	
		1	2	98	
2.3	During your visit to this health facility, did a health provider offer you an HIV test at this clinic or a referral for HIV testing?	Yes, take the test at the clinic		1	
		Yes, a referral to a other clinic		2	
		No		3	
2.4	Who offered you HIV testing today?	Nurse		1	
		Counselor		2	
		Other:		3	
2.5	Did you feel comfortable discussing HIV and sexual health issues with that person?	Yes		1	
		No		2	
		There was no discussion of these issues.		3	
		Don't know		98	
2.6	Were you tested for HIV today?	Yes		1	▶ 2.11
		No		2	
2.7	Do you intend to go for HIV testing?	Yes		1	▶ 2.10
		No		2	
		Don't know		98	
2.8	Why are you not interested in being tested?	Not ready		1	
		Fear to be injected with infected blood		2	
		Afraid of knowing status		3	
		Only have one partner		4	
		Already tested/know status		5	
		Other:		6	
2.9	Where do you plan to go for testing?	This facility		1	▶ 2.10
		Other facility		2	
		Other:		3	
2.10	Have you ever taken an HIV test before?	Yes		1	
		No		2	
		Don't know		98	
		No response		99	
2.11	Were you pregnant at the time you took the test?	Yes		1	
		No		2	
2.12	Where did you go to get tested? <i>Interviewer: Mark all that apply.</i>	This facility		1	
		Other facility		2	
		Doctor		3	
		Work		4	
		Other:		5	

2.13	Have any of your sexual partners gone for HIV testing?	Yes	1	
		No	2	
2.14	Do you intend to ask your sexual partner(s) to go for an HIV test?	Yes	1	
		No	2	

3. Follow-up and referrals

No.	QUESTIONS	CODING CATEGORIES		GO TO
3.1	During your visit today, were you given any information on follow-up care available for you?	Yes	1	
		No	2	▶ 3.5
		Don't know	98	
3.2	When will you go for a follow-up visit?	Days from now:	1	
		Weeks from now:	2	
		Other:	97	
		Don't know	98	
3.3	During your visit today, were you given an appointment date for a follow-up visit (return date)?	Yes	1	
		No	2	▶ 3.5
		Don't know	98	
3.4	For what services were you referred ? <i>Interviewer: Mark all that apply.</i>	ANC	1	
		PNC for the mother	2	
		Postnatal check-up for the baby	3	
		Follow-up on infant feeding	4	
		Child growth monitoring	5	
		Immunizations	6	
		STIs diagnosis and treatment	7	
		HIV/AIDS counseling and testing	8	
		Cervical cancer screening	9	
		Nutrition counseling	10	
		Other:	11	
Don't know	98			
3.5	Can you please tell me what health services you know this clinic offers? <i>Interviewer: Mark all that apply.</i>	ANC	1	
		Postnatal check-up for mother	2	
		Postnatal check-up for baby	3	
		Follow-up on infant feeding	4	
		Child growth monitoring	5	
		Immunizations	6	
		Clinical care services	7	
		STIs diagnosis and treatment	8	
		HIV/AIDS counseling and testing	9	
		Cervical cancer screening	10	
		Other:	11	
Don't know	98			

4. Reproductive history

No.	QUESTIONS	CODING CATEGORIES		GO TO
4.1	How many living children of your own do you have?	Living children:		
4.2	How long ago did your last pregnancy end?	Number of days:		
		Number of weeks:		
		Number of months:		
4.3	In the future, would you like to have more children?	Yes	1	
		No	2	▶ next section
		Other:	3	
		Don't know	98	
4.4	How long would you like to wait before becoming pregnant again?	Number of months:		
		Number of years:		
		Other:		

5. FP services received

No.	QUESTIONS	CODING CATEGORIES	GO TO
<i>Interviewer: Explain that you will now discuss the FP services the client has received at this facility.</i>			
5.1	Were you using a contraceptive method when you came to the facility today?	Yes	1 ▶ 5.9
		No	2
5.2	Have you ever used any contraceptive method in the past?	Yes	1
		No	2 ▶ 5.4
5.3	Which method(s) have you ever used? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1
		Minipills (progestin-only pills)	2
		Emergency contraceptive pills	3
		Progestin-only injectables (injection every 2 or 3 months)	4
		Monthly injectables	5
		Jadelle implants	6
		Implanon implants	7
		Sinoplant (II) implants	8
		IUD	9
		IUS	10
		Male condoms	11
		Female condoms	12
		Diaphragms	13
		Cervical caps	14
		Female sterilization	15
		Vasectomy	16
		Fertility awareness methods	17
		Withdrawal	18
		LAM	19
		Other:	20
	Don't know	98	
5.4	Did you receive an FP method during your visit to this facility?	Yes	1 ▶ 5.6
		No	2
5.5	What is the main reason you did not receive an FP method today?	Came for information only	1
		Changed my mind	2
		Pregnancy suspected	3
		Cost	4
		Method not available	5
		Partner objected method	6
		Doctor said I had contraindications	7
		Other:	8
	Don't know	98	
5.6	Which FP method(s) did you receive? <i>Interviewer: Mark all that apply.</i>	Combined oral contraceptives	1
		Minipills (progestin-only pills)	2
		Emergency contraceptive pills	3
		Progestin-only injectables (injection every 2 or 3 months)	4
		Monthly injectables	5
		Jadelle implants	6
		Implanon implants	7
		Sinoplant (II) implants	8
		IUD	9
		IUS	10
		Male condoms	11
		Female condoms	12
		Diaphragms	13
		Cervical caps	14
		Female sterilization	15
		Vasectomy	16
		Fertilization awareness methods	17
		Withdrawal	18
		LAM	19
		Other:	20
	Don't know	98	

▶ next section for all responses

5.7	Is (Are) this (these) the method(s) you want to use?	Yes	1	▶ 5.14
		No	2	
		Don't know	98	▶ 5.14
5.8	Why did you not receive the method you want to use?	Cost	1	
		Method not available	2	
		Partner objected method	3	▶ 5.14
		Doctor said it was not good	4	for all
		Doctor said I had contraindications	5	responses
		Other:	6	
	Don't know	98		
5.9	Which method(s) were you using before coming to the facility today?	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Jadelle implants	6	
		Implanon implants	7	
		Sinoplant (II) implants	8	
		IUD	9	
		IUS	10	
		Male condoms	11	
		Female condoms	12	
		Diaphragms	13	
		Cervical caps	14	
		Female sterilization	15	
		Vasectomy	16	
		Fertility awareness methods	17	
		Withdrawal	18	
		LAM	19	
		Other:	20	
	Don't know	98		
5.10	Have you had a problem, wanted to changed methods, or wanted to stop FP?	Yes	1	
		No	2	▶ next section
		Don't know	98	▶ next section
5.11	What was the main problem you had or the main reason you wanted to change or stop FP?	Medical side-effects	1	
		Partner did not like the method	2	
		Pressure from others	3	
		Fear of infertility	4	
		Wanted pregnancy	5	
		Did not like the method	6	
		Method unavailable/difficult to obtain	7	
		Other:	8	
		Don't know	98	
5.12	What are you now going to do about FP?	Change to new method	1	
		Continue with same method	2	▶ next section
		Stop using any method	3	▶ next section
		Don't know	98	▶ next section

5.13	Which method(s) will you now use?	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency contraceptive pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Jadelle implants	6	
		Implanon implants	7	
		Sinoplant (II) implants	8	
		IUD	9	
		IUS	10	
		Male condoms	11	
		Female condoms	12	
		Diaphragms	13	
		Cervical caps	14	
		Female Sterilization	15	
		Vasectomy	16	
		Fertility awareness methods	17	
		Withdrawal	18	
		LAM	19	
		Other:	20	
	Don't know	98		
5.14	Did a health provider explain to you how to use the FP method you received?	Yes	1	
		No	2	
		Don't know	98	
5.15	Did a health provider describe the possible side-effects or what kind of problems may you experience while using this method?	Yes	1	
		No	2	
		Don't know	98	
5.16	Did a health provider explain what to do if you experience any problems or side-effects?	Yes	1	
		No	2	
		Don't know	98	
5.17	Did the provider mention any other method to you?	Yes	1	
		No	2	▶ next section
		Don't know	98	▶ next section
5.18	Which methods were discussed with you?	Combined oral contraceptives	1	
		Minipills (progestin-only pills)	2	
		Emergency Contraceptive Pills	3	
		Progestin-only injectables (injection every 2 or 3 months)	4	
		Monthly injectables	5	
		Jadelle implants	6	
		Implanon implants	7	
		Sinoplant (II) implants	8	
		IUD	9	
		IUS	10	
		Male condoms	11	
		Female condoms	12	
		Diaphragms	13	
		Cervical caps	14	
		Female sterilization	15	
		Vasectomy	16	
		Fertility awareness methods	17	
		Withdrawal	18	
		LAM	19	
		Other:	20	
	Don't know	98		

6. Client's feelings about the quality of FP services

No.	QUESTIONS	CODING CATEGORIES		GO TO
6.1	Do you feel that you received the information that you wanted today about FP?	Yes	1	
		No	2	
6.2	Did you feel that your FP consultation was too short, too long, or about the right amount of time?	Too short	1	
		Too long	2	
		About the right amount of time	3	
6.3	In your opinion, did you have enough privacy during the consultation today?	Yes	1	▶ 7.5
		No	2	

7. Condom use

No.	QUESTIONS	CODING CATEGORIES		GO TO
7.1	Have you ever used a condom?	Yes	1	▶ 7.3
		No	2	
7.2	What are the reasons you have never used a condom before? <i>Interviewer: Mark all that apply.</i>	I have never had sex.	1	▶ next section for all questions
		I don't know how to use them.	2	
		I am married/a faithful partner.	3	
		I am afraid it will burst.	4	
		I do not like them.	5	
		My partner doesn't like them.	6	
		Other:	7	
7.3	In the last month, how often did you use condoms when you had sex?	Never	1	
		Sometimes	2	
		Always	3	
		Don't Know	98	
7.4	The last time you had sex, did you use a condom?	Yes	1	
		No	2	
		Don't Know	98	
7.5	Why do you use condoms?	To protect against HIV/STIs	1	
		To prevent pregnancies	2	
		I'm on treatment.	3	
		Other:	4	

8. Knowledge of STIs and HIV

No.	QUESTIONS	CODING CATEGORIES		GO TO
8.1	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	Yes	1	▶ 8.4
		No	2	
		Don't know	98	
8.2	If a woman has an STI, what symptoms might she have? <i>Interviewer: Mark all that apply.</i>	No symptoms	1	
		Lower abdominal pain	2	
		Unusual or abnormal vaginal discharge	3	
		Burning pain or urination	4	
		Genital ulcers/sores	5	
		Swelling in the groin area	6	
		Itching	7	
		Pain during intercourse	8	
		Genital warts	9	
		Other:	10	
		Don't know	98	

8.3	If a man has an STI, what symptoms might he have? <i>Interviewer: Mark all that apply.</i>	No symptoms	1		
		Lower abdominal pain	2		
		Unusual or abnormal discharge from the penis	3		
		Burning pain on urination	4		
		Genital ulcers/sores	5		
		Swelling in the groin area	6		
		Itching	7		
		Pain during intercourse	8		
		Genital warts	9		
		Other:	10		
	Don't know	98			
8.4	Have you ever heard of HIV or the disease called AIDS?	Yes	1		
		No	2		▶ 8.10
		Don't know	98		▶ 8.10
8.5	Is it possible to have an STI, including HIV/AIDS, and still look healthy?	Yes	1		
		No	2		
		Don't know	98		
8.6	What do you think are the chances that you personally may become infected with an STI, including HIV?	No chance	1		
		Some chance	2		
		High chance	98		
8.7	Why do you think you are not at risk?	I believe my partners are not infected.	1	▶ 8.9 for all questions	
		I abstain from sex.	2		
		I always use a condom.	3		
		I use condoms with partners I don't trust.	4		
		I only have one partner.	5		
		My partner and I are faithful.	6		
		Other:	7		
	Don't know	98			
8.8	Why do you think you are at risk?	I do not use condoms.	1		
		I have more than one partner.	2		
		My partner has more than one partner.	3		
		I have had an STI previously.	4		
		My partner has symptoms.	5		
		My partner is an IV drug user.	6		
		I am an IV drug user.	7		
		Other:	8		
	Don't know	98			
8.9	Do you know which methods exist to prevent HIV? <i>Interviewer: Mark all that apply.</i>	Use condoms	1		
		Fidelity to one partner	2		
		Encourage partner to remain faithful	3		
		Abstinence	4		
		Avoid sharing razors/needles	5		
		Other:	6		
			Don't know		98
8.10	Please tell me which FP methods protect both men and women from STIs, including HIV/AIDS?	Condoms	1		
		Other:	2		
		Don't know	98		
8.11	Do you know where someone in your community could go for an HIV test? <i>Interviewer: Mark all that apply.</i>	Yes, about HIV	1		
		Yes, about STIs	2		
		No	3		
		Don't know	98		

9. IEC materials

No.	QUESTIONS	CODING CATEGORIES		GO TO
9.1	At any time during the consultation, did you receive any information materials from this facility?	Yes	1	▶ next section
		No	2	
9.2	What were they about? The content of the information materials? <i>Interviewer: Mark all that apply.</i>	FP	1	
		ANC	2	
		PNC	3	
		HIV/AIDS	4	
		Other STIs	5	
		PMTCT	6	
		Child welfare	7	
		Other:	8	
Don't know	98			

10. Satisfaction with services

No.	QUESTIONS	CODING CATEGORIES			
10.1	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Minutes:			
		Hours:			
		Saw provider immediately	97		
		Don't know	98		
10.2	Do you think the time you waited was too long, reasonable, or short?	Too long	1		
		Reasonable	2		
		Short	3		
		Don't know	98		
10.3	<i>Interviewer: Explain that you will now ask about some common experiences clients have at health facilities. As you mention each one, ask the client whether she was satisfied, dissatisfied, or undecided about any of the services received today.</i>	Satisfied	Dissatisfied	Undecided	
		1) Ability to discuss problems or concerns about your care with the providers	1	2	3
		2) Amount of explanation the providers gave to you about a problem or treatment	1	2	3
		3) Quality of examination and treatment provided	1	2	3
		4) Visual privacy during examination (that other clients could not see you)	1	2	3
		5) Auditory privacy during discussion (that other clients could not hear you)	1	2	3
		6) Cleanliness of this facility	1	2	3
		7) How the clinic staff treated you	1	2	3
10.4	Would you strongly, not strongly, or never recommend a friend to this facility for FP services?	Strongly recommend	1		
		Recommend, but not strongly	2		
		Never recommend	3		
		Don't know	98		

11. Male involvement

No.	QUESTIONS	CODING CATEGORIES		GO TO
11.1	Did your current partner accompany you to this visit?	Yes	1	▶ 11.4
		No	2	
		Don't know	98	
11.2	During this visit, did a health provider advise you to encourage your partner to accompany you to your FP visits?	Yes	1	
		No	2	
		Don't know	98	
11.3	Would you like your partner to receive information about FP methods?	Yes	1	
		No	2	
		Don't know	98	
11.4	Has your current partner ever beaten or insulted you?	Yes	1	
		No	2	
		No response	99	

11.5	Have you talked about this issue to a health provider?	Yes	1
		No	2
11.6	Would you like you and your partner to talk with somebody at this clinic about how both of you can get protection from HIV infection?	Yes	1
		No	2
		Don't know	98

12. Costs

No.	QUESTIONS	CODING CATEGORIES	
12.1	How much did you pay for all services or treatments you received at this facility today? How much did you pay for travel?	Fees for client card:	
		Fees for consultation:	
		Fees for laboratory tests:	
		Fees for methods:	
		Other:	
		I did not pay anything at the clinic.	
12.2	What do you think of the costs of your treatment?	Travel:	
		Total:	
		They were ok.	1
		Too much	2
		Other:	3
	Don't know	98	

13. Accessibility

No.	QUESTIONS	CODING CATEGORIES	
13.1	By what means of transport did you get to the clinic today? <i>Interviewer: Mark all that apply.</i>	Taxi	1
		Bus	2
		Train	3
		Private car	4
		Bicycle	5
		Walk	6
		Other:	7
13.2	Approximately how long did it take you to get to the clinic today?	Hours:	
		Minutes:	
13.3	Are the hours of service at this facility appropriate for you?	Yes	1
		No	2
13.4	Why not?		

14. Demographics

No.	QUESTIONS	CODING CATEGORIES	
14.1	How old are you?	Age in years:	
14.2	What is your current marital status?	Married, monogamous	1
		Married, polygamous	2
		Cohabiting/living with partner	3
		Single, never married	4
		Divorced/separated/widowed	5
14.3	What is the highest level of school you attended?	Did not attend formal school	1
		Primary	2
		Secondary	3
		Tertiary	4
		Other:	5

D. Provider interview

INSTRUCTIONS FOR THE

INTERVIEWERS: Interview all health facility staff who are responsible for providing FP services and HIV/STI prevention and detection services to FP clients. Please interview staff at the end of the working day or during their breaks. Make it clear that you are seeking their assistance in finding ways of improving the functioning and quality of the services offered by facilities in general and are not evaluating the performance of the facility or of them individually. **For each item, circle the code of the adequate response or describe, as appropriate.** Read the following greeting when you meet with each provider that you will interview.

GREETING: Good morning. My name is _____, and I work for _____. We are currently doing a study about the way that family planning services are being integrated with HIV and STI prevention and detection services and the issues that arise with integration. As a part of this study, we are interviewing all health providers who participate in FP services and HIV and STI services for family planning clients. These interviews are not to evaluate individual facilities or providers. We are visiting a number of facilities. All the information you give me will be confidential, and no one will know what you said. I will not record your name in the questionnaire, and there will be no way in which the responses you give me can be directly linked to you. They will all be confidential.

1. Facility identification

No.	QUESTIONS	CODING CATEGORIES	
1.1	Date of interview	____ / ____ / ____ (Day/ Month/ Year)	
1.2	Facility name		
1.3	City or locality		
1.4	Type of facility	Hospital	1
		Health center with maternity ward	2
		Health center without maternity ward	3
		Health post with maternity ward	4
		Health post without maternity ward	5
		Dispensary	6
		Other:	7
1.5	Type of sector	Government	1
		NGO	2
		Private	3
		Other:	4
1.6	Result of the interview	Complete	1
		Incomplete	2
		Refused	3
		Other:	4

2. Demographics and professional experience

No.	QUESTIONS	CODING CATEGORIES	
2.1	Sex <i>Interviewer: Please mark.</i>	Male	1
		Female	2
2.2	How old are you?	Age in years:	
2.3	What is your current technical qualification?	Specialist doctor	1
		General doctor	2
		Social service doctor	3
		Intern MD student	4
		Nurse-midwife	5
		Professional nurse	6
		Auxiliary nurse	7
		Nursing student	8
		Social worker	9
	Other:		
2.4	How many years ago did you qualify?	Years:	
2.5	How long have you been working at this facility?	Months:	
		Years:	
2.6	In which unit or department are you currently working?	FP	1
		MCH	2
		HIV prevention and detection	3
		STI prevention and detection	4
		Other:	5
2.7	What services do you personally provide at this facility? <i>Interviewer: Mark all that apply.</i>	FP counseling	1
		Contraceptives	2
		ANC	3
		Delivery	4
		Postnatal care	5
		Treatment of abortion complications	6
		HIV/AIDS counseling	7
		HIV/AIDS testing	8
		HIV/AIDS treatment and care	9
		STI services	10
		Child immunization	11
		Child growth monitoring	12
		Curative services for women	13
		Curative services for children	14
		Other:	15

3. Integration of FP and HIV/STI prevention and detection

No.	QUESTIONS	CODING CATEGORIES				GO TO	
3.1	<i>Interviewer: (a) During your in-service professional training, have you ever received training in [read 1 to 6]? For every positive response, ask: (b) Have you received training in [...] in the past year?</i>	(a) Ever received training		(b) Received training last year			
		Yes	No	Yes	No		
		1) FP counseling techniques	1	2	1		2
		2) HIV counseling in general	1	2	1		2
		3) HIV pre-test counseling	1	2	1		2
		4) HIV testing and post-test counseling	1	2	1		2
		5) STI counseling	1	2	1		2
		6) STI syndromic detection	1	2	1		2
Other:	1	2	1	2			
3.2	During FP consultations, do you provide information about HIV/AIDS or about STIs?	Yes, always				1	
		Yes, sometimes				2	
		Yes, only in client asks				3	
		No				4 ▶ 3.8	

3.3	During FP consultations do you:	Yes	No
	1) Discuss STI and/or HIV risk factors with the client?	1	2
	2) Give clients information on symptoms of STIs?	1	2
	3) Tell clients that STIs can be asymptomatic?	1	2
	4) Discuss STI/HIV prevention methods?	1	2
	5) Tell clients where they can obtain STI/HIV information?	1	2
	6) Tell clients where they can obtain STI/HIV tests?	1	2
3.4	Which methods to prevent STI/HIV transmission do you discuss with clients?		
	<i>Interviewer: Don't read.</i>	Yes	No
	1) Consistent condom use	1	2
	2) Abstinence	1	2
	3) Monogamy	1	2
	4) Partner monogamy	1	2
	5) Knowing your partner's status	1	2
6) Knowing your own status	1	2	
3.5	Do you personally provide HIV C&T to FP clients?	Yes	1
		No	2
3.6	What are the main activities you follow when giving HIV C&T services to FP clients? <i>Interviewer: Mark all the relevant options.</i>	Discuss HIV/STI risk factors.	1
		Discuss HIV/STI symptoms.	2
		Discuss HIV/STI prevention methods.	3
		Give information on how to use a condom.	4
		Emphasize the importance of being tested.	5
		Discuss what the test can tell them.	6
		Explain about the window period.	7
		Give information about where to have a test.	8
		Other:	9
3.7	What are the main difficulties you have had in this facility in providing HIV/STI services to FP clients in the last 3 months?	Lack of supplies	1
		Lack of qualified personnel	2
		Lack of equipment	3
		Failures in equipment	4
		Inappropriate facilities	5
		Do not feel sufficiently trained	6
		Not enough time to counsel clients	7
		Other:	8
3.8	Are there any written guidelines in this facility for providing STI/HIV services to FP clients?	Yes, for both HIV and STI	1
		Yes, for HIV	2
		Yes, for STI	3
		No	4
		Don't know	98
3.9	How well do you know the guidelines for providing STI/HIV?	Very well	1
		Fairly well	2
		Not well	3

