

PROVIDER INTERVIEW GUIDE

PURPOSE

The Provider Interview Guide assesses the quality of offering the innovation in a service setting by collecting information on a provider's prior training, provider knowledge, and experiences offering the innovation in relation to similar services. When compiled, the results provide information on the quality of services provided during scale-up, such as the percentage of providers correctly offering the innovation in a given district.

HOW IT WAS DEVELOPED AND USED

IRH selected relevant questions from the Measure DHS Service Provision Assessment (SPA) tool and added Standard Days Method® (SDM)-specific questions.

The provider interview was administered twice in most countries: at baseline or midline, and at endline, as part of a full scale facility assessment on SDM (see Facility Assessment Tool). Service delivery sites were randomly selected to allow for later generalization of findings. Interviewers randomly selected a family planning provider to interview. The provider interview is a stand-alone module that can be administered to providers without also conducting a full-scale facility assessment.

The results provided useful planning information at baseline and midline, identifying geographic areas where service quality was low and required additional attention to supervision and training. One question allowed for assessment of provider bias against SDM, which was shared with the resource team to develop strategies to remedy the situation. Baseline data also allowed for refinement of benchmarking relating to the extent of trained providers and extent of service delivery points offering SDM.

Endline data measured gaps in the quality of services and was used for advocacy purposes.

VALUES

The tool's construction represents the value of quality services (its main aim) but also collects information related to informed choice. Providers are asked about other methods in addition to SDM, and are asked indirectly about bias towards SDM which could potentially affect informed consent.

LESSONS LEARNED

- It would have been useful to apply the provider interview tool at multiple points during the scale-up process, to gather data on whether service quality was changing during scale-up and to allow sufficient time to act to resolve quality issues.
- Ideally this tool would be applied to samples of providers which correspond to supervision/managerial areas, so the data could be fed back into programs.
- Adding an innovation to existing services can mean more work for providers. Some providers may not immediately embrace or appreciate the value of the innovation. Thus, it is important to include one or two questions relating to innovation bias, so that additional studies can be conducted to understand the bases of bias and actions can be taken to address the root cause on a systems level.
- Look for other studies being conducted that may provide information useful to the scale-up process. Other organizations may conduct SPAs during the scale-up phase, which may eliminate the need for special or additional data collection efforts.



KEY REFERENCES & RESOURCES

Measure DHS | *Service Provision Assessment (SPA)*. <http://www.measuredhs.com/What-We-Do/Survey-Types/SPA.cfm>

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FAM PROJECT ENDLINE: PROVIDER INTERVIEW																
[NAME OF COUNTRY]																
IDENTIFICATION																
Health facility visited (name) _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															
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REGION.....																
URBAN/RURAL (URBAN=1, RURAL=2).....																
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																
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*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ (SPECIFY)																
TYPE OF SECTOR 1 = GOVERNMENT/PUBLIC 4 = PRIVATE 2 = MISSION/FBO 6= OTHER _____ 3 = NGO (SPECIFY) <table border="1" style="float: right;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																
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SDM SERVICE PROVISION AND TRAINING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	SELECT THE DESIGNATION OF STAFF MEMBER TO BE INTERVIEWED	DOCTOR 1 NURSE 2 NURSE AUXILARY 3 MIDWIFE 4 OTHER _____ 6 (SPECIFY)	
101	First, I would like to ask you some questions on family planning and the training you received in the past. How long have you been working here at this facility? IF LESS THAN 1 YEAR, ENTER '00'	YEARS <input type="text"/> <input type="text"/>	
102	How many years ago did you receive your initial family planning training? IF LESS THAN 1 YEAR, ENTER '00'	YEARS <input type="text"/> <input type="text"/> NEVER TRAINED 7	104
103	Did your initial family planning training, whether during or after school, cover the following methods: a) SDM (Cyclebeads)? b) Information on LAM? c) Condoms? d) injectables? e) Pills? f) IUD ? g) Sterilization? h) Other?	YES NO SDM 1 2 LAM 1 2 CONDOMS 1 2 INJECTABLES 1 2 PILLS 1 2 IUD 1 2 STERILIZATION 1 2 OTHER _____ 1 2 (SPECIFY)	
104	Now, I would like to ask you some questions about the SDM (CycleBeads). Have you heard of the SDM (CycleBeads)?	YES 1 NO 2	106
105	When did you receive your last training on SDM (Cyclebeads)? IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 4 AND WRITE NUMBER OF YEARS. IF NEVER TRAINED, CIRCLE 995	DAYS 1 <input type="text"/> <input type="text"/> → 107 WEEKS 2 <input type="text"/> <input type="text"/> → 107 MONTHS 3 <input type="text"/> <input type="text"/> → 107 YEARS 4 <input type="text"/> <input type="text"/> → 107 NEVER TRAINED 995	
106	Would you like to be trained in the SDM (Cyclebeads)?	YES 1 NO 2	
107	In the last year have you provided SDM in your health facility?	YES 1 NO 2	
108	In the last 3 months have you provided SDM in your health facility?	YES 1 NO 2	110
109	Why not?	_____ _____ _____ <input type="text"/> _____ <input type="text"/>	

110	<p>a) CHECK 105 TRAINING IN SDM UP TO 1 YEAR AGO <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b) CHECK 107 OFFERING SDM <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF a) OR b) IS CHECKED YES --GO TO 111</p>	<p>NOTE: IF NEVER TRAINED, CHECK NO FOR a).</p> <p>IF a) AND b) ARE CHECKED NO</p>																									
			→ 143																								
111	<p>Besides the SDM, in the last 3 months have you provided family planning methods to clients?</p>	<p>YES 1</p> <p>NO 2</p>	→ 114																								
112	<p>In the last 3 months have you provided:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) Condoms?</td> <td></td> <td></td> </tr> <tr> <td>b) Injectables?</td> <td></td> <td></td> </tr> <tr> <td>c) Pills?</td> <td></td> <td></td> </tr> <tr> <td>d) IUD ?</td> <td></td> <td></td> </tr> <tr> <td>e) Sterilization?</td> <td></td> <td></td> </tr> <tr> <td>f) Emergency Contraception?</td> <td></td> <td></td> </tr> <tr> <td>g) Other?</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	a) Condoms?			b) Injectables?			c) Pills?			d) IUD ?			e) Sterilization?			f) Emergency Contraception?			g) Other?			
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113	<p>Do you know if SDM is included in the family planning protocol of your health facility?</p>	<p>YES 1</p> <p>NO 2</p> <p>NOT SURE 8</p>																									

SDM (Cyclebeads) COUNSELING																																							
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114	<p>I would like to ask you some questions on how you counsel women on the SDM (Cyclebeads) in this health facility/clinic.</p> <p>Please explain to me how you would teach a woman to use SDM (Cyclebeads).</p> <p>OFFER CYCLEBEADS TO SUPPORT THE EXPLANATION AND ASK THE PROVIDER TO GET MATERIALS NEEDED FOR COUNSELING.</p> <p>MARK 1 (YES) ON THE ITEMS MENTIONED BY THE PROVIDER AND 2 (NO) ON THOSE NOT MENTIONED.)</p> <p>a. CycleBeads represent the menstrual cycle</p> <p>b. On the first day of your period, move the ring to the RED bead</p> <p>c. Mark the first day of your period on your calendar</p> <p>d. Move the ring to the next bead every day</p> <p>e. Always move the ring in the direction of the arrow</p> <p>f. During the white bead days, you can get pregnant</p> <p>g. Abstain from sex or use a condom on white bead days</p> <p>h. During the brown bead days, a pregnancy is not likely</p> <p>i. At the start of your next period, move the ring to the red bead</p> <p>j. If your period starts before the ring is on the dark brown bead, your cycle is too short to use this method</p> <p>k. If your period does not start the day after you put the ring on the last brown bead, your cycle is too long for this method</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> </table>	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	
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115	<p>OBSERVE THE MATERIALS THAT THE PROVIDER USES TO COUNSEL ON SDM (Cyclebeads).</p> <p>CIRCLE ALL MATERIALS USED TO COUNSEL ON SDM (Cyclebeads)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>CYCLEBEADS</td><td style="text-align: right;">A</td></tr> <tr><td>CALENDAR</td><td style="text-align: right;">B</td></tr> <tr><td>INSERT/INSTRUCTIONS</td><td style="text-align: right;">C</td></tr> <tr><td>CHECKLIST/JOB AIDS</td><td style="text-align: right;">D</td></tr> <tr><td>FLIPCHART</td><td style="text-align: right;">E</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </table>	CYCLEBEADS	A	CALENDAR	B	INSERT/INSTRUCTIONS	C	CHECKLIST/JOB AIDS	D	FLIPCHART	E	OTHER _____	X	(SPECIFY)																								
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116	<p>What should a woman do if she does not remember whether or not she has moved the ring?</p> <p>CIRCLE ALL MENTIONED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>CHECK THE DAY SHE HAS MARKED ON HER CALENDAR.</td><td style="text-align: right;">A</td></tr> <tr><td>COUNT HOW MANY DAYS HAVE GONE BY SINCE THE FIRST DAY OF HER PERIOD. ...</td><td style="text-align: right;">B</td></tr> <tr><td>MOVE THE RING AS MANY BEADS AS COUNTED DAYS SINCE THE BEGINNING OF HER PERIOD.</td><td style="text-align: right;">C</td></tr> <tr><td>NONE OF THE ABOVE.</td><td style="text-align: right;">D</td></tr> <tr><td>DONT KNOW.</td><td style="text-align: right;">Z</td></tr> </table>	CHECK THE DAY SHE HAS MARKED ON HER CALENDAR.	A	COUNT HOW MANY DAYS HAVE GONE BY SINCE THE FIRST DAY OF HER PERIOD. ...	B	MOVE THE RING AS MANY BEADS AS COUNTED DAYS SINCE THE BEGINNING OF HER PERIOD.	C	NONE OF THE ABOVE.	D	DONT KNOW.	Z																											
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117	<p>What requirements must a woman meet to use SDM (Cyclebeads)?</p> <p>CIRCLE ALL MENTIONED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>HER CYCLE IS USUALLY 26 to 32 DAYS LONG.</td><td style="text-align: right;">A</td></tr> <tr><td>HER PERIOD COMES ABOUT ONCE A MONTH.</td><td style="text-align: right;">B</td></tr> <tr><td>HER PERIOD COMES WHEN SHE EXPECTS ...</td><td style="text-align: right;">C</td></tr> <tr><td>THE WOMAN AND HER PARTNER CAN ABSTAIN OR USE A CONDOM ON THE DAYS SHE CAN PREGNANT.</td><td style="text-align: right;">D</td></tr> <tr><td>NONE OF THE ABOVE.</td><td style="text-align: right;">E</td></tr> <tr><td>DONT KNOW.</td><td style="text-align: right;">Z</td></tr> </table>	HER CYCLE IS USUALLY 26 to 32 DAYS LONG.	A	HER PERIOD COMES ABOUT ONCE A MONTH.	B	HER PERIOD COMES WHEN SHE EXPECTS ...	C	THE WOMAN AND HER PARTNER CAN ABSTAIN OR USE A CONDOM ON THE DAYS SHE CAN PREGNANT.	D	NONE OF THE ABOVE.	E	DONT KNOW.	Z																									
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	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	<p>How do you know if a woman's cycle is the right length to use SDM (Cyclebeads)?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED</p>	<p>HER PERIOD COMES ABOUT ONCE A MONTH. A</p> <p>HER PERIOD COMES WHEN SHE EXPECTS IT. B</p> <p>YOU CALCULATED THE NUMBER OF DAYS BETWEEN THE FIRST DAY OF HER LAST PERIOD AND THE DAY SHE EXPECTS HER NEXT PERIOD TO BE ABOUT A MONTH APART. . . C</p> <p>NONE OF THE ABOVE. D</p> <p>DONT KNOW. Z</p>	
119	<p>What would you advise a woman who wants to use SDM (Cyclebeads) but does not know the length of her cycle?</p> <p>CIRCLE ALL MENTIONED</p>	<p>OFFER HER THE METHOD. A</p> <p>REFUSE HER THE METHOD. B</p> <p>TELL HER TO COME BACK WHEN SHE HAS HER PERIOD. C</p> <p>TELL HER TO TRACK HER CYCLES D</p> <p>ASK HER IF HER PERIODS COME WHEN EXPECTED. E</p> <p>ASK HER IF HER PERIODS COME ABOUT ONCE A MONTH. F</p> <p>REFER HER TO A HEALTH FACILITY G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW. Z</p>	
120	<p>What do you do if she says that her periods come generally around the date expected every month?</p>	<p>OFFER HER THE METHOD. A</p> <p>REFUSE HER THE METHOD. B</p> <p>TELL HER TO RETURN WHEN SHE HAS HER PERIOD. C</p> <p>TELL HER TO TRACK HER CYCLES. D</p> <p>REFER HER TO THE HEALTH FACILITY. E</p> <p>OTHER _____ X (SPECIFY)</p>	
121	<p>If a woman meets the requirements for using SDM (CycleBeads) and remembers the date of her last period, when can she start using SDM (CycleBeads)?</p>	<p>IMMEDIATELY. 1</p> <p>AT THE START OF HER NEXT PERIOD. 2</p> <p>DONT KNOW. 8</p>	
122	<p>If a woman meets the requirements for using SDM (CycleBeads) and does NOT remember the date of her last period, when can she start using SDM (CycleBeads)?</p>	<p>IMMEDIATELY. 1</p> <p>AT THE START OF HER NEXT PERIOD. 2</p> <p>DONT KNOW. 8</p>	<p>→ 124</p> <p>→ 124</p>
123	<p>What do you advise her to do in the meantime?</p> <p>CIRCLE ALL MENTIONED</p>	<p>USE A CONDOM. A</p> <p>ABSTAIN. B</p> <p>USE A BARRIER METHOD. C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW. Z</p>	
124	<p>If a woman meets the requirements for using SDM (Cyclebeads), but does not remember the first day of her last period, do you give her a set of CycleBeads?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS ON CLIENT/SITUATION. 3</p> <p>DONT KNOW. 8</p>	



	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	<p>When can a woman who is breastfeeding or postpartum start using SDM (CycleBeads)?</p> <p>CIRCLE ALL MENTIONED</p>	<p>WHEN SHE HAS HAD AT LEAST 4 PERIODS SINCE HER BABY WAS BORN. A</p> <p>IF THE TIME BETWEEN HER LAST 2 PERIODS WAS ABOUT A MONTH APART. B</p> <p>WHEN HER PERIODS ARE REGULAR C</p> <p>NONE OF THE ABOVE. D</p> <p>DONT KNOW. Z</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
126	<p>Can a woman who recently used hormonal contraceptives use SDM (CycleBeads)?</p> <p>If RESPONDENT SAYS "YES", ASK "CAN YOU TELL ME MORE ABOUT THAT?"</p>	<p>YES. 1</p> <p>YES, IF HER CYCLES WERE BETWEEN 26-32 DAYS BEFORE USING THE HORMONAL. 2</p> <p>NO. 3</p> <p>DONT KNOW. 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	When counseling women on family planning, do you tell them about SDM (Cyclebeads) all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	129 129
128	Why do you think you do not tell clients about SDM (Cyclebeads) more often? CIRCLE ALL MENTIONED	CLIENTS DON'T ASK FOR IT. A NOT TRAINED ON SDM (Cyclebeads). B DISAPPROVE OF SDM (Cyclebeads). C CYCLEBEADS NOT AVAILABLE. D OTHER _____ X (SPECIFY)	
129	In general, when you tell clients about SDM (Cyclebeads) are they interested in learning more about the method?	YES 1 NO 2 SOME ARE, SOME ARE NOT 3 DON'T KNOW. 8	132 132
130	After they learn more about SDM (Cyclebeads), do most clients decide to use the method?	YES 1 NO 2 SOME DO, SOME DO NOT 3 DON'T KNOW. 8	132 132
131	Why do you think some clients who express initial interest in the SDM (Cyclebeads), later decide not to adopt/use the method? CIRCLE ALL MENTIONED	HUSBAND WILL NOT COOPERATE. A CYCLEBEADS NOT AVAILABLE. B DOES NOT KNOW DATE OF LAST PERIOD. C PERIOD HAS NOT RETURNED AFTER BIRTH. D PERIODS NOT ABOUT A MONTH APART. E PERCEIVED NOT EFFECTIVE. F HAVE TO MOVE BAND DAILY. G FAMILY DOES NOT APPROVE. H FERTILE PERIOD TOO LONG. I DOESN'T LIKE TO ABSTAIN/USE CONDOMS. J OTHER _____ X (SPECIFY) DON'T KNOW. Z	
132	Does the SDM (Cyclebeads) have any advantages?	YES 1 NO 2 DON'T KNOW. 8	134 134
133	What are they? CIRCLE ALL MENTIONED If RESPONDENT SAYS "NATURAL", ASK "CAN YOU TELL ME MORE ABOUT WHAT YOU MEAN BY "NATURAL"?"	EASY TO USE. A EFFECTIVE B NO SIDE EFFECTS/HEALTH EFFECTS. C INVOLVES PARTNER. D PARTNER LIKES THE METHOD. E NO RESUPPLY. F DOES NOT INTERFERE WITH BREAST-FEEDING. G CONSISTENT WITH RELIGIOUS BELIEFS. H NONE. I OTHER _____ X (SPECIFY)	
134	Does the SDM (Cyclebeads) have any disadvantages?	YES 1 NO 2 DON'T KNOW. 8	136 136
135	What are they? CIRCLE ALL MENTIONED	DIFFICULT TO USE. A NOT AS EFFECTIVE AS OTHER METHODS. B MUST HAVE CYCLES WITHIN RANGE. C DEPENDS ON PARTNER. D INTERFERES WITH SEX/ TOO MANY WHITE BEAD DAYS. E NONE. F OTHER _____ X (SPECIFY)	
136	Did you find any part of providing SDM (Cyclebeads) services difficult?	YES. 1 NO. 2	138

137	What? (IF YES, WRITE 2 MAIN DIFFICULTIES)	_____ _____ _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>																				
138	Would you use the SDM (Cyclebeads)?	YES..... 1 NO..... 2																					
139	Do you think this method is easy to use?	YES..... 1 NO..... 2																					
140	Do you think this method is more or less effective than: a) Condoms? b) Pill? c) Injectables?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="text-align: center;">MORE</th> <th style="text-align: center;">LESS</th> <th style="text-align: center;">SAME</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>CONDOMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PILL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>INJECTABLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		MORE	LESS	SAME	DON'T KNOW	CONDOMS	1	2	3	8	PILL	1	2	3	8	INJECTABLES	1	2	3	8	
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141	Now I would like to ask you a few questions on how you record SDM (Cyclebeads) users. Have you ever recorded a SDM (Cyclebeads) user?	YES..... 1 NO..... 2	→ 143																				
142	When do you record a woman as an SDM (Cyclebeads) user? a) When she received CycleBeads b) When she is counseled on the SDM (Cyclebeads) c) When she is both counseled and receives CycleBeads d) When she returns for a follow-up visit e) When she receives a calendar	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WHEN SHE RECEIVES CYCLEBEADS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEN SHE IS COUNSELED ON SDM (Cyclebeads)...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEN SHE IS BOTH COUNSELED AND RECEIVES CYCLEBEADS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEN SHE RETURNS FOR A FOLLOW-UP VISIT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEN SHE RECEIVES A CALENDAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WHEN SHE RECEIVES CYCLEBEADS.....	1	2	WHEN SHE IS COUNSELED ON SDM (Cyclebeads)...	1	2	WHEN SHE IS BOTH COUNSELED AND RECEIVES CYCLEBEADS.....	1	2	WHEN SHE RETURNS FOR A FOLLOW-UP VISIT.....	1	2	WHEN SHE RECEIVES A CALENDAR.....	1	2			
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LAM SERVICE PROVISION AND TRAINING											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
143	<p>Now, I would like to ask you some questions on LAM.</p> <p>Have you heard of LAM?</p>	<p>YES 1</p> <p>NO 2</p>	→ 145								
144	<p>When did you receive your last training on LAM?</p> <p>IF DAYS CIRCLE 1, AND WRITE NUMBER OF DAYS. IF WEEKS CIRCLE 2 AND WRITE NUMBER OF WEEKS. IF MONTHS CIRCLE 3 AND WRITE NUMBER OF MONTHS. IF YEARS CIRCLE 3 AND WRITE NUMBER OF YEARS.</p> <p>IF NEVE TRAINED, CIRCLE 995</p>	<p>DAYS..... 1 <input style="width: 40px; height: 20px;" type="text"/></p> <p>WEEKS..... 2 <input style="width: 40px; height: 20px;" type="text"/></p> <p>MONTHS..... 3 <input style="width: 40px; height: 20px;" type="text"/></p> <p>YEARS..... 4 <input style="width: 40px; height: 20px;" type="text"/></p> <p>NEVER TRAINED..... 995</p>	→ 146								
145	<p>Would you like to be trained in LAM?</p>	<p>YES 1</p> <p>NO 2</p>									
146	<p>In the last 3 months have you provided information on LAM?</p>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td></td> </tr> <tr> <td>LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: right;">if yes, 148</td> </tr> </table>		YES	NO		LAM	1	2	if yes, 148	
	YES	NO									
LAM	1	2	if yes, 148								
147	<p>Why have you not been able to provide information on LAM to clients?</p>	<p>_____ <input style="width: 40px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 40px; height: 20px;" type="text"/></p> <p>_____ <input style="width: 40px; height: 20px;" type="text"/></p>									

LAM COUNSELING			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148	<p>CHECK 146</p> <p>OFFER LAM <input type="checkbox"/> DOES NOT OFFER LAM <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		177
149	<p>Next, I would like to ask you some questions on how LAM counseling is provided in this health facility/clinic.</p> <p>Do you know if LAM is included in the family planning protocol of your facility?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	
150	<p>What are the conditions a woman needs to fulfill to use LAM correctly?</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL MENTIONED</p>	<p>SHE HAS NOT HAD HER PERIOD YET..... A</p> <p>WOMAN IS FULLY OR NEARLY FULLY BREASTFEEDING HER BABY..... B</p> <p>BABY IS NOT YET 6 MONTHS OLD..... C</p> <p>WILL USE ANOTHER FAMILY PLANNING METHOD WHEN ANY ONE OF THE CRITERIA IS NO LONGER MET..... D</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p>	
151	<p>Do you use any materials to explain LAM to women?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	153
152	<p>What materials do you use? (PROBE: PLEASE SHOW ME THESE MATERIALS)</p> <p>CIRCLE ALL MENTIONED</p>	<p>CLIENT CARD..... A</p> <p>PROVIDER JOB AID/ MEMORY CARD..... B</p> <p>BROCHURE..... C</p> <p>OTHER _____ X (SPECIFY)</p>	
153	<p>What advice do you give women about how to exclusively breastfeed?</p> <p>PROBE: Explain</p> <p>CIRCLE ALL MENTIONED</p>	<p>BREASTFEED WHENEVER THE CHILD IS HUNGRY/THIRSTY..... A</p> <p>GIVE YOUR CHILD ONLY BREASTMILK..... B</p> <p>BREASTFEED EVEN WHEN THE CHILD OR YOU ARE SICK..... C</p> <p>AVOID USING BOTTLES AND ARTIFICIAL NIPPLES..... D</p> <p>OTHER _____ X (SPECIFY)</p>	
154	<p>Are there benefits to exclusive breastfeeding?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	156
155	<p>What do you tell women about the benefits of breastfeeding?</p> <p>CIRCLE ALL MENTIONED</p>	<p>BREASTFEEDING IS GOOD FOR THE CHILD'S GROWTH AND DEVELOPMENT..... A</p> <p>BREASTFEEDING IS GOOD FOR HEALTH OF CHILD..... B</p> <p>BREASTFEEDING PROTECTS CHILDREN AGAINST ILLNESS AND DISEASE..... C</p> <p>BREASTFEEDING PROTECTS AGAINST PREGNANCY..... D</p> <p>BREASTFEEDING SUPPORT MOTHER-CHILD BONDING..... E</p> <p>ECONOMICAL/NO FORMULA TO BUY..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p>	

<p>156</p>	<p>What advice do you give women who no longer meet the LAM criteria?</p> <p>CIRCLE ALL MENTIONED</p>	<p>IMMEDIATELY USE ANOTHER METHOD. A CONTINUE TO BREASTFEED. B CONTINUE TO BREASTFEED EVEN IF YOU OR YOUR CHILD ARE SICK. C DISCUSS THE IMPORTANCE TO WAIT 2 YEARS BEFORE GETTING PREGNANT AGAIN. D EXPLAIN WHAT OTHER METHODS OF FAMILY PLANNING BREASTFEEDING WOMEN CAN USE. E NO ADVICE. F</p> <p>OTHER _____ X (SPECIFY)</p>	
<p>157</p>	<p>What family planning methods are recommended for breastfeeding women?</p> <p>CIRCLE ALL MENTIONED</p>	<p>FEMALE STERILIZATION. A MALE STERILIZATION. B IUD C INJECTABLES D IMPLANTS E CONDOM F FEMALE CONDOM G DIAPHRAGM H FOAM/JELLY I LACTATIONAL AMEN. METHOD J RHYTHM K STANDARD DAYS METHOD. L WITHDRAWAL M EMERGENCY CONTRACEPTION. N PILL (COMBINED HORMONES). O PILL (PROGESTIN ONLY). P OTHER _____ X (SPECIFY)</p>	
<p>158</p>	<p>What advice do you give HIV-positive women about breastfeeding?</p> <p>CIRCLE ALL MENTIONED</p>	<p>BREASTFEED EXCLUSIVELY FOR 3-6 MONTHS. A BREASTFEED EXCLUSIVELY FOR 6 MONTHS B DO NOT BREASTFEED, USE FORMULA WHEN SAFE, AVAILABLE, ACCESSIBLE, AND AFFORDABLE. C WHEN YOUR BABY IS 6 MONTHS OLD, WEAN RIGHT AWAY AND DO NOT CONTINUE TO BREASTFEED. D STOP BREASTFEEDING WHEN YOU KNOW YOUR STATUS AND GIVE BABY OTHER MILK AND FOODS. E NONE F OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW. Z</p>	

LAM COUNSELING AND HMIS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
159	Do you offer antenatal care? OFFER ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER ANTENATAL CARE <input type="checkbox"/>		163
160	Do you offer LAM during antenatal care? OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING ANTENATAL CARE <input type="checkbox"/>		163
161	When counseling women on family planning during antenatal care, do you tell them about LAM all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	163 163
162	Why don't you discuss LAM with your clients more often during antenatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. A ONLY TEMPORARY. B WOMEN DON'T BREASTFEED EXCLUSIVELY. C LAM IS A MATERNAL/CHILD HEALTH ISSUE. D NOT TRAINED TO EXPLAIN LAM. E NO TIME TO EXPLAIN LAM. F OTHER _____ X (SPECIFY)	
163	Do you offer postnatal care? OFFER POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER POSTNATAL CARE <input type="checkbox"/>		169
164	Do you offer LAM during postnatal care? OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/> DOES NOT OFFER LAM DURING POSTNATAL CARE <input type="checkbox"/>		169
165	When counseling women on family planning during postnatal care, do you tell them about LAM all of the time, most of the time, some of the time, or rarely?	ALL OF THE TIME. 1 MOST OF THE TIME. 2 SOME OF THE TIME. 3 RARELY. 4	167 167
166	Why don't you discuss LAM with your clients more often during postnatal care? CIRCLE ALL MENTIONED	DON'T THINK LAM IS EFFECTIVE. A ONLY TEMPORARY. B WOMEN DON'T BREASTFEED EXCLUSIVELY. C LAM IS A MATERNAL/CHILD HEALTH ISSUE. D NOT TRAINED TO EXPLAIN LAM. E NO TIME TO EXPLAIN LAM. F OTHER _____ X (SPECIFY)	
167	When you tell clients about LAM, are they usually interested in learning more about the method?	YES. 1 NO. 2 SOME ARE, SOME ARE NOT. 3 DON'T KNOW. 8	169 169
168	Why do you think some women don't want to use LAM? CIRCLE ALL MENTIONED	LACK OF INFORMATION. A MOTHER/MOTHER-IN-LAW/FAMILY DOES NOT APPROVE. B PARTNER DOES NOT APPROVE. C CANNOT/DOES NOT WANT TO BREASTFEED EXCLUSIVELY. D PERCEIVED NOT EFFECTIVE. E TEMPORARY METHOD. F OTHER _____ X (SPECIFY) DON'T KNOW Z	
169	Does LAM have any advantages?	YES. 1 NO. 2 DON'T KNOW. 8	1/1 1/1

170	What are they? CIRCLE ALL MENTIONED	NATURAL/NO SIDE EFFECTS A EASY TO USE B EFFECTIVE C GOOD FOR BABY/MOTHER'S HEALTH D GOOD FOR MOTHER-BABY BONDING. E ECONOMICAL/ NO FORMULA TO BUY F OTHER _____ X (SPECIFY)																															
171	Does LAM have any disadvantages?	YES 1 NO 2 → 173 DON'T KNOW 8 → 173																															
172	What are they? CIRCLE ALL MENTIONED	NOT OFFERED A DIFFICULT TO BREASTFEED EXCLUSIVELY. B NOT EFFECTIVE C TEMPORARY D OTHER _____ X (SPECIFY)																															
173	Have you found any part of providing LAM services difficult?	YES 1 NO 2 → 175																															
174	What? (WRITE 2 MAIN DIFFICULTIES)	_____ <input style="width: 40px; height: 20px;" type="text"/> _____ <input style="width: 40px; height: 20px;" type="text"/>																															
175	Now, I would like to end the interview with a few questions on how you record LAM users. Have you ever recorded a LAM user?	YES 1 NO 2 → 177																															
176	When do you record a woman as a LAM user? READ THE OPTIONS BELOW AND CIRCLE YES/NO.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>a) When she states she breastfeeds for birth spacing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) When her menstrual period has not returned</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) When she is fully or nearly fully breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) When her child is less than 6 months old</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) When she states she is breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) When she has been counseled on LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) When she has been counseled on LAM and received a client card/brochure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) When she says she is using LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i) Other</td> <td style="text-align: center;">6</td> <td></td> </tr> </tbody> </table> OTHER _____ 6 (SPECIFY)		Y	N	a) When she states she breastfeeds for birth spacing	1	2	b) When her menstrual period has not returned	1	2	c) When she is fully or nearly fully breastfeeding	1	2	d) When her child is less than 6 months old	1	2	e) When she states she is breastfeeding	1	2	f) When she has been counseled on LAM	1	2	g) When she has been counseled on LAM and received a client card/brochure	1	2	h) When she says she is using LAM	1	2	i) Other	6		
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177	THANK YOU FOR YOUR TIME. END THE INTERVIEW																																

