

Provision of Contraceptive Services in South Africa

Provider Interview (PI)

Today's Date					
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Site ID		

*Instructions to interviewer: Read all questions/text in **bold** out loud. Do not read ALL CAPS text or non-bold response options. Fill out questions 1 and 2 before beginning the interview.*

INTRODUCTION:

Thank you for taking the time to speak with me today. As I have mentioned, for this study, we would like to hear from you about contraceptive services and other sexual and reproductive health services at this clinic. We are particularly interested in your thoughts on provision of contraceptive services to HIV-positive women, including those who might be taking ARVs.

During the interview, we will talk mainly about contraception. “Family planning” is another way we will refer to contraception. There are several methods of contraception. We are interested in all modern methods. Modern methods include sterilization, IUDs (or the loop), the contraceptive implant, injections, pills, emergency contraception, and male and female condoms.

For the purposes of this interview, we will define contraceptive services (or family planning services) as:

- Counselling on methods,
- Provision of a method, and
- Removal of a method (if applicable).

We will also speak about other sexual and reproductive health services, also known as SRH. For this interview, ‘SRH services’ will include these kinds of services:

- Sexually Transmitted Infections (STI) services (screening or treatment)
- Cervical cancer screening/Pap smears
- Breast exams or breast disease management
- Pregnancy/delivery
- Fertility counselling, care or treatment
- Abortion/TOP services
- Gender-based violence support services
- Services for menopausal women
- Services for women with irregular menstruation

Do you have any questions about what I have described above before we begin?

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PART A: DEMOGRAPHICS AND PROFESSIONAL EXPERIENCE

Q. #	QUESTION	RESPONSE																				
<p><b>First, I'm going to ask you some brief questions about yourself and your professional experience.</b></p>																						
1.	<p>I need to indicate your gender. Do you prefer to be identified as [female / male / transgendered]?</p>	<input type="checkbox"/> 1 = Male <input type="checkbox"/> 2 = Female <input type="checkbox"/> 3 = Other, LIST _____																				
2.	<p>What is your race?</p>	<input type="checkbox"/> 1 = Black <input type="checkbox"/> 2 = White <input type="checkbox"/> 3 = Colored <input type="checkbox"/> 4 = Asian <input type="checkbox"/> 5 = Other, LIST _____																				
3.	<p>When did you finish your education for your job as a [INSERT JOB TITLE FROM EC]?</p>	<p>____ / ____</p> <p>M M Y Y</p>																				
4.	<p>How many years of experience do you have working as a [INSERT JOB TITLE FROM EC]?</p>	<input type="checkbox"/> 1 = < 1 year <input type="checkbox"/> 2 = ≥ 1 year - < 2 years <input type="checkbox"/> 3 = ≥ 2 years - < 5 years <input type="checkbox"/> 4 = ≥ 5 years - < 10 years <input type="checkbox"/> 5 = ≥ 10 years																				
5.	<p>I'm going to list some services that you might provide here at this clinic in an average week. For each, I'd like you to tell me how much time you spend providing that kind of service. The options are:</p> <p>1 = all of your time,                      2 = more than half,                      3 = about half,                      4 = less than half,                      5 = no time.</p> <p>SHOW VISUAL AID.</p>	<table border="1"> <thead> <tr> <th>Service</th> <th>Time spent/week</th> </tr> </thead> <tbody> <tr> <td>Wellness</td> <td></td> </tr> <tr> <td>HIV (testing, counselling, ART)</td> <td></td> </tr> <tr> <td>Ante-natal/maternity</td> <td></td> </tr> <tr> <td>Family planning</td> <td></td> </tr> <tr> <td>Other SRH services</td> <td></td> </tr> <tr> <td>Other non-SRH services</td> <td></td> </tr> <tr> <td>Management/admin/ meetings</td> <td></td> </tr> <tr> <td>School health visits</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table>	Service	Time spent/week	Wellness		HIV (testing, counselling, ART)		Ante-natal/maternity		Family planning		Other SRH services		Other non-SRH services		Management/admin/ meetings		School health visits		Other	
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6.	<p>IF Q5 "OTHER SRH SERVICES" = 5/NO TIME, SKIP TO Q7.</p> <p><b>You said you provide "other SRH services." Can you tell me if you specifically provide these services:</b> [LIST RESPONSE OPTIONS].</p>	<p>TICK IF YES</p> <p><input type="checkbox"/> 1 = <b>STI services (screening or treatment)</b></p> <p><input type="checkbox"/> 2 = <b>Cervical cancer screening/Pap smears</b></p> <p><input type="checkbox"/> 3 = <b>Breast exams or breast disease management</b></p> <p><input type="checkbox"/> 4 = <b>Fertility counselling, care or treatment</b></p> <p><input type="checkbox"/> 5 = <b>Abortion/TOP services</b></p> <p><input type="checkbox"/> 6 = <b>Gender-based violence support services</b></p> <p><input type="checkbox"/> 7 = <b>Services for menopausal women</b></p> <p><input type="checkbox"/> 8 = <b>Services for women with irregular menstruation</b></p>									
7.	<p><b>How many years of experience do you have with providing contraception to women?</b></p>	<p><input type="checkbox"/> 0= 0 years, never provided</p> <p><input type="checkbox"/> 1 = &lt; 1 year</p> <p><input type="checkbox"/> 2 = ≥ 1 year - &lt; 2 years</p> <p><input type="checkbox"/> 3 = ≥ 2 years - &lt; 5 years</p> <p><input type="checkbox"/> 4 = ≥ 5 years - &lt; 10 years</p> <p><input type="checkbox"/> 5 = ≥ 10 years</p>									
8.	<p><b>a. Were you trained on contraceptive methods as part of your initial training as a [INSERT JOB TITLE]?</b></p> <p><b>b. Have you had any training on contraceptive methods since you became a [INSERT JOB TITLE]? This could be in-service training, workshops, etc.</b></p> <p>bi. IF YES, <b>How many trainings have you had since your education was completed?</b></p> <p>c. IF b=YES, <b>When was the training and what methods were included? IF MORE THAN THREE, DOCUMENT THE MOST RECENT THREE.</b></p>	<p><input type="checkbox"/> 0 = No</p> <p><input type="checkbox"/> 1 = Yes</p> <p><input type="checkbox"/> 0 = No → SKIP TO Q9.</p> <p><input type="checkbox"/> 1 = Yes</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Training 1</th> <th style="width: 33%;">Training 2</th> <th style="width: 33%;">Training 3</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>Date</td> <td>Date</td> </tr> <tr> <td> <p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p> </td> <td> <p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p> </td> <td> <p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p> </td> </tr> </tbody> </table>	Training 1	Training 2	Training 3	Date	Date	Date	<p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p>	<p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p>	<p><b>Methods</b></p> <p><input type="checkbox"/> 1=Tubal ligation</p> <p><input type="checkbox"/> 2=IUD</p> <p><input type="checkbox"/> 3=Implant</p> <p><input type="checkbox"/> 4=Injectables</p> <p><input type="checkbox"/> 5=Pills</p> <p><input type="checkbox"/> 6=Emergency contraception</p> <p><input type="checkbox"/> 7=Male condoms</p> <p><input type="checkbox"/> 8=Female condoms</p> <p><input type="checkbox"/> 9=Vasectomy</p>
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	<p><b>d. Has any of your contraceptive training included how to help women choose a method that is right for them?</b></p> <p>di. IF YES, <b>Please describe that part of the training:</b></p>	<table border="1"> <tr> <td><input type="checkbox"/> 10=Other, LIST: _____</td> <td><input type="checkbox"/> 10=Other, LIST: _____</td> <td><input type="checkbox"/> 10=Other, LIST: _____</td> </tr> </table> <p><input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes</p> <p>OPEN RESPONSE:</p>	<input type="checkbox"/> 10=Other, LIST: _____	<input type="checkbox"/> 10=Other, LIST: _____	<input type="checkbox"/> 10=Other, LIST: _____
<input type="checkbox"/> 10=Other, LIST: _____	<input type="checkbox"/> 10=Other, LIST: _____	<input type="checkbox"/> 10=Other, LIST: _____			
<p><b>9.</b></p>	<p><b>a. In your opinion, do women who come here want information on all available contraceptive methods?</b></p> <p><b>b. Why is that?</b></p> <p><b>c. Do you feel that you have the time to offer information on many contraceptive methods to every woman who wants contraception?</b></p>	<p><input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes</p> <p>OPEN RESPONSE:</p> <p><input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes</p>			
<p><b>10.</b></p>	<p><b>a. Have you been trained on insertion of the implant?</b></p> <p><b>b. IF a=YES, Have you provided implants to women?</b></p>	<p><input type="checkbox"/> 0 = No → SKIP TO 10D. <input type="checkbox"/> 0 = Yes</p> <p><input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes → SKIP TO 10D.</p>			



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<b>11.</b>	<p><b>a. Do you currently practice at another location in addition to this one?</b></p> <p><b>b. IF a=YES, What type of facility is the other location?</b></p> <p><b>c. IF a=YES, Do you personally provide contraception there? IF YES, what methods do you provide?</b></p> <p><b>d. IF a=YES, Do you provide other SRH services there? If so, please describe what you do.</b></p>	<p><input type="checkbox"/> 0 = No → SKIP TO Q12.</p> <p><input type="checkbox"/> 1 = Yes</p> <p><input type="checkbox"/> 1 = Public hospital</p> <p><input type="checkbox"/> 2 = Public clinic</p> <p><input type="checkbox"/> 3 = Private hospital</p> <p><input type="checkbox"/> 4 = Private clinic</p> <p><input type="checkbox"/> 5 = Own practice</p> <p><input type="checkbox"/> 6 = Other, LIST: _____</p> <p><input type="checkbox"/> 0 = No → SKIP TO 11D.</p> <p><input type="checkbox"/> 1 = Yes, LIST:</p> <p><input type="checkbox"/> 1 = Tubal ligation</p> <p><input type="checkbox"/> 2 = IUD</p> <p><input type="checkbox"/> 3 = Implant</p> <p><input type="checkbox"/> 4 = Injectables</p> <p><input type="checkbox"/> 5 = Pills</p> <p><input type="checkbox"/> 6 = Emergency contraception</p> <p><input type="checkbox"/> 7 = Male condoms</p> <p><input type="checkbox"/> 8 = Female condoms</p> <p><input type="checkbox"/> 9 = Other, LIST: _____</p> <p><input type="checkbox"/> 0 = No → SKIP TO Q12.</p> <p><input type="checkbox"/> 1 = Yes, LIST:</p> <p><input type="checkbox"/> 1 = Ante-natal care</p> <p><input type="checkbox"/> 2 = Maternity services</p> <p><input type="checkbox"/> 3 = STI services (screening or treatment)</p> <p><input type="checkbox"/> 4 = Cervical cancer screening/Pap smears</p> <p><input type="checkbox"/> 5 = Breast exams or breast disease management</p> <p><input type="checkbox"/> 6 = Fertility counselling, care or treatment</p> <p><input type="checkbox"/> 7 = Abortion/TOP services</p> <p><input type="checkbox"/> 8 = Gender-based violence support services</p> <p><input type="checkbox"/> 9 = Services for menopausal women</p> <p><input type="checkbox"/> 10 = Services for women with irregular menstruation</p>
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	<p><b>b. Do you think that the implant is a good choice of method for women who are taking ARVs?</b></p> <p><b>c. Why do you think that?</b></p>	<p><input type="checkbox"/> 0 = No</p> <p><input type="checkbox"/> 1 = Yes</p> <p>OPEN RESPONSE:</p>
17.	<p><b>What do you think makes a contraceptive method a good method for a particular woman?</b></p>	<p>OPEN RESPONSE:</p>
18.	<p><b>How do you think women decide what contraceptive method to ask for or take at a health facility?</b></p>	<p>OPEN RESPONSE:</p>

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<p><b>19.</b></p>	<p><b>Sometimes women stop using a contraceptive method. Given your experience offering contraception, what do you think are the top three reasons why that happens? [READ ALL OPTIONS OUT LOUD. MARK THREE.]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 0= N/A = Respondent doesn't have experience offering contraception</li> <li><input type="checkbox"/> 1 = <b>Side effects</b></li> <li><input type="checkbox"/> 2 = <b>Rumors or misinformation about contraception</b></li> <li><input type="checkbox"/> 3 = <b>Desire for pregnancy</b></li> <li><input type="checkbox"/> 4 = <b>Lack of understanding of the need to renew on time</b></li> <li><input type="checkbox"/> 5 = <b>Partner issues (e.g. new partner/ partner wants her to stop, etc.)</b></li> <li><input type="checkbox"/> 6 = <b>Family/community pressure to not use contraception</b></li> <li><input type="checkbox"/> 7 = <b>Can't get the method she wants</b></li> <li><input type="checkbox"/> 8 = <b>Other:</b> _____</li> </ul>
<p><b>20.</b></p>	<p><b>Do you ever offer methods or counselling on contraception to women even if they don't specifically ask for contraception during their visit?</b></p> <p><b>c. Why is that?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 0 = No</li> <li><input type="checkbox"/> 1 = Yes</li> </ul> <p>OPEN RESPONSE:</p>
<p><b>21.</b></p>	<p><b>a. Do you think men should be more involved in contraceptive service provision and use?</b></p> <p><b>b. Why do you think that?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 0 = No</li> <li><input type="checkbox"/> 1 = Yes</li> <li><input type="checkbox"/> 2 = Don't know/not sure</li> </ul> <p>OPEN RESPONSE:</p>

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	<p><b>c. IF a=YES, How do you think men could be encouraged to get more involved in contraception provision or uptake?</b></p>	<p>OPEN RESPONSE:</p>
22.	<p><b>Some people believe that there are too many teenage pregnancies in South Africa. What do you think could be done to encourage or help more young women to come for contraception?</b></p>	<p>OPEN RESPONSE:</p>
23.	<p><b>a. In your opinion, is this clinic meeting the needs of the women who come here with regard to contraception services?</b></p> <p><b>b. Can you please explain why you think that?</b></p>	<p> <input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure                 </p> <p>OPEN RESPONSE:</p>

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<p><b>24.</b></p>	<p><b>a. Do you think there are any challenges at this clinic with regard to contraception service provision?</b></p> <p><b>b. Can you please explain why you think that?</b> [ASK HIM/HER TO LIST THE CHALLENGES IF a = YES.]</p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE:</p>
<p><b>25.</b></p>	<p><b>Is there anything that you would recommend for improving contraceptive service provision at this clinic?</b></p> <p><b>b. Can you please explain why you think that?</b></p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE:</p>





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**PART C: WOMEN'S SRH NEEDS AT THIS CLINIC**

Q. #	QUESTION	RESPONSE																																				
<p><b>Now I would like to ask you about some of the other SRH services that may be available at this clinic.</b></p>																																						
29.	<p><b>In your opinion, what other kinds of sexual and reproductive health, or SRH, services do the women who come to this clinic need? [PROBE FOR ANY THAT ARE NOT MENTIONED.]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1 = None</li> <li><input type="checkbox"/> 2 = Ante-natal care</li> <li><input type="checkbox"/> 3 = Maternity services</li> <li><input type="checkbox"/> 4 = STI services (screening or treatment)</li> <li><input type="checkbox"/> 5 = Cervical cancer screening/Pap smears</li> <li><input type="checkbox"/> 6 = Breast exams or breast disease management</li> <li><input type="checkbox"/> 7 = Fertility counselling, care or treatment</li> <li><input type="checkbox"/> 8 = Abortion/TOP services</li> <li><input type="checkbox"/> 9 = Gender-based violence support services</li> <li><input type="checkbox"/> 10 = Services for menopausal women</li> <li><input type="checkbox"/> 11 = Services for women with irregular menstruation</li> <li><input type="checkbox"/> 12 = Other _____</li> </ul>																																				
30.	<p><b>For each of these SRH services, can you tell me if the service is offered here or referred out to another facility?</b></p>	<table border="1"> <thead> <tr> <th></th> <th>Offered here = 1, Referred = 2</th> <th>If referred, where to:</th> </tr> </thead> <tbody> <tr> <td>Ante-natal care</td> <td></td> <td></td> </tr> <tr> <td>Maternity services</td> <td></td> <td></td> </tr> <tr> <td>STI services (screening or treatment)</td> <td></td> <td></td> </tr> <tr> <td>Cervical cancer screening/Pap smears</td> <td></td> <td></td> </tr> <tr> <td>Breast exams or breast disease management</td> <td></td> <td></td> </tr> <tr> <td>Fertility counselling, care or treatment</td> <td></td> <td></td> </tr> <tr> <td>Abortion/TOP services</td> <td></td> <td></td> </tr> <tr> <td>Gender-based violence support services</td> <td></td> <td></td> </tr> <tr> <td>Services for menopausal women</td> <td></td> <td></td> </tr> <tr> <td>Services for women with irregular menstruation</td> <td></td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </tbody> </table>		Offered here = 1, Referred = 2	If referred, where to:	Ante-natal care			Maternity services			STI services (screening or treatment)			Cervical cancer screening/Pap smears			Breast exams or breast disease management			Fertility counselling, care or treatment			Abortion/TOP services			Gender-based violence support services			Services for menopausal women			Services for women with irregular menstruation			Other _____		
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<p><b>31.</b></p>	<p><b>a. In your opinion, is this clinic meeting the needs of women with regard to SRH services?</b></p> <p><b>b. Can you please explain why you think that?</b></p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE</p>
<p><b>32.</b></p>	<p><b>a. Do you think there are any challenges at this clinic with regard to SRH service provision?</b></p> <p><b>b. Can you please explain why you think that? [ASK HIM/HER TO LIST THE CHALLENGES IF a = YES.]</b></p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE</p>



**Provision of Contraceptive Services in South Africa**

**Provider Interview (PI)**

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35.	<p><b>I'd like to ask specifically about abortion, or TOP, services. Many women struggle to find a legal/safe provider in South Africa, and many go to backstreet providers.</b></p> <p><b>a. Do you think TOP services should be available in every public facility that offers contraceptive services?</b></p> <p><b>b. Can you say why you think that?</b></p>	<p><input type="checkbox"/> 0 = No</p> <p><input type="checkbox"/> 1 = Yes → SKIP TO Q36.</p> <p><input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE</p>
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**PART D: INTRODUCING CONTRACEPTION /NEW CONTRACEPTIVE METHODS**

Q. #	QUESTION	RESPONSE
<p><b>We understand that [the implant / contraception] was introduced at this clinic. We would like to talk with you about your thoughts on the benefits and challenges of introducing this new service here.</b></p> <p>NB: USE "IMPLANT" AT THE PHCS AND "CONTRACEPTION" AT THE HOSPITAL-BASED HIV CARE AND TREATMENT CLINIC.</p>		
36.	<p><b>a. Did the clinic have to hire or find new staff to manage the [implant / contraceptive] service?</b></p> <p><b>b. Why or why not?</b></p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE</p>
37.	<p><b>a. Did the clinic have to find extra money, or add money to its budget, in order to make [the implant / contraceptives] available here?</b></p> <p><b>b. Why or why not?</b></p>	<p><input type="checkbox"/> 0 = No  <input type="checkbox"/> 1 = Yes  <input type="checkbox"/> 2 = Don't know/not sure</p> <p>OPEN RESPONSE</p>

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d	d	m	m	y	y

Participant ID				

38.	<b>What were some of the challenges related to introduction of [the implant / a contraceptive service] here?</b>	OPEN RESPONSE
39.	<b>What were some of the benefits related to introduction of [the implant / a contraceptive service] here?</b>	OPEN RESPONSE
40.	<b>What recommendations do you have for other [primary clinics / HIV care and treatment sites] that might be considering introducing [implant / contraceptive] services?</b>	OPEN RESPONSE

**Provision of Contraceptive Services in South Africa**

**Provider Interview (PI)**

Today's Date					
d	d	m	m	y	y

Participant ID				

41.	<b>We have finished the interview. Thanks for your time. Do you have any questions for me?</b>	<input type="checkbox"/> 0 = No <input type="checkbox"/> 1 = Yes  LIST IF YES:
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<b>Interviewer initials and date:</b>	<b>Comments:</b>
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