

## PMA Côte d'Ivoire Phase 1 Survey Client Exit Interview

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your ID below. <i>Please record your ID</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> AGNEBY-TIASSA <input type="radio"/> AUTONOME D'ABIDJAN <input type="radio"/> BAGOUE <input type="radio"/> BELIER <input type="radio"/> BERE <input type="radio"/> BOUNKANI <input type="radio"/> CAVALLY <input type="radio"/> GBEKE <input type="radio"/> GBÔKLE <input type="radio"/> GÔH <input type="radio"/> GONTOUGO <input type="radio"/> GRANDS-PONTS <input type="radio"/> GUEMON <input type="radio"/> HAMBOL <input type="radio"/> HAUT-SASSANDRA <input type="radio"/> IFFOU <input type="radio"/> INDENIE-DJUABLIN <input type="radio"/> LA ME <input type="radio"/> LÔH-DJIBOUA <input type="radio"/> MARAHOUE <input type="radio"/> MORONOU <input type="radio"/> NAWA <input type="radio"/> N'ZI <input type="radio"/> PORO <input type="radio"/> SAN-PEDRO <input type="radio"/> SUD-COMOE

	<input type="radio"/> TCHOLOGO <input type="radio"/> TONKPI <input type="radio"/> WORODOUGOU <input type="radio"/> YAMOOUSSOUKRO
003b. Department	<i>ODK populates a list of appropriate Department based on the selected Region.</i>
003c. Sub-prefecture	<i>ODK populates a list of appropriate Sub-prefecture based on the selected Department.</i>
004. Enumeration Area	<i>ODK populates a list of appropriate EAs based on the selected Sub-prefecture.</i>
005. Facility number <i>Please record the number of the facility from the listing form.</i>	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Specializing institute <input type="radio"/> Teaching hospital (university) <input type="radio"/> Regional Hospital Center <input type="radio"/> General hospital <input type="radio"/> Urban health formation <input type="radio"/> Urban health center <input type="radio"/> Rural health center <input type="radio"/> Rural dispensary <input type="radio"/> Rural maternity clinic <input type="radio"/> Polyclinic <input type="radio"/> Clinic / medical center <input type="radio"/> Private infirmary <input type="radio"/> Private maternity clinic <input type="radio"/> Medical-social center <input type="radio"/> Religious center <input type="radio"/> Pharmacy <input type="radio"/> Pharmaceutical shop <input type="radio"/> Other
007. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
Please confirm that you have screened the respondent for COVID-19 before continuing.	<input type="radio"/> Yes <input type="radio"/> No
INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i>	
Bonjour, je me nomme _____ et je travaille pour l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) d'Abidjan. Nous menons une étude dans le domaine de la santé,	

plus spécifiquement sur la planification familiale en Côte d'Ivoire. A cet effet, je vais vous lire ce formulaire afin de vous exposer l'objectif principal de l'étude et vous donner des informations supplémentaires dans le but solliciter votre participation à cette étude.

Présentation et objet de l'étude

En collaboration avec le Ministère de la Santé et de l'Hygiène Publique de la Côte d'Ivoire et l'école de santé publique et de la santé reproductive de l'université de Johns Hopkins aux Etats-Unis, l'Ecole Nationale Supérieure de la Statistique et d'Economie Appliquée (ENSEA) réalise une étude dénommée PMA (Performance Monitoring for Action).

L'objectif principal de cette étude est de mettre en œuvre un système de suivi des performances accomplies dans le domaine de la planification familiale et de la santé reproductive des femmes au sein de la population et des structures de santé en Côte d'Ivoire. En outre, les informations que nous collecterons serviront à éclairer les programmes de développement social en Côte d'Ivoire.

Pourquoi est-ce qu'on vous demande de participer ?

Vous avez été sélectionné(e) au hasard pour participer à cette étude. Je souhaiterais vous poser quelques questions concernant votre expérience avec les services que vous avez reçus aujourd'hui. Votre participation à cette étude implique une interview sur les services de santé reproductive, qui durera 10 à 25 minutes. Nous vous poserons des questions sur cette structure de santé, ses employés et les services que vous avez reçus. Le responsable/propriétaire de cet établissement a aussi été interviewé.

Les informations de cette interview pourront être utilisées par des organisations de santé afin d'améliorer les services ou pour mener de futures enquêtes. Des chercheurs pourront aussi utiliser les données collectées auprès de cette structure à des fins d'analyse. Cependant, votre nom ne sera pas relié à vos réponses afin de protéger la confidentialité de votre identité. Nous ne partagerons pas vos informations et vos réponses avec le personnel de cette structure, et le personnel de cette structure ne saura pas comment vous avez répondu à nos questions. En plus vos réponses n'affecteront en rien la nature ou la qualité des soins que vous pourriez recevoir à l'avenir de la part de ce prestataire.

Après cette enquête, nous vous demanderons si nous pourrions vous recontacter par téléphone

dans quelques mois pour mettre à jour vos informations sur votre expérience des services que vous aurez reçus. Nous tenons à préciser que la participation à cette enquête est volontaire et il n'y a aucun avantage personnel direct pour votre participation dans cette étude. Néanmoins nous comptons vivement sur votre participation car votre point de vue est très important. Si vous ne souhaitez pas répondre à une question en particulier, faites-le moi savoir et je passerai à la question suivante.

Vous ne recevrez pas de motivation financière pour votre participation, mais en guise de remerciement on vous offrira une carte de recharge de 500 FCFA comme compensation pour le temps que vous avez consacré pour répondre à notre questionnaire.

Protection de la confidentialité des données

Les données seront collectées sur des smartphones. Toutes les données seront envoyées par voie électronique sur le serveur « cloud » de l'étude PMA. L'utilisation et le partage des informations seront rigoureusement soumis à des principes de précautions pour garantir leur sécurité et confidentialité. Une fois la collecte terminée, les informations d'identification seront supprimées de la base de données.

Avant de continuer, avez-vous des questions sur cette enquête ?

Personne à contacter pour des compléments d'informations ou inquiétudes

Si vous avez des questions ou des inquiétudes par rapport à cette étude, vous pouvez joindre l'Investigatrice Principale nationale de l'étude Dr. Rosine Mosso-BOMISSO à Abidjan dont le contact téléphonique est (225) 22 44 08 42 / (225) 06 57 38 96. Si cela s'avère nécessaire, vous pouvez aussi joindre le Comité national d'éthique à Abidjan qui a donné son approbation pour l'étude au numéro de téléphone (225) 22005829.

Que veut dire votre signature sur ce formulaire de consentement ?

Votre signature sur ce formulaire veut dire que :

- Vous avez été informé sur l'objectif, les procédures, les avantages et les risques de cette étude.
- Vous avez eu l'occasion de poser des questions avant de signer.
- Vous avez donné votre accord pour votre participation de votre propre volonté.

Est-ce que j'ai votre consentement pour commencer ?

009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
Checkbox	<input type="radio"/>
<p>WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.</p> <p><i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i></p>	
009c. Respondent's name <i>Enter the respondent's full name.</i>	
010. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i>	<input type="radio"/>
010. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${name_typed}."	
011. Name of the facility <i>Please select the name of the facility.</i>	
011. Name of the facility <i>Please record the name of the facility.</i>	
SECTION 1 – Background Information <i>I would like to start by asking a few questions about yourself.</i>	
101. Did you receive any family planning information or a method during your visit today? <i>If no, thank her for her time and end the interview.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
102. How old were you at your last birthday?	
102a. CHECK: The respondent is not eligible for interview. Please thank her for her time.	
103. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
104. What is the highest level of school you attended?	<input type="radio"/> Never attended <input type="radio"/> Primary

<p>Only record formal schooling. Do not record bible or koranic school or short courses.</p>	<p><input type="radio"/> Secondary <input type="radio"/> Tertiary <input type="radio"/> No response</p>
<p>105. How many times have you given birth? Enter 0 if she has never given birth. Enter -99 for no response.</p>	
<p>106. Imagine a 10-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the 10th, stand the rich. On which step is your household located today? [stairs-clipart.jpg]</p>	<p><input type="radio"/> One (poorest) <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four <input type="radio"/> Five <input type="radio"/> Six <input type="radio"/> Seven <input type="radio"/> Eight <input type="radio"/> Nine <input type="radio"/> Ten (richest) <input type="radio"/> No response</p>
<p>107. Is this the closest health facility to your current residence?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>108. What was the main reason you did not go to the facility nearest to your home?</p>	<p><input type="radio"/> No family planning services <input type="radio"/> Inconvenient operating hours <input type="radio"/> Bad reputation / Bad prior experience <input type="radio"/> Do not like personnel <input type="radio"/> No medicine <input type="radio"/> Prefers to remain anonymous <input type="radio"/> It is more expensive than other options <input type="radio"/> Was referred <input type="radio"/> Less convenient location <input type="radio"/> Absence of provider <input type="radio"/> Does not accept insurance <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>109. How much time did it take you to travel here today? Enter -88 for do not know in both, -99 for no response in both.</p>	
<p>Minutes</p>	
<p>Hours</p>	
<p>110. What means of transportation did you use to travel here? If multiple means used PROBE: What was the primary mode of transportation?</p>	<p><input type="radio"/> Motor vehicle (car, motorcycle, bus) <input type="radio"/> Bicycle / pedicab <input type="radio"/> Animal drawn cart <input type="radio"/> Walking <input type="radio"/> Boat</p>

	<input type="radio"/> Other <input type="radio"/> No response
<b>SECTION 2 – Family Planning Services</b> <i>Now I would like to ask about family planning services you received today.</i>	
201. Was family planning the main reason you came here today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. What was the main reason for your visit today?	<input type="radio"/> STI <input type="radio"/> HIV/AIDS <input type="radio"/> Maternal health <input type="radio"/> Child health <input type="radio"/> General health <input type="radio"/> Other <input type="radio"/> No response
203. During your visit today, were you given a family planning method, a prescription for a method, or neither?	<input type="radio"/> A contraceptive method <input type="radio"/> A prescription for a method <input type="radio"/> Neither <input type="radio"/> No response
204. Did your provider discuss family planning with you today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205. Which method(s) were you prescribed or given?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam / Jelly <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
LCL_201. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No Response
206. Just before this visit, were you using the same method, did you switch from another method or were you using no method?	<input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response

207. How long have you been using this method without stopping?	<input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> No response
207. Enter a value for \${method_duration_lab}:	
208. Have you ever used this method before?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
209. Have you used it in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
210. During your visit today, did you obtain the method of family planning you wanted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Neither, follow-up visit only <input type="radio"/> No response
211. Which method did you initially want to use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam / Jelly <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
212. Why didn't you obtain the method you wanted?	<input type="radio"/> Method out of stock <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method <input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
213. Who made the final decision about what method you got today?	<input type="radio"/> Respondent alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> Respondent and provider



	<input type="radio"/> Respondent and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response		
214. Did you pay any money for any of the family planning services you received or were provided today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
216. Did the provider tell you that if you are more than one month late for your shot, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
217. During your visit today, for the method you were prescribed or given, did the provider:			
	Yes	No	No response
a. Explain how to use the method?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk about possible side effects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tell you what to do if you have problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tell you when to return for follow-up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218. During your visit today, did the provider:			
	Yes	No	No response
a. Tell you about contraceptive methods other than the method you were given or prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk about the methods that protect against HIV/AIDs and STIs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ask about your family planning method preference?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tell you that you could switch to a different method in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219. How clear was the family planning information you received today?	<input type="radio"/> Very clear <input type="radio"/> Clear <input type="radio"/> Somewhat clear <input type="radio"/> Not clear <input type="radio"/> Not at all clear <input type="radio"/> Do not know <input type="radio"/> No response		
220. Did the provider allow you to ask questions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		

221. Did the provider answer all your questions in a way you understood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
222. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
223. What advantages did the provider tell you about your \${method_prescribed_lab}?	<input type="checkbox"/> Efficacy <input type="checkbox"/> Less bleeding <input type="checkbox"/> More regular bleeding <input type="checkbox"/> Protects for a long time <input type="checkbox"/> No hormones <input type="checkbox"/> Ease of use <input type="checkbox"/> Return to fertility <input type="checkbox"/> Discrete <input type="checkbox"/> Few side effects <input type="checkbox"/> Other <input type="checkbox"/> No response
224. What disadvantages did the provider tell you about your \${method_prescribed_lab}?	<input type="checkbox"/> Irregular bleeding <input type="checkbox"/> More bleeding <input type="checkbox"/> Few or no periods <input type="checkbox"/> Weight gain <input type="checkbox"/> Nausea <input type="checkbox"/> Cramping <input type="checkbox"/> Not easy to use <input type="checkbox"/> Not very effective <input type="checkbox"/> Headache <input type="checkbox"/> Other <input type="checkbox"/> No response
<b>SECTION 3: Client Satisfaction</b> <i>Now I would like to ask about the services you received today.</i>	
301. 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? <i>Enter -88 for do not know in both, -99 for no response in both.</i>	
Minutes	
Hours	
302. During this visit did the provider and other staff treat you very politely, politely, neither politely nor impolitely, impolitely, or very impolitely?	<input type="radio"/> Very politely <input type="radio"/> Politely <input type="radio"/> Neither politely nor impolitely <input type="radio"/> Impolitely <input type="radio"/> Very impolitely <input type="radio"/> No response
303. Overall, how satisfied are you with the family planning services you received at this establishment today? Would you say very	<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Neither satisfied nor dissatisfied

satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?	<input type="radio"/> Dissatisfied <input type="radio"/> Very dissatisfied <input type="radio"/> No response
304. Would you refer your relative or friend to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
305. Would you return to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

**Follow-up Consent**

FLW_801. Thank you for the time you have kindly granted us. Could we contact you via phone to ask you questions to update this information in the next four months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_802. Do you own a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
FLW_804. Can you repeat the number again? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	
Thank you. <i>There are still more questions for you to complete.</i>	

**QUESTIONNAIRE RESULT**

098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Abbey <input type="radio"/> Abron <input type="radio"/> Adjoukrou <input type="radio"/> Agni <input type="radio"/> Arabic <input type="radio"/> Attie <input type="radio"/> Avikam <input type="radio"/> Bakoué
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	<input type="radio"/> Baoule <input type="radio"/> Bete <input type="radio"/> Dida <input type="radio"/> Dioula <input type="radio"/> Djimini <input type="radio"/> Ebrié <input type="radio"/> Eholié <input type="radio"/> Elomoin <input type="radio"/> Fantin <input type="radio"/> Gnaboua <input type="radio"/> Godié <input type="radio"/> Gouro <input type="radio"/> Guere <input type="radio"/> Koulango <input type="radio"/> Kouzié <input type="radio"/> Kôyaka <input type="radio"/> Kroumen <input type="radio"/> Lobi <input type="radio"/> Mahou <input type="radio"/> Moré <input type="radio"/> N'zima <input type="radio"/> Senoufo <input type="radio"/> Suamlin <input type="radio"/> Wobe <input type="radio"/> Yacouba <input type="radio"/> Other
<p>099. Record the result of the Client Exit Interview Questionnaire.</p>	<input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other