

**Ghana Health Providers Survey 2011**

[Fill out this page prior to beginning the interview.]

Questionnaire ID No. \_\_\_\_\_

**IDENTIFICATION**

Name of Health Facility: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FACILITY LOCATION**

1 Region \_\_\_\_\_

2 District \_\_\_\_\_

3 Town \_\_\_\_\_

4 Village \_\_\_\_\_

5 Urban or Rural \_\_\_\_\_

Interviewer's name: \_\_\_\_\_

Date of interview: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Time started: Hr \_\_\_\_\_ Mins \_\_\_\_\_ Time ended: Hr \_\_\_\_\_ Mins \_\_\_\_\_

Interview outcome

1 \_\_\_\_\_ Completed      2 \_\_\_\_\_ Refused      3 \_\_\_\_\_ Incomplete      4 \_\_\_\_\_ Health facility is not functional

Was interview interrupted?    Y \_\_\_    N \_\_\_

[If you marked the interview as 'refused,' 'incomplete,' or 'health facility is not functional,' please elaborate in your comments.]

Number of visits to clinic:    1 \_\_\_    2 \_\_\_    3 \_\_\_    4 \_\_\_

Number of visits to individual provider:    1 \_\_\_    2 \_\_\_    3 \_\_\_    4 \_\_\_

Is this an R3M region?    Y \_\_\_    N \_\_\_

Is this an R3M district?    Y \_\_\_    N \_\_\_

Interviewer comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR	
NAME: _____	_____
CODE: _____	

DATA ENTRY	
NAME: _____	_____
CODE: _____	



## CONSENT FORM

We, the Institute of Statistical, Social, and Economic Research, University of Ghana, Legon, and the Guttmacher Institute, New York, are undertaking a survey among health providers in health facilities about their knowledge, attitudes, and practice on the provision of safe abortion services in Ghana. The government considers it very important to reduce maternal mortality and morbidity, and in particular maternal mortality due to complications of unsafe abortion, so the Ministry of Health of Ghana has implemented a program called “Reducing Maternal Mortality and Morbidity” (R3M). The aim of this study is to examine whether the interventions under the R3M program have made a difference to the provision of comprehensive abortion care services including contraceptive counseling.

We urge you to become our partner in this effort to reduce maternal mortality and morbidity through the information you provide. Your help is very important in enabling us to more adequately assess the impact of the R3M program. The results of this study will help to improve addressing the problem of maternal mortality and morbidity; particularly that associated with unsafe abortion.

We assure you that any information you provide will be:

- strictly confidential; and
- used for research purposes only and will never be used against you.

Your participation is voluntary, and you may stop the interview at any time. Do I have your permission to continue?

- 1 - Yes
- 2 - No

[If yes] I certify that the respondent has given permission to conduct the interview with him/her.

Interviewer’s signature: \_\_\_\_\_

\_\_\_\_\_

Should you have any queries, please feel free to contact the in-country principal investigator:

Dr. Clemente Ahiadeke  
Director, ISSER  
University of Ghana, Legon, Accra  
Tel: +233-28-9120551  
Fax: +233-21-512504



## Module 1. Characteristics of Respondent

S. No	Questions and Filters		Responses and Codes																				
<b>[Read]: "First, I'm going to ask you some questions about yourself."</b>																							
101	Sex of the respondent <b>[Do not ask this question]</b>		<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female																
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2	Female																						
102	How old are you? <b>[Mark the appropriate age range based on the respondent's response. If the respondent does not know, ask for an approximate age. ]</b>		<table border="1"> <tr><td>1</td><td>15 - 19</td></tr> <tr><td>2</td><td>20 - 24</td></tr> <tr><td>3</td><td>25 - 29</td></tr> <tr><td>4</td><td>30 - 34</td></tr> <tr><td>5</td><td>35 - 39</td></tr> <tr><td>6</td><td>40 - 44</td></tr> <tr><td>7</td><td>45 - 49</td></tr> <tr><td>8</td><td>50 - 55</td></tr> <tr><td>9</td><td>55 - 59</td></tr> <tr><td>10</td><td>60 and higher</td></tr> </table>	1	15 - 19	2	20 - 24	3	25 - 29	4	30 - 34	5	35 - 39	6	40 - 44	7	45 - 49	8	50 - 55	9	55 - 59	10	60 and higher
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103	Before you turned 10 years of age (during your childhood), did you live most of your life in a city, a town, or a village?		<table border="1"> <tr><td>1</td><td>City</td></tr> <tr><td>2</td><td>Town</td></tr> <tr><td>3</td><td>Village</td></tr> <tr><td>998</td><td>Don't know</td></tr> </table>	1	City	2	Town	3	Village	998	Don't know												
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104	What is your religion? <b>[[If respondent answers 'Christian,' probe to check for a specific denomination. If it is not listed, enter it as other Christian]</b>		<table border="1"> <tr><td>1</td><td>Catholic</td></tr> <tr><td>2</td><td>Protestant</td></tr> <tr><td>3</td><td>Methodist</td></tr> <tr><td>4</td><td>Presbyterian</td></tr> <tr><td>5</td><td>Pentacostal/ Charismatic</td></tr> <tr><td>6</td><td>Other Christian</td></tr> <tr><td>7</td><td>Moslem</td></tr> <tr><td>8</td><td>Traditional/ Spiritualist</td></tr> <tr><td>9</td><td>No religion</td></tr> <tr><td>96</td><td>Other (specify) _____</td></tr> </table>	1	Catholic	2	Protestant	3	Methodist	4	Presbyterian	5	Pentacostal/ Charismatic	6	Other Christian	7	Moslem	8	Traditional/ Spiritualist	9	No religion	96	Other (specify) _____
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105	To which ethnic group do you belong?		<table border="1"> <tr><td>1</td><td>Akan</td></tr> <tr><td>2</td><td>Ga/ Dangme</td></tr> <tr><td>3</td><td>Ewe</td></tr> <tr><td>4</td><td>Guan</td></tr> <tr><td>5</td><td>Mole - Dagbani</td></tr> <tr><td>6</td><td>Grussi</td></tr> <tr><td>7</td><td>Gruma</td></tr> <tr><td>8</td><td>Hausa</td></tr> <tr><td>96</td><td>Other (specify) _____</td></tr> </table>	1	Akan	2	Ga/ Dangme	3	Ewe	4	Guan	5	Mole - Dagbani	6	Grussi	7	Gruma	8	Hausa	96	Other (specify) _____		
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106	What is your highest level of education?		<table border="1"> <tr><td>1</td><td>No education</td></tr> <tr><td>2</td><td>Primary</td></tr> <tr><td>3</td><td>Middle/ Jss</td></tr> <tr><td>4</td><td>Secondary</td></tr> <tr><td>5</td><td>Nursing School</td></tr> <tr><td>6</td><td>University</td></tr> <tr><td>96</td><td>Other (specify) _____</td></tr> </table>	1	No education	2	Primary	3	Middle/ Jss	4	Secondary	5	Nursing School	6	University	96	Other (specify) _____						
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107	What is the highest degree you have attained?		<input type="checkbox"/> 1 MBBS/MBChB (DGO, MRCOG, FCPS) <input type="checkbox"/> 2 Paramedical Course <input type="checkbox"/> 3 Diploma of Medical Assistant <input type="checkbox"/> 4 Degree/Diploma in Nursing <input type="checkbox"/> 5 Certificate/Diploma in Midwifery <input type="checkbox"/> 6 Post Graduate (eg. MD, MPH, etc) <input type="checkbox"/> 96 Other (specify) _____
108	What is your official title at this health facility?		<input type="checkbox"/> 1 OB/Gyn <input type="checkbox"/> 2 Medical Doctor <input type="checkbox"/> 3 Head of the Department of Obstetrics and Gynecology <input type="checkbox"/> 4 Professional Midwife staff <input type="checkbox"/> 5 Head of Midwives <input type="checkbox"/> 6 Professional Nurse staff <input type="checkbox"/> 7 Head of Nurses <input type="checkbox"/> 96 Other (specify) _____
109	When did you start working in this health facility? <b>[[If respondent is unsure, ask for an estimate. Write in the number of the month; for example, February should be entered as '02.' Write in all 4 digits for the year; for example, 2009, should be entered as '2009.']]</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. Month b. Year
110	How many years have you worked in this profession in total, at other facilities as well as at this facility?	<input type="text"/> <input type="text"/>	Years
111	Currently, do you personally provide safe (legal) abortion services in this health facility?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → <b>[SKIP TO Q113]</b>	
112	For how many years in total (in your whole life) have you provided safe abortion services?	<input type="text"/> <input type="text"/>	Years
113	Currently, do you personally provide services to women with incomplete abortions or abortion complications in this health facility?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → <b>[SKIP TO Q115]</b>	
114	For how many years in total (in your whole life) have you provided services to women with incomplete abortions or abortion complications?	<input type="text"/> <input type="text"/>	Years
115	Currently, do you personally provide postabortion contraceptive counseling and services in this health facility?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → <b>[SKIP TO Q117]</b>	
116	For how many years in total (in your whole life) have you provided postabortion contraceptive counseling and services?	<input type="text"/> <input type="text"/>	Years

117	What motivated you to work in this field? [DO NOT PROMPT. Mark all responses given.]	
	<b>Reason</b>	<b>Yes</b>
	a. I care about the health of women	1
	b. My father, mother or another relative was in the same profession	1
	c. This was the only job available where I lived or studied	1
	d. The pay is good	1
	e. Personal experience	1
	f. Other reason not mentioned (specify) _____	1
	g. Other reason not mentioned (specify) _____	1
	h. Other reason not mentioned (specify) _____	1
	i. Don't know	998

[Read]: "Now, I would like to get some information about this health facility."

118	Is this health facility government or non-government?  [If respondent says 'Government:'] Is it a teaching hospital, a regional/district hospital, polyclinic, clinic, health center, health post or another type of government clinic?  [If respondent says 'Non-government'] Is it a for-profit private hospital, a non-profit private hospital, a private clinic or another type of non-government clinic?	<table border="1"> <tr><td>1</td><td>Teaching hospital</td></tr> <tr><td>2</td><td>Regional/ District hospital</td></tr> <tr><td>3</td><td>Polyclinic/ clinic</td></tr> <tr><td>4</td><td>Health centre</td></tr> <tr><td>5</td><td>Health post</td></tr> <tr><td>6</td><td>Private hospital (for-profit)</td></tr> <tr><td>7</td><td>Private hospital (non-profit)</td></tr> <tr><td>8</td><td>Private clinic</td></tr> <tr><td>96</td><td>Other (specify) _____</td></tr> </table>	1	Teaching hospital	2	Regional/ District hospital	3	Polyclinic/ clinic	4	Health centre	5	Health post	6	Private hospital (for-profit)	7	Private hospital (non-profit)	8	Private clinic	96	Other (specify) _____
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119	Is this a primary, secondary or tertiary level facility?	<table border="1"> <tr><td>1</td><td>Primary</td></tr> <tr><td>2</td><td>Secondary</td></tr> <tr><td>3</td><td>Tertiary</td></tr> </table>	1	Primary	2	Secondary	3	Tertiary
1	Primary							
2	Secondary							
3	Tertiary							

120	How many beds does this health facility have? [If not known, ask the respondent to give an approximate number.]	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						Number of beds

121-122 We would like to know more about the staff working at this facility. For each of the following options, please tell me whether you have any staff members of that type working here, and if so, the number of that type there are.  
[Read each option and mark as many answers as applicable. If the respondent does not know the exact number of staff, ask for an approximate number. If an approximated number cannot be given, mark 'DK' for "don't know."]

Type of Health Staff	Q121		Q122		
	Yes	No	No. of Staff	DK	
a. OB-GYNs	1	2			998
b. Other Types of Medical Doctors	1	2			998
c. Medical Assistants	1	2			998
d. Professional Midwives	1	2			998
e. Midwife Assistants	1	2			998
f. Nurses (Public Health, Professional or Auxiliary)	1	2			998
g. Other Health Professionals (Psychologists, Health Assistants, Hygenists, etc.)	1	2			998
h. Pharmacists	1	2			998
i. Dispensing Technicians	1	2			998
j. Laboratory Technicians	1	2			998

No. = Number      DK = Don't know

123 Please tell me whether this facility provides each of the following services.  
**[Read each option and mark as many answers as applicable.]**

Type of Service	Yes	No
a. Outpatient/ Ambulatory services	1	2
b. Inpatient services/ Hospitalization	1	2
c. Surgery/ Operating room services	1	2
d. General care services	1	2
e. Maternity and delivery services	1	2
f. Specialized services such as OB-GYN	1	2
g. Emergency services	1	2
h. Pharmacy services	1	2
i. Immunization services	1	2
j. Other service not mentioned (specify)	1	2
_____		

124 Please tell me whether this facility provides each of the following gynecological and obstetric services.  
**[Read each option and mark as many answers as applicable.]**

Type of Service	Yes	No
a. Family planning services	1	2
b. Antenatal care (ANC)	1	2
c. Postnatal care	1	2
d. Delivery services	1	2
e. Emergency obstetric care (EMOC)	1	2
f. Safe abortion procedures	1	2
g. Postabortion care	1	2
h. Reproductive tract infections/ STI services	1	2
i. Other OB/GYN service not mentioned (specify)	1	2
_____		

**FILTER: REFER TO Q124**  
***If more than three answers are marked in the 'Yes' column, CONTINUE TO Q125.***

***If three or less answers are marked, mark the corresponding answers in Q125, then SKIP TO Q126.***  
***DO NOT ASK Q125.***

125 Of the gynecological and obstetric services I just asked about, which three (services) are most commonly provided in this facility? Let me know if you need me to repeat the answers you provided.  
**[ONLY reread services mentioned by the respondent in Q124 if he/she asks or seems to have difficulty remembering. Mark only THREE (3) answers.]**

Type of Service	3 Most Common
	Yes
a. Family planning services	1
b. Antenatal care (ANC)	1
c. Postnatal care	1
d. Delivery services	1
e. Emergency obstetric care (EMOC)	1
f. Safe abortion procedures	1
g. Postabortion care	1
h. Reproductive tract infections/ STI	1
i. Other OB/GYN service not mentioned (specify)	1
_____	



126	<p>a. How many days of the week is the facility open for abortion-related services?</p> <p>b. How many hours per day?</p> <p><b>[Write in the number of days in a week that the clinic is open for abortion-related services, for example, '5' days, and also write the number of hours operating per day, for example, '24' hours. If different abortion-related services have varying days or hours of operation, enter the numbers corresponding to the longest duration of days and hours.]</b></p> <p><b>[If services are indicated as being on request or not on a fixed schedule, enter '7' in a) and '24' in b) and also mark option '80.']</b></p>	<input type="text"/> <input type="text"/> <input type="text" value="(80)"/>	<p>a. Days</p> <p>b. Hours per day</p> <p>(c. Appointments on request)</p>																																				
127	<p>Please tell me whether the following abortion procedures are currently performed in this facility.</p> <p><b>[Read each option and mark as many answers as applicable.]</b></p>																																						
<table border="1"> <thead> <tr> <th>Type of Abortion Procedure</th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>SURGICAL ABORTION:</b></td> </tr> <tr> <td>a. MVA/EVA (vacuum aspiration)</td> <td>1</td> <td>2</td> <td>998</td> </tr> <tr> <td>b. Dilation and curettage (D &amp; C)</td> <td>1</td> <td>2</td> <td>998</td> </tr> <tr> <td colspan="4"><b>MEDICATION ABORTION:</b></td> </tr> <tr> <td>c. Abortion with misoprostol (Cytotec) ONLY</td> <td>1</td> <td>2</td> <td>998</td> </tr> <tr> <td>d. Abortion with mifepristone ONLY</td> <td>1</td> <td>2</td> <td>998</td> </tr> <tr> <td>e. Abortion with a combination of misoprostol (Cytotec) and mifepristone.</td> <td>1</td> <td>2</td> <td>998</td> </tr> <tr> <td>f. Other abortion procedure not mentioned (specify)</td> <td>1</td> <td>2</td> <td>998</td> </tr> </tbody> </table>		Type of Abortion Procedure	Yes	No	DK	<b>SURGICAL ABORTION:</b>				a. MVA/EVA (vacuum aspiration)	1	2	998	b. Dilation and curettage (D & C)	1	2	998	<b>MEDICATION ABORTION:</b>				c. Abortion with misoprostol (Cytotec) ONLY	1	2	998	d. Abortion with mifepristone ONLY	1	2	998	e. Abortion with a combination of misoprostol (Cytotec) and mifepristone.	1	2	998	f. Other abortion procedure not mentioned (specify)	1	2	998	<table border="1"> <tr> <td>DK = Don't know</td> </tr> </table>	DK = Don't know
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128	<p>Does this facility currently provide postabortion contraceptive counseling?</p>	<input type="text" value="1"/> <input type="text" value="2"/>	<p>Yes</p> <p>No → <b>[SKIP TO Q132]</b></p>																																				
129	<p>Does this facility provide postabortion care patients with contraceptive methods?</p>	<input type="text" value="1"/> <input type="text" value="2"/>	<p>Yes</p> <p>No → <b>[SKIP TO Q132]</b></p>																																				
130	<p>Please tell me whether each of the following contraceptive methods is provided at this facility.</p> <p><b>[Read each option and mark as many answers as applicable.]</b></p>																																						
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**FILTER: REFER TO Q130**

**If more than one answer is marked in the 'Yes' column, CONTINUE TO Q131.**

**If only one answer is marked, mark the corresponding answer in Q131, then SKIP TO Q132.  
DO NOT ASK Q131.**

131	Of the contraceptive methods I just asked about, which is the method most commonly preferred by clients at this facility? Let me know if you need me to repeat the answers you provided.  [ONLY reread services mentioned by the respondent in Q130 if he/she asks or seems to have difficulty remembering. Mark only (1) answers.]	<table border="1"><thead><tr><th rowspan="2">Type of Contraceptive Method</th><th>The Most Common</th></tr><tr><th>Yes</th></tr></thead><tbody><tr><td>a. Pills</td><td>1</td></tr><tr><td>b. Injectables</td><td>1</td></tr><tr><td>c. Implants - NORPLANT/ JADELLE/ Other</td><td>1</td></tr><tr><td>d. Female sterilization</td><td>1</td></tr><tr><td>e. Intrauterine devices (IUDs)</td><td>1</td></tr><tr><td>f. Condom</td><td>1</td></tr><tr><td>g. Vasectomy</td><td>1</td></tr><tr><td>h. Emergency contraception</td><td>1</td></tr><tr><td>i. Cycle beads for rhythm (periodic abstinence)</td><td>1</td></tr><tr><td>j. Other contraceptive method not mentioned (specify)</td><td>1</td></tr><tr><td></td><td></td></tr></tbody></table>	Type of Contraceptive Method	The Most Common	Yes	a. Pills	1	b. Injectables	1	c. Implants - NORPLANT/ JADELLE/ Other	1	d. Female sterilization	1	e. Intrauterine devices (IUDs)	1	f. Condom	1	g. Vasectomy	1	h. Emergency contraception	1	i. Cycle beads for rhythm (periodic abstinence)	1	j. Other contraceptive method not mentioned (specify)	1		
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132	Is this facility part of the R3M program?	<table border="1"><tr><td>1</td><td>Yes → [CONTINUE TO Q133]</td></tr><tr><td>2</td><td>No → [SKIP TO MODULE 3]</td></tr></table>	1	Yes → [CONTINUE TO Q133]	2	No → [SKIP TO MODULE 3]																					
1	Yes → [CONTINUE TO Q133]																										
2	No → [SKIP TO MODULE 3]																										
133	When did it become part of the R3M program? [Write in the number of the month, for example, February should be entered as '02.' For the year, write four (4) digits; for example, the year 2009 should be entered as '2009.' ONLY mark 'Don't know' if the respondent is completely unable to estimate.]	<table border="1"><tr><td><input type="text"/></td><td>a. Month</td></tr><tr><td><input type="text"/></td><td>b. Year</td></tr><tr><td>998</td><td>Don't know</td></tr></table>	<input type="text"/>	a. Month	<input type="text"/>	b. Year	998	Don't know																			
<input type="text"/>	a. Month																										
<input type="text"/>	b. Year																										
998	Don't know																										
134	Did you receive an orientation to the R3M program, either when the facility became part of the program or when you started working here?	<table border="1"><tr><td>1</td><td>Yes → [SKIP TO MODULE 2]</td></tr><tr><td>2</td><td>No → [CONTINUE TO Q135]</td></tr></table>	1	Yes → [SKIP TO MODULE 2]	2	No → [CONTINUE TO Q135]																					
1	Yes → [SKIP TO MODULE 2]																										
2	No → [CONTINUE TO Q135]																										
135	Have you ever received an orientation to the R3M program in this facility?	<table border="1"><tr><td>1</td><td>Yes → [CONTINUE TO MODULE 2]</td></tr><tr><td>2</td><td>No → [CONTINUE TO MODULE 2]</td></tr></table>	1	Yes → [CONTINUE TO MODULE 2]	2	No → [CONTINUE TO MODULE 2]																					
1	Yes → [CONTINUE TO MODULE 2]																										
2	No → [CONTINUE TO MODULE 2]																										

## Module 2. R3M Health Facility Characteristics

**[Read]: "The next series of questions ask about events that occurred before and after your facility became a part of the R3M program. These questions may seem repetitive, but we need to ask them as they provide important information."**

201- I'm going to read a list of topics pertaining to abortion, contraception or clinical practice. In this section, we want  
203 to know the number of health providers that were trained on a specific topic, plus other information, before this facility became part of the R3M program. Providers refers to ob-gyns, other medical doctors, midwives, midwife assistants, nurses and medical assistants in this facility.

**[Read each topic. Fill in all answers horizontally, i.e. by row. Refer to Q122 to check number of providers trained. Remember to emphasize training "before the R3M program."]**

Abbreviations:

DK = Don't Know

Topic of Training	Before R3M Program									
	Q201. Have you been trained on [topic]?		Q202. Were other providers at this facility trained on [topic]?			Q203 If <u>YES</u> , number of providers trained?				
	Yes	No	Yes	No	DK	Number			DK	
a. When an abortion can be performed legally	1	2	1	2	998					998
b. Guidelines for provision of comprehensive abortion care	1	2	1	2	998					998
c. MVA/ EVA abortion procedure	1	2	1	2	998					998
d. Dilation and curettage (D&C)	1	2	1	2	998					998
e. Medication abortion procedure	1	2	1	2	998					998
f. Emergency obstetric care/ Medical abortion emergency	1	2	1	2	998					998
g. Management of abortion complications	1	2	1	2	998					998
h. Postabortion contraceptive counseling and services	1	2	1	2	998					998
i. Counseling patients on danger of unsafe abortion	1	2	1	2	998					998
j. Infection prevention	1	2	1	2	998					998
k. Pain management	1	2	1	2	998					998
l. Guidelines for provision of family planning	1	2	1	2	998					998
m. Family planning services and counseling	1	2	1	2	998					998
n. IUD insertion and removal procedure	1	2	1	2	998					998
o. Implant insertion and removal procedure	1	2	1	2	998					998
p. Female sterilization (example: Minilaparotomy)	1	2	1	2	998					998
q. Ultrasound use	1	2	1	2	998					998
r. Medical management of people with STIs or HIV/AIDS	1	2	1	2	998					998
s. Quality Supervision	1	2	1	2	998					998
t. Abortion Attitude Transformation (Values Clarification/VCAT)	1	2	1	2	998					998
u. Other training topic not mentioned (specify)	1	2	1	2	998					998

204- Now I'm going to read the same list of topics. For this section, the most important thing to remember is that we want to know the number of providers in this facility that  
 225 received training on a specific topic, whether they were trained by this facility or by outside organizations. Remember the information we're requesting is for after the R3M program.

[Read each topic. Fill in all answers horizontally, i.e. by row. Refer to Q122 to check number of providers trained. If organizations collaborated on a training, only enter the numbers of providers trained ONCE, and enter a check/ tick mark under the number of providers trained for the other organizations. Remember to emphasize training "after becoming part of the R3M program."]

After R3M Program

Topic of Training	Q204.			Q205.			Which organization provided the training? (Q206, Q209, Q212, Q215, Q218, Q221, Q222, and/or Q223) [Allow respondent to volunteer responses. For each organization that provided training, ask the following:] How many providers were trained? (Q207, Q210, Q213, Q216, Q219, and/or Q224) Were you part of this training? (Q208, Q211, Q214, Q217, Q220, and/or Q225) [If an organization trained more than one group of people, add up the number of providers at each session. If organizations are mentioned that are NOT identified in Q206-Q220, enter up to three additional organizations in Q221 to Q223 using the codes on the top of the next page.]														
	Were any providers in this facility trained on [topic]?			If YES, how many orgs provided training on [topic]?			IPAS			Engender Health (EH)			Willows Foundation								
	Q204			Q205			Q206	Q207		Q208	Q209	Q210		Q211	Q212	Q213		Q214			
	Yes	No	DK	Number	DK	Yes	Number	DK	Yes	No	Yes	Number	DK	Yes	No	Yes	Number	DK	Yes	No	
a. When an abortion can be performed legally	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
b. Guidelines for provision of comprehensive abortion care	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
c. MVA/ EVA abortion procedure	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
d. Dilation and curettage (D&C)	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
e. Medication abortion procedure	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
f. Emergency obstetric care/ Medical abortion emergency	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
g. Management of abortion complications	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
h. Postabortion contraceptive counseling and services	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
i. Counseling patients on danger of unsafe abortion	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
j. Infection prevention	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
k. Pain management	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
l. Guidelines for provision of family planning	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
m. Family planning services and counseling	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
n. IUD insertion and removal procedure	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
o. Implant insertion and removal procedure	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
p. Female sterilization (example: Minilaparotomy)	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
q. Ultrasound use	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
r. Medical management of people with STIs or	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
s. Quality Supervision	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
t. Abortion Attitude Transformation (Values Clarification/VCAT)	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	
u. Other training topic not mentioned (specify)	1	2	998		998	1		998	1	2	1		998	1	2	1		998	1	2	

<b>Abbreviations:</b>	
DK	= Don't know
orgs	= organizations

CONT.

**Abbreviations:**

DK = Don't know

**Organization Codes:**

- 1 = Population Council, NGO
- 2 = Same institution/ themselves
- 3 = University where s/he studied
- 4 = Other University
- 5 = Pathfinder
- 6 = National Population Council (Government organization)
- 7 = Planned Parenthood Association of Ghana (PPAG)
- 8 = USAID
- 9 = UNICEF
- 10 = Behaviour Change Support (BCS)
- 11 = International Federation of Gynecology and Obstetrics (FIGO)
- 12 = National AIDS Control Programme (NACP)
- 13 = DKT
- 14 = Family Health International (FHI)
- 15 = FOCUS
- 96 = Other organizations
- 998 = Don't know

In this area, please write here any additional organizations named by the respondent.

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**Special annotations:**

Tick mark (✓) = 2 or more organizations collaborated on a training

Topic of Training	Marie Stopes International						Ministry of Health/ Health Services						Other Organizations									
	Q215		Q216		Q217		Q218		Q219		Q220		Q221		Q222		Q223		Q224		Q225	
	Marie Stopes trained?	If YES, how many providers trained by Marie Stopes in total?	Were you part of this training?	Yes	No	Ministry of Health trained?	If YES, how many providers trained by the Ministry of Health in total?	Were you part of this training?	Yes	No	Code of organization 1	Code of organization 2	Code of organization 3	How many providers trained in total by other organizations?	Were you part of any of these trainings?	Yes	No	Yes	No			
a. When an abortion can be performed legally	1			998	1	2	1			998	1	2								1	2	
b. Guidelines for provision of comprehensive abortion care	1			998	1	2	1			998	1	2								1	2	
c. MVA/ EVA abortion procedure	1			998	1	2	1			998	1	2								1	2	
d. Dilution and curettage (D&C)	1			998	1	2	1			998	1	2								1	2	
e. Medication abortion procedure	1			998	1	2	1			998	1	2								1	2	
f. Emergency obstetric care/ Medical abortion emergency	1			998	1	2	1			998	1	2								1	2	
g. Management of abortion complications	1			998	1	2	1			998	1	2								1	2	
h. Postabortion contraceptive counseling and services	1			998	1	2	1			998	1	2								1	2	
i. Counseling patients on danger of unsafe abortion	1			998	1	2	1			998	1	2								1	2	
j. Infection prevention	1			998	1	2	1			998	1	2								1	2	
k. Pain management	1			998	1	2	1			998	1	2								1	2	
l. Guidelines for provision of family planning	1			998	1	2	1			998	1	2								1	2	
m. Family planning services and counseling	1			998	1	2	1			998	1	2								1	2	
n. IUD insertion and removal procedure	1			998	1	2	1			998	1	2								1	2	
o. Implant insertion and removal procedure	1			998	1	2	1			998	1	2								1	2	
p. Female sterilization (example: Minilaparotomy)	1			998	1	2	1			998	1	2								1	2	
q. Ultrasound use	1			998	1	2	1			998	1	2								1	2	
r. Medical management of people with STIs or HIV/AIDS	1			998	1	2	1			998	1	2								1	2	
s. Quality Supervision	1			998	1	2	1			998	1	2								1	2	
t. Abortion Attitude Transformation (Values Transformation/ VCAT)	1			998	1	2	1			998	1	2								1	2	
u. Other training topic not mentioned (specify)	1			998	1	2	1			998	1	2								1	2	

226- For each item on the following list of equipment, please tell me whether you had this resource in the facility **before** it became part of the R3M program.  
 227 [Read each option. ONLY ask for the number for a) 'functioning ultrasound machines.' If respondent is unsure about how many they had, enter '998.']

Equipment	Before R3M Program			
	Q226. Facility had item? [DK = Don't know]			Q227. If YES, how many?
	Yes	No	DK	Number
a. Functioning ultrasound machines	1	2	998	
b. Functioning autoclaves (to sterilize equipment)	1	2	998	X
c. Functional MVA kits	1	2	998	X
d. Functional EVA equipment	1	2	998	X
e. IUD kits	1	2	998	X

228- I'm going to read the same list of equipment. This time, I would like to know the number of the item that you was donated to this facility **after** becoming part of the  
 245 R3M program, and which organizations donated it.

[Read each option. Fill in all answers horizontally, i.e. by row. Allow respondent to volunteer information regarding from whom they received equipment, but offer options if respondent seems to be having difficulty.  
 ONLY ask for the number of a) 'ultrasound machines' b) 'autoclaves' and c) 'manual vacuum aspiration kits.' If the respondent is unsure of the number of organizations that provided equipment, or the amount of equipment received, enter '998.']

Abbreviations:  
 DK = Don't know

After R3M Program																									
Equipment Received	Q228 Was this item donated to the facility?			Q229 If YES, how many of this item did your facility receive?		Q230 How many organizations donated this item to the facility?		Which organization provided the item? (Q231, Q233, Q235, Q237, Q239, Q241, Q243, Q244 and/or Q245) [For options a), b) and c): ] How many of the item? (Q232, Q234, Q236, Q238, Q240, and/or Q242)  [If respondent mentions an organization that is NOT mentioned in Q231-242, enter up to three additional organizations in Q243 to Q245 using the codes on the next page.]																	
	Q228			Q229		Q230		IPAS			Engender Health			Willows Foundation											
	Q228			Q229		Q230		Q231			Q232			Q233			Q234			Q235			Q236		
	Yes	No	DK	Number	DK	Number	DK	Yes	Number	DK	Yes	Number	DK	Yes	Number	DK	Yes	Number	DK	Yes	Number	DK			
a. Ultrasound machines	1	2	998		998		998	1			998	1			998	1			998	1			998		
b. Autoclaves	1	2	998		998		998	1			998	1			998	1			998	1			998		
c. MVA kits	1	2	998		998		998	1			998	1			998	1			998	1			998		
d. EVA equipment	1	2	998		998		998	1	X	X	X	1	X	X	X	1	X	X	X	1	X	X	X		
e. IUD kits	1	2	998		998		998	1	X	X	X	1	X	X	X	1	X	X	X	1	X	X	X		
f. Other equipment not mentioned (specify)	1	2	998		998		998	1	X	X	X	1	X	X	X	1	X	X	X	1	X	X	X		
g. Other equipment not mentioned (specify)	1	2	998		998		998	1	X	X	X	1	X	X	X	1	X	X	X	1	X	X	X		

CONT.

**Abbreviations:**

DK = Don't know  
org. = organization

**Organization Codes:**

- |  |  |
|--|--|
| 1 = Pathfinder   | 10 = Family Health International (FHI) |
| 2 = National Population Council (Govt.)                          | 11 = FOCUS                             |
| 3 = Planned Parenthood Association of Ghana (PPAG)               | 96 = Other organization                |
| 4 = USAID  | 998 = Don't know                       |
| 5 = UNICEF   |  |
| 6 = Behavior Change Support (BCS)                                |  |
| 7 = International Federation of Obstetrics and Gynecology (FIGO) |  |
| 8 = National AIDS Control Programme (NACP)                       |  |
| 9 = DKT  |  |

In this area, please write in any additional organizations named by the respondent.

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\_\_\_\_\_

Equipment Received	Marie Stopes International			Ministry of Health			Population Council			Other Organizations		
	Q237 Provided item? Q238 How many?			Q239 Provided item? Q240 How many?			Q241 Provided item? Q242 How many?			Q243 Code of organization 1	Q244 Code of organization 2	Q245 Code of organization 3
	Q237	Q238		Q239	Q240		Q241	Q242		Q243	Q244	Q245
	Yes	Number	DK	Yes	Number	DK	Yes	Number	DK	Code	Code	Code
a. Ultrasound machines	1		998	1		998	1		998			
b. Autoclaves	1		998	1		998	1		998			
c. MVA kits	1		998	1		998	1		998			
d. EVA equipment	1			1			1					
e. IUD kits	1			1			1					
f. Other equipment not mentioned (specify)	1			1			1					
g. Other equipment not mentioned (specify)	1			1			1					

[Read]: "The next set of questions asks about the provision of safe and postabortion procedures at this facility before and after becoming part of the R3M program."

246- I'm going to read a list of abortion procedures. For these items, we want to know the number of safe abortion procedures that were  
249 performed at the facility during an average month, before it became part of the R3M. (246) We also want to know how many you personally performed at the facility in an average month. (247)

[Read each item and enter the number of procedures performed in an average month. ONLY enter '998' if the respondent does not know and cannot estimate.]

Type of Procedure	Safe/Legal Abortion Procedures					
	Before R3M					
	Q246. No. performed in facility			Q247. No. performed by you		
a. Dilatation and curettage (D&C)						
b. Manual vacuum aspiration (MVA)						
c. Electric vacuum aspiration (EVA)						
d. Medication abortion						

[No. = number]

For this question, I would like the same information, the number of postabortion procedures performed in this facility prior to R3M during an average month (248), and the number you performed (249) at this facility in an average month.

[Again, read each item and enter the number of procedures performed in an average month. ONLY enter '998' if the respondent does not know and cannot estimate.]

Type of Procedure	Postabortion Care Procedures					
	Before R3M					
	Q248. No. performed in facility			Q249. No. performed by you		
a. Dilatation and curettage (D&C)						
b. Manual vacuum aspiration (MVA)						
c. Electric vacuum aspiration (EVA)						
d. Medically induced evacuations						

[No. = number]

250- Now I'm going ask about the provision of these same abortion procedures, but after this facility became part of R3M. Again, what we  
251 want to know is the number of safe abortion procedures that are performed currently in an average month. (250)  
Then tell me the number that are personally performed by you in an average month. (251)

[Read each item and enter the number of procedures performed in an average month. ONLY enter '998' if the respondent does not know and cannot estimate.]

Type of Procedure	Safe/Legal Abortion Procedures					
	After R3M					
	Q250. No. performed in facility			Q251. No. performed by you		
a. Dilatation and curettage (D&C)						
b. Manual vacuum aspiration (MVA)						
c. Electric vacuum aspiration (EVA)						
d. Medication abortion						

[No. = number]



252-253	Now please tell me how many <u>postabortion</u> care procedures are currently performed in this facility during an <u>average month</u> (252), and the number that <u>you perform currently in an average month</u> (253). <b>[After R3M.]</b>  <b>[Again, read each item and enter the number of procedures performed in an average month. ONLY enter '998' if the respondent does not know and cannot estimate.]</b>																																																				
	<table border="1"> <thead> <tr> <th rowspan="3">Type of Procedure</th> <th colspan="6">Postabortion Care Procedures</th> <th rowspan="3">[No. = number]</th> </tr> <tr> <th colspan="6">After R3M</th> </tr> <tr> <th colspan="3">Q252. No. performed in <u>facility</u></th> <th colspan="3">Q253. No. performed by you</th> </tr> </thead> <tbody> <tr> <td>a. Dilation and curettage (D&amp;C)</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td>b. Manual vacuum aspiration (MVA)</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td>c. Electric vacuum aspiration (EVA)</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> <tr> <td>d. Medically induced evacuations</td> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </tbody> </table>	Type of Procedure	Postabortion Care Procedures						[No. = number]	After R3M						Q252. No. performed in <u>facility</u>			Q253. No. performed by you			a. Dilation and curettage (D&C)								b. Manual vacuum aspiration (MVA)								c. Electric vacuum aspiration (EVA)								d. Medically induced evacuations							
Type of Procedure	Postabortion Care Procedures						[No. = number]																																														
	After R3M																																																				
	Q252. No. performed in <u>facility</u>			Q253. No. performed by you																																																	
a. Dilation and curettage (D&C)																																																					
b. Manual vacuum aspiration (MVA)																																																					
c. Electric vacuum aspiration (EVA)																																																					
d. Medically induced evacuations																																																					
254	In this facility are midwives allowed to perform abortions?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																																																			
255	Does this health facility have the Standards and Protocols document entitled "Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Services?"	<input type="checkbox"/> 1 Yes → <b>[CONTINUE TO Q256]</b> <input type="checkbox"/> 2 No → <b>[SKIP TO Q257]</b> <input type="checkbox"/> 998 Don't know → <b>[SKIP TO Q257]</b>																																																			
256	Did you receive this document before or after becoming part of R3M?	<input type="checkbox"/> 1 Before <input type="checkbox"/> 2 After																																																			
257	Briefly, could you tell me whether there have been any other changes in this health facility after it became part of the R3M program? <b>[Write all responses.]</b>																																																				

**[SKIP TO MODULE 4] →**

### Module 3. Non - R3M Health Facility Characteristics

301- I'm going to read a list of topics pertaining to abortion, contraception or clinical practice. In this section, the most important thing to remember is that we want to  
318 know the number of providers in this facility that received training on a specific topic, whether they were trained by this facility or by outside organizations. Providers refers to ob-gyns, other medical doctors, midwives, midwife assistants, nurses and medical assistants in this facility.

**[Read each topic. Fill in all answers horizontally, i.e. by row. Refer to Q122 to check number of providers trained.]**

Topic of Training	Facility is <b>not part</b> of R3M Program																
	Q301. Were providers at this facility trained?  [DK = Don't know]			Q302 If <b>YES</b> , number of providers trained?  [DK = Don't know]			Q303. Were you trained?			Q304. How many organizations provided training to the providers in this facility?  [Enter '998' if the respondent does not know.]			Which organization(s) provided the training? (Q305-Q318)  [Allow respondent to volunteer responses. If organizations are mentioned that are NOT identified in Q305-Q314, enter up to four additional organizations in Q315 to Q318 using the codes on the next page.]  Abbreviations: EH = Engender Health Willows = Willows Foundation MSI = Marie Stopes International MoH = Ministry of Health				
	Q301			Q302			Q303			Q304			Q305 IPAS	Q306 EH	Q307 Willows	Q308 MSI	Q309 MoH
	Yes	No	DK	Number	DK	Yes	No	Number	Yes	Yes	Yes	Yes	Yes				
	1	2	998	1	2	998	1	2	1	1	1	1	1				
a. When an abortion can be performed legally	1	2	998			998	1	2				1	1	1	1	1	
b. Guidelines for provision of comprehensive abortion care	1	2	998			998	1	2				1	1	1	1	1	
c. MVA/ EVA abortion procedure	1	2	998			998	1	2				1	1	1	1	1	
d. Dilation and curettage (D&C)	1	2	998			998	1	2				1	1	1	1	1	
e. Medication abortion procedure	1	2	998			998	1	2				1	1	1	1	1	
f. Emergency obstetric care/ Medical abortion emergency	1	2	998			998	1	2				1	1	1	1	1	
g. Management of abortion complications	1	2	998			998	1	2				1	1	1	1	1	
h. Postabortion contraceptive counseling and services	1	2	998			998	1	2				1	1	1	1	1	
i. Counseling patients on danger of unsafe abortion	1	2	998			998	1	2				1	1	1	1	1	
j. Infection prevention	1	2	998			998	1	2				1	1	1	1	1	
k. Pain management	1	2	998			998	1	2				1	1	1	1	1	
l. Guidelines for provision of family planning	1	2	998			998	1	2				1	1	1	1	1	
m. Family planning services and counseling	1	2	998			998	1	2				1	1	1	1	1	
n. IUD insertion and removal procedure	1	2	998			998	1	2				1	1	1	1	1	
o. Implant insertion and removal procedure	1	2	998			998	1	2				1	1	1	1	1	
p. Female sterilization (example: Minilaparotomy)	1	2	998			998	1	2				1	1	1	1	1	
q. Ultrasound use	1	2	998			998	1	2				1	1	1	1	1	
r. Medical management of people with STIs or HIV/AIDS	1	2	998			998	1	2				1	1	1	1	1	
s. Quality Supervision	1	2	998			998	1	2				1	1	1	1	1	
t. Abortion Attitude Transformation (Values Clarification/VCAT)	1	2	998			998	1	2				1	1	1	1	1	
u. Other training topic (specify)	1	2	998			998	1	2				1	1	1	1	1	

CONT.

**Abbreviations:**  
 PPAG = Planned Parenthood  
 Association of Ghana  
 Pop. = Population

**Organization Codes:**  
 1 = Same institution/ themselves  
 2 = Other university  
 3 = Center for the Development of People  
 (CEDEP)  
 4 = Alliance for Reproductive Health and  
 Rights  
 96 = Other organization  
 998 = Don't know

In this area, please write in any additional organizations  
 named by the respondent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Topic of Training	Q310 Pathfinder	Q311 PPAG	Q312 Pop. Council (NGO)	Q313 National Pop. Council (Govt.)	Q314 University where s/he studied	Q315 Code of organization 1	Q316 Code of organization 2	Q317 Code of organization 3	Q318 Code of organization 4
	Yes	Yes	Yes	Yes	Yes	Code	Code	Code	Code
a. When an abortion can be performed legally	1	1	1	1	1				
b. Guidelines for provision of comprehensive abortion care	1	1	1	1	1				
c. MVA/ EVA abortion procedure	1	1	1	1	1				
d. Dilation and curettage (D&C)	1	1	1	1	1				
e. Medication abortion procedure	1	1	1	1	1				
f. Emergency obstetric care/ Medical abortion emergency	1	1	1	1	1				
g. Management of abortion complications	1	1	1	1	1				
h. Postabortion contraceptive counseling and services	1	1	1	1	1				
i. Counseling patients on danger of unsafe abortion	1	1	1	1	1				
j. Infection prevention	1	1	1	1	1				
k. Pain management	1	1	1	1	1				
l. Guidelines for provision of family planning	1	1	1	1	1				
m. Family planning services and counseling	1	1	1	1	1				
n. IUD insertion and removal procedure	1	1	1	1	1				
o. Implant insertion and removal procedure	1	1	1	1	1				
p. Female sterilization (example: Minilaparotomy)	1	1	1	1	1				
q. Ultrasound use	1	1	1	1	1				
r. Medical management of people with STIs or HIV/AIDS	1	1	1	1	1				
s. Quality Supervision	1	1	1	1	1				
t. Abortion Attitude Transformation (Values Clarification/VCAT)	1	1	1	1	1				
v. Other training topic (specify)	1	1	1	1	1				

319	Have you ever been trained in an R3M facility in an R3M district prior to joining this facility?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No																																																													
320	Have any other providers in this facility been trained in an R3M facility in an R3M district?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 998	Yes → <b>[CONTINUE TO Q321]</b> No → <b>[SKIP TO Q322]</b> Don't know → <b>[SKIP TO Q322]</b>																																																													
321	How many providers were trained? [If respondent is unsure and cannot estimate, enter '0998.']	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											providers																																																			
322	Does this facility have manual vacuum aspiration equipment?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No																																																													
323	Does this facility have electric vacuum aspiration equipment?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No																																																													
324-327	<p>I'm going to read a list of abortion procedures. For each type of procedure, tell me the number that are provided in this facility during an <u>average month</u> to <u>safe abortion</u> patients. <b>(324)</b></p> <p>Now tell me how many of these procedures are personally performed by <u>you in an average month</u>. <b>(325)</b></p> <p><b>[Read each item and enter the number of procedures performed in an average month. Fill in answers vertically, i.e. by column. ONLY enter '998' if the respondent does not know and cannot provide an estimate.]</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3" style="width:30%; text-align:center;">Type of Procedure</th> <th colspan="8" style="text-align:center;">Abortion Procedures</th> </tr> <tr> <th colspan="8" style="text-align:center;">Safe/Legal Abortion</th> </tr> <tr> <th colspan="4" style="text-align:center;">Q324. No. performed in <u>facility</u></th> <th colspan="4" style="text-align:center;">Q325. No. performed by <u>you</u></th> </tr> </thead> <tbody> <tr> <td>a. Dilution and curettage (D&amp;C)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>b. Manual vacuum aspiration (MVA)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>c. Electric vacuum aspiration (EVA)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>d. Medication abortion</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin-left: auto; margin-right: auto;">No. = Number</div>			Type of Procedure	Abortion Procedures								Safe/Legal Abortion								Q324. No. performed in <u>facility</u>				Q325. No. performed by <u>you</u>				a. Dilution and curettage (D&C)									b. Manual vacuum aspiration (MVA)									c. Electric vacuum aspiration (EVA)									d. Medication abortion								
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326-327	<p>Now, I would like the same information, the number of procedures performed in this facility <b>(326)</b>, and the number performed by <u>you</u> <b>(327)</b>, during an <u>average month</u>, but for <u>postabortion care</u> patients.</p> <p><b>[Again, read each item and enter the number of procedures performed in an average month. Fill in answers vertically, i.e. by column. ONLY enter '998' if the respondent does not know and cannot provide an estimate.]</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3" style="width:30%; text-align:center;">Type of Procedure</th> <th colspan="8" style="text-align:center;">Abortion Procedures</th> </tr> <tr> <th colspan="8" style="text-align:center;">Postabortion Care</th> </tr> <tr> <th colspan="4" style="text-align:center;">Q326. No. performed in <u>facility</u></th> <th colspan="4" style="text-align:center;">Q327. No. performed by <u>you</u></th> </tr> </thead> <tbody> <tr> <td>a. Dilution and curettage (D&amp;C)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>b. Manual vacuum aspiration (MVA)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>c. Electric vacuum aspiration (EVA)</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>d. Medically induced evacuation</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table> <div style="border: 1px solid black; width: fit-content; padding: 2px; margin-left: auto; margin-right: auto;">No. = Number</div>			Type of Procedure	Abortion Procedures								Postabortion Care								Q326. No. performed in <u>facility</u>				Q327. No. performed by <u>you</u>				a. Dilution and curettage (D&C)									b. Manual vacuum aspiration (MVA)									c. Electric vacuum aspiration (EVA)									d. Medically induced evacuation								
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328	In this facility are midwives allowed to perform abortions?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No
329	Does this health facility have the Standards and Protocols document entitled "Prevention and Management of Unsafe Abortion: Comprehensive Abortion Care Services?"	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 998	Yes → <b>[CONTINUE TO MODULE 4]</b> No → <b>[CONTINUE TO MODULE 4]</b> Don't know → <b>[CONTINUE TO MODULE 4]</b>

## Module 4. Attitudes and Practice of Safe Abortion and Postabortion Care

**"[Read]: "Now we're going to talk about your opinions and general practices with respect to abortion care."**

401	<p>Please tell me whether you agree, strongly agree, disagree, strongly disagree or are neutral with respect to each of the following statements.  <b>Read each statement. Reread the five possible answers if necessary. Enter ONE (1) answer per row.]</b></p>																																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Opinions</th> <th style="width: 15%;">Strongly agree</th> <th style="width: 15%;">Agree</th> <th style="width: 15%;">Neutral</th> <th style="width: 15%;">Disagree</th> <th style="width: 15%;">Strongly disagree</th> </tr> </thead> <tbody> <tr> <td>a. Midwives are qualified to perform abortion procedures</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;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>b. Midwives perform good quality abortions</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;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>c. Midwives are an obstacle to doctors and ob/gyns providing safe abortion</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;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>d. Doctors oppose midwives performing safe abortions.</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;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>e. Doctors do not always provide good quality abortions</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;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>f. Doctors and midwives should be equally permitted to perform safe abortions</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;">4</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	Opinions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	a. Midwives are qualified to perform abortion procedures	1	2	3	4	5	b. Midwives perform good quality abortions	1	2	3	4	5	c. Midwives are an obstacle to doctors and ob/gyns providing safe abortion	1	2	3	4	5	d. Doctors oppose midwives performing safe abortions.	1	2	3	4	5	e. Doctors do not always provide good quality abortions	1	2	3	4	5	f. Doctors and midwives should be equally permitted to perform safe abortions	1	2	3	4	5				
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402	<p>Do providers in this facility <u>always</u> use anesthesia when performing vacuum aspiration?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td>Yes</td> </tr> <tr> <td style="text-align: center;">2</td> <td>No</td> </tr> <tr> <td style="text-align: center;">97</td> <td>Not applicable</td> </tr> <tr> <td style="text-align: center;">998</td> <td>Don't know</td> </tr> </table>	1	Yes	2	No	97	Not applicable	998	Don't know																																					
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403	<p>Do providers in this facility <u>always</u> use general anesthesia or epidural when performing dilation &amp; curettage (D&amp;C)?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td>Yes → <b>[SKIP TO Q405]</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td>No → <b>[CONTINUE TO Q404]</b></td> </tr> <tr> <td style="text-align: center;">97</td> <td>Not applicable → <b>[SKIP TO Q405]</b></td> </tr> <tr> <td style="text-align: center;">998</td> <td>Don't know → <b>[SKIP TO Q405]</b></td> </tr> </table>	1	Yes → <b>[SKIP TO Q405]</b>	2	No → <b>[CONTINUE TO Q404]</b>	97	Not applicable → <b>[SKIP TO Q405]</b>	998	Don't know → <b>[SKIP TO Q405]</b>																																					
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404	<p>Tell me whether each of the following statements is a reason why your health facility <u>does not always use general anesthesia or epidural for D&amp;C.</u></p> <p><b>[Read each option and mark as many answers as applicable.]</b></p>																																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Reasons for Non-use of General Anesthesia</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>a. The facility cannot afford it</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Medicine and materials are not available at health facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. The anesthesiologist is not always available at the clinic</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Not enough staff/resources available at facility to provide service</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Not needed for the procedure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Women find it too expensive</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Women are worried about the side effects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. Other (specify) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Reasons for Non-use of General Anesthesia	Yes	No	a. The facility cannot afford it	1	2	b. Medicine and materials are not available at health facility	1	2	c. The anesthesiologist is not always available at the clinic	1	2	d. Not enough staff/resources available at facility to provide service	1	2	e. Not needed for the procedure	1	2	f. Women find it too expensive	1	2	g. Women are worried about the side effects	1	2	h. Other (specify) _____	1	2																			
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405	Do you advise postabortion care patients on safe abortion procedures and/or the side effects of procedures? <b>[This question refers to whether the respondent provides this service.]</b>	<table border="1"> <tr> <td data-bbox="842 184 894 216">1</td> <td data-bbox="899 191 940 216">Yes</td> </tr> <tr> <td data-bbox="842 222 894 254">2</td> <td data-bbox="899 228 932 254">No</td> </tr> </table>	1	Yes	2	No	
1	Yes						
2	No						
406	Do you offer your postabortion care patients contraceptive methods? <b>[This question refers to whether the respondent provides this service.]</b>	<table border="1"> <tr> <td data-bbox="842 336 894 367">1</td> <td data-bbox="899 342 1159 367">Yes → <b>[SKIP TO Q409]</b></td> </tr> <tr> <td data-bbox="842 373 894 405">2</td> <td data-bbox="899 380 1218 405">No → <b>[CONTINUE TO Q407]</b></td> </tr> </table>	1	Yes → <b>[SKIP TO Q409]</b>	2	No → <b>[CONTINUE TO Q407]</b>	
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407	Do you refer postabortion care patients to family planning services/contraceptive methods?	<table border="1"> <tr> <td data-bbox="842 485 894 516">1</td> <td data-bbox="899 491 1159 516">Yes → <b>[SKIP TO Q409]</b></td> </tr> <tr> <td data-bbox="842 522 894 554">2</td> <td data-bbox="899 529 1218 554">No → <b>[CONTINUE TO Q408]</b></td> </tr> </table>	1	Yes → <b>[SKIP TO Q409]</b>	2	No → <b>[CONTINUE TO Q408]</b>	
1	Yes → <b>[SKIP TO Q409]</b>						
2	No → <b>[CONTINUE TO Q408]</b>						
408	<p>Could you briefly tell me why you don't offer postabortion care patients contraceptive methods or refer them to family planning or counseling services?</p> <p><b>[Write all responses.]</b></p> <hr/> <hr/> <hr/> <hr/>						
409	Do you provide postabortion care services to HIV positive women?	<table border="1"> <tr> <td data-bbox="842 892 894 924">1</td> <td data-bbox="899 898 1341 924">Yes → <b>[CONTINUE TO MODULE 5]</b></td> </tr> <tr> <td data-bbox="842 930 894 961">2</td> <td data-bbox="899 936 1341 961">No → <b>[CONTINUE TO MODULE 5]</b></td> </tr> </table>	1	Yes → <b>[CONTINUE TO MODULE 5]</b>	2	No → <b>[CONTINUE TO MODULE 5]</b>	
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## Module 5. Attitudes and Knowledge of Safe Abortion and Postabortion Care Services in Ghana

S. No	Questions and Filters	Responses and Codes																																						
<p><b>[Read]: "In this last section, I would like to hear more about your opinions on abortion, contraception and the provision of these services."</b></p>																																								
501	<p>I'm going to read you some statements. Please tell me whether each is true or false.                      "Under the abortion law in Ghana, a woman can obtain a safe abortion..."</p> <p><b>[Read each option.]</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Conditions</th> <th style="width: 10%;">TRUE</th> <th style="width: 10%;">FALSE</th> <th style="width: 10%;">DK</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>a. When there was a rape</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> <td rowspan="8" style="text-align: center; vertical-align: middle;">DK = Don't know</td> </tr> <tr> <td>b. When there was incest</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>c. When there is fetal impairment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>d. When it is needed to save the woman's life or physical health</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>e. When the woman is mentally impaired</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>f. When the woman has psychological stress</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>g. When there are socioeconomic grounds</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>h. Under the law, a woman can always get an abortion in any circumstances.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> </tbody> </table>	Conditions	TRUE	FALSE	DK		a. When there was a rape	1	2	998	DK = Don't know	b. When there was incest	1	2	998	c. When there is fetal impairment	1	2	998	d. When it is needed to save the woman's life or physical health	1	2	998	e. When the woman is mentally impaired	1	2	998	f. When the woman has psychological stress	1	2	998	g. When there are socioeconomic grounds	1	2	998	h. Under the law, a woman can always get an abortion in any circumstances.	1	2	998	
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502	<p>Now tell me, in this facility, is safe abortion allowed...</p> <p><b>[Read each option.]</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Conditions</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">DK</th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>a. at any gestation?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">DK = Don't Know</td> </tr> <tr> <td>b. at any age of the woman?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>c. without spousal or partner consent?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> <tr> <td>d. without consent of the parent or guardian for minors?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">998</td> </tr> </tbody> </table>	Conditions	Yes	No	DK		a. at any gestation?	1	2	998	DK = Don't Know	b. at any age of the woman?	1	2	998	c. without spousal or partner consent?	1	2	998	d. without consent of the parent or guardian for minors?	1	2	998																	
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505	<p>Please tell me whether you consider the following to be reasons why women resort to abortion.  <b>[Read the options provided below. Mark all responses given. Prompt for additional responses.]</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Reasons for Abortion</th> <th style="width: 20%;">Yes</th> </tr> </thead> <tbody> <tr> <td>a. Women do not like planning births</td> <td style="text-align: center;">1</td> </tr> <tr> <td>b. Women are not ready for a child for economic and/or school-related reasons.</td> <td style="text-align: center;">1</td> </tr> <tr> <td>c. Women do not mind having abortions to prevent births or pregnancies</td> <td style="text-align: center;">1</td> </tr> <tr> <td>d. Women cannot afford contraceptive methods to prevent births or pregnancies</td> <td style="text-align: center;">1</td> </tr> <tr> <td>e. Difficult access to and availability of contraceptive methods</td> <td style="text-align: center;">1</td> </tr> <tr> <td>f. Women do not accept responsibility for their behavior</td> <td style="text-align: center;">1</td> </tr> <tr> <td>g. Women have unplanned pregnancies due to fear of side effects of modern contraceptive methods</td> <td style="text-align: center;">1</td> </tr> <tr> <td>h. A lack of adequate family planning programs/women do not know how to avoid pregnancies</td> <td style="text-align: center;">1</td> </tr> <tr> <td>i. Other reason (specify) _____</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	Reasons for Abortion	Yes	a. Women do not like planning births	1	b. Women are not ready for a child for economic and/or school-related reasons.	1	c. Women do not mind having abortions to prevent births or pregnancies	1	d. Women cannot afford contraceptive methods to prevent births or pregnancies	1	e. Difficult access to and availability of contraceptive methods	1	f. Women do not accept responsibility for their behavior	1	g. Women have unplanned pregnancies due to fear of side effects of modern contraceptive methods	1	h. A lack of adequate family planning programs/women do not know how to avoid pregnancies	1	i. Other reason (specify) _____	1																			
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506	What proportion of all abortions in Ghana do you think are unsafe? Most, some or none? <b>[Enter ONE (1) answer.]</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>998</td></tr> </table>	1	2	3	998	Most Some None Don't know/ No opinion
1							
2							
3							
998							
507	What proportion of all abortions in this area do you think are unsafe? Most, some or none? <b>[Enter ONE (1) answer.]</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>998</td></tr> </table>	1	2	3	998	Most Some None Don't know/ No opinion
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2							
3							
998							
508	Why do you think women might have unsafe abortions? <b>[Write all responses.]</b>     						
509	What do you think are the consequences of unsafe abortion? <b>[Write all responses.]</b>     						
<b><i>FILTER : REFER TO Q509</i></b> <b><i>If more than one answer was mentioned, CONTINUE TO Q510.</i></b>  <b><i>If only one answer is mentioned, write the corresponding answer in Q510, then SKIP TO Q511.</i></b> <b><i>DO NOT ASK Q510.</i></b>							
510	In your opinion, which of the previous answers is the most common consequence of unsafe abortion? Let me know if you need me to repeat the answers you provided. <b>[Write in ONE response. If respondent seems to be having difficulty, repeat answers mentioned in Q509.]</b>    						
511	Do you think that the safe abortion program that the government is implementing will strongly reduce, somewhat reduce or not reduce maternal mortality and morbidity? <b>[If respondent is unsure, enter 'don't know.' Enter ONE (1) answer.]</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>998</td></tr> </table>	1	2	3	998	Yes, strongly reduce Yes, somewhat reduce No, will not reduce Don't know/ No opinion
1							
2							
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512	Do you think that the postabortion care program that the government is implementing will strongly reduce, somewhat reduce or not reduce maternal mortality? <b>[If respondent is unsure, enter 'don't know.' Enter ONE (1) answer.]</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>998</td></tr> </table>	1	2	3	998	Yes, strongly reduce Yes, somewhat reduce No, will not reduce Don't know/ No opinion
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513	Do you think that contraceptive counseling will strongly reduce, somewhat reduce, or not reduce abortion? <b>[If respondent is unsure, enter 'don't know.' Enter ONE (1) answer.]</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>998</td></tr> </table>	1	2	3	998	Yes, strongly reduce Yes, somewhat reduce No, will not reduce Don't know/ No opinion
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<b>FILTER: REFER TO Q111 and Q113</b> <b>IF CODE=1, for EITHER question, CONTINUE to Q514. (Respondent provides safe abortions and/or treats incomplete abortions /abortion complications)</b> <b>ALL OTHERS SKIP TO Q518</b>																	
514	Are you always comfortable, sometimes comfortable or never comfortable telling people that you provide abortion services?  <b>[Enter ONE (1) answer. If respondent says 'YES,' probe for always or sometimes comfortable.]</b>	<table border="1"> <tr> <td>1</td> <td>Yes, always comfortable</td> <td>→ <b>[SKIP TO Q518]</b></td> </tr> <tr> <td>2</td> <td>Yes, sometimes</td> <td>→ <b>[CONTINUE TO Q514]</b></td> </tr> <tr> <td>3</td> <td>No, never comfortable</td> <td>→ <b>[CONTINUE TO Q514]</b></td> </tr> </table>	1	Yes, always comfortable	→ <b>[SKIP TO Q518]</b>	2	Yes, sometimes	→ <b>[CONTINUE TO Q514]</b>	3	No, never comfortable	→ <b>[CONTINUE TO Q514]</b>						
1	Yes, always comfortable	→ <b>[SKIP TO Q518]</b>															
2	Yes, sometimes	→ <b>[CONTINUE TO Q514]</b>															
3	No, never comfortable	→ <b>[CONTINUE TO Q514]</b>															
515	Do any of the following factors contribute to your feelings of discomfort? <b>[Read each option. Mark all responses given.]</b>																
	<table border="1"> <thead> <tr> <th>Reasons for Discomfort</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Religious reasons</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. Ethical reasons</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Social network/community</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. Family and/or friends</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Reasons for Discomfort	Yes	No	a. Religious reasons	1	2	b. Ethical reasons	1	2	c. Social network/community	1	2	d. Family and/or friends	1	2	
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516	Are there any other reasons that cause you discomfort? <b>[Write all responses.]</b>  <hr/> <hr/> <hr/> <hr/>																
517	Are you against performing abortions because of conscientious objection?  <b>[If respondent says 'yes,' probe as to 'strongly' or 'somewhat.' Enter ONE (1) answer.]</b>	<table border="1"> <tr> <td>1</td> <td>Yes, strongly</td> </tr> <tr> <td>2</td> <td>Yes, somewhat</td> </tr> <tr> <td>3</td> <td>No</td> </tr> </table>	1	Yes, strongly	2	Yes, somewhat	3	No									
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3	No																

[CONTINUE TO NEXT PAGE] →

**FILTER: ALL RESPONDENTS ANSWER FROM Q518 UP TO THE END OF THE QUESTIONNAIRE**

518	Have you ever performed an abortion procedure?								
	1	= YES	→	<i>(Respondent has performed an abortion procedure in his/her life)</i> CONTINUE TO Q519. [Read all statements EXCEPT for those in parenthesis]					
519	2	= NO	→	<i>(Respondent has never performed an abortion procedure in his/her life)</i> CONTINUE TO Q519. [Read all statements, but for sections with two statements, ONLY READ THE STATEMENT IN PARENTHESES]					
	Please tell me whether you agree, strongly agree, disagree, strongly disagree or are neutral with respect to each of the following statements. <b>Read each statement. Reread the five possible answers if necessary. Enter ONE (1) answer per row.]</b>								
					<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<u>ABOUT RESPONDENT</u>									
a. I am uncertain about the circumstances under which I can legally provide abortion					1	2	3	4	5
b. I am uncertain on how to perform a safe abortion					1	2	3	4	5
c. I am concerned about my ability to provide safe abortion because I perform them infrequently or never have performed them					1	2	3	4	5
d. I have received adequate training on safe abortion procedures					1	2	3	4	5
e. I have received adequate training on postabortion care procedures					1	2	3	4	5
f. I think safe abortion is contrary to the health worker's oath to do no harm					1	2	3	4	5
<u>ABOUT FACILITY</u>									
g. I don't have the support of the administration of my health facility to provide safe abortions					1	2	3	4	5
----- (g. My colleagues don't have the support of the administration of our health facility to provide safe abortions)									
h. I feel that the people who provide Comprehensive Abortion Care counseling give it in a judgmental way at my health facility					1	2	3	4	5
i. My facility has adequate training for Postabortion Care					1	2	3	4	5
j. In my facility some professionals treat women badly for seeking an abortion					1	2	3	4	5
k. In my facility, women seeking an abortion who are seen by a conscientious objection provider are never referred to another doctor					1	2	3	4	5
l. I think my facility does a good job in providing contraceptive methods to abortion patients					1	2	3	4	5
<u>ABOUT COLLEAGUES</u>									
m. I feel that my own colleagues approve and support that I perform safe abortions					1	2	3	4	5
----- (m. My colleagues approve and support their fellow colleagues who perform safe abortions.)									
n. I feel my colleagues blacklist me because I am part of the Comprehensive Abortion Care program					1	2	3	4	5
----- (n. I feel my colleagues blacklist their fellow colleagues who are part of the Comprehensive Abortion Care program)									
<u>ABOUT FAMILY &amp; FRIENDS/NEIGHBORS</u>									
o. I am concerned about the reactions of my family and friends to me or my colleagues performing safe abortion					1	2	3	4	5
p. I am more respected in my community because I am part of the Comprehensive Abortion Care program					1	2	3	4	5

520	<p>Briefly, can you mention any positive aspects of women having access to safe abortion?  <b>[Write all responses.]</b></p> <hr/> <hr/> <hr/> <hr/>																																				
521	<p>Briefly, can you mention any negative aspects of women having access to safe abortion?  <b>[Write all responses.]</b></p> <hr/> <hr/> <hr/> <hr/>																																				
522	<p>Of all women who have abortions, what proportion do you think will use modern contraceptive methods after receiving family planning counseling? Most, some or none?  <b>[If respondent is unsure, enter 'don't know.' Enter ONE (1) answer.]</b></p> <table border="1" data-bbox="846 583 1073 716"> <tr><td>1</td><td>Most</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>None</td></tr> <tr><td>998</td><td>Don't know/ No opinion</td></tr> </table>	1	Most	2	Some	3	None	998	Don't know/ No opinion																												
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523	<p>Please tell me whether or not you consider each of the following to be a barrier to providing contraceptive services in your facility.  <b>[Read each statement. DO NOT READ 'No opinion,' only enter it when the respondent indicates that he or she is unsure. ]</b></p> <table border="1" data-bbox="337 842 1304 1293"> <thead> <tr> <th>Potential Barriers to Providing Contraceptive Services</th> <th>Yes</th> <th>No</th> <th>(No opinion)</th> </tr> </thead> <tbody> <tr> <td>a. There is too little time during the patient visit to give contraceptive education and provision</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>b. Our personnel providing contraceptive counseling and services need more training or experience in providing contraceptive care</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>c. Clinicians need to be more interested and enthusiastic about contraceptive provision</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>d. Staff is not motivated to provide contraceptive services because of inadequate compensation</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>e. Patients are not interested in contraception</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>f. Patients do not get sufficient information on modern contraceptive methods</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>g. Patients are too anxious about the abortion procedure to pay attention to information on contraception</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> <tr> <td>h. Patients in this health facility find contraception too expensive</td> <td>1</td> <td>2</td> <td>(3)</td> </tr> </tbody> </table>	Potential Barriers to Providing Contraceptive Services	Yes	No	(No opinion)	a. There is too little time during the patient visit to give contraceptive education and provision	1	2	(3)	b. Our personnel providing contraceptive counseling and services need more training or experience in providing contraceptive care	1	2	(3)	c. Clinicians need to be more interested and enthusiastic about contraceptive provision	1	2	(3)	d. Staff is not motivated to provide contraceptive services because of inadequate compensation	1	2	(3)	e. Patients are not interested in contraception	1	2	(3)	f. Patients do not get sufficient information on modern contraceptive methods	1	2	(3)	g. Patients are too anxious about the abortion procedure to pay attention to information on contraception	1	2	(3)	h. Patients in this health facility find contraception too expensive	1	2	(3)
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524	<p>Briefly, could you tell me what you suggest your facility should do to improve abortion patients' contraceptive method use?  <b>[Write all responses.]</b></p> <hr/> <hr/> <hr/> <hr/>																																				
525	<p>Should the government strengthen its safe abortion and postabortion care services?</p> <table border="1" data-bbox="846 1581 963 1692"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not sure</td></tr> </table>	1	Yes	2	No	3	Not sure																														
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526	<p>What do you suggest the government should do to reduce the number of unsafe abortions in the country?</p> <p><b>[Write all responses.]</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
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***END INTERVIEW HERE.  
THANK RESPONDENT FOR PARTICIPATION.***



**Worksheet** (for calculations)