

## Liberia Abortion Study 2021 HFS

Field	Question	Answer
note0	Measuring Abortion Incidence, Cost, and Quality of Post-Abortion Care in Liberia - Health Facility Survey (HFS)	
surveydate <i>(required)</i>	G2. Date of data collection visit	
notemodule1	MODULE 1 - GENERAL INFORMATION	
notemodule1instructions	DISCUSS THE FOLLOWING QUESTIONS WITH THE OFFICER-IN-CHARGE, MEDICAL DIRECTOR, OR HEAD OF NURSING SERVICES.	
Facility Identification Details		
region <i>(required)</i>	G3. Region	region_key region
county <i>(required)</i>	G4. County	county_key county
district <i>(required)</i>	G5. District	district_key district
facility <i>(required)</i>	G6. Facility	facility_key facility
g7 <i>(required)</i>	G7. Level of facility	1 Primary - clinic 2 Secondary - health center 3 Secondary - county hospital
g8 <i>(required)</i>	G8. Type of facility <i>Manging authority</i>	1 Public (Government) 2 NGO (Non- For - Profit) 3 Private for Profit 4 Mission (Faith-based) 99 Other
factype_sp <i>(required)</i>	If other, specify type of facility	Urban (Monrovia and county capitals)
g9 <i>(required)</i>	G9. Geographic area	1 Peri-urban (Other towns) 2 Rural (interior)
Respondent Details		
g10 <i>(required)</i>	G10. What is you name? ( First Name Last Name)	

Field	Question	Answer
	<i>The focal person must be the officer-in-charge (OIC), Medical Director, Head of Nursing Services, or an acting focal person</i>	
g11 (required)	G11. What is your cadre?	1 Nurse 2 Midwife 3 Physician Assistant 4 Physician 5 Public Health Practitioner 6 Physician Specialist 7 Pharmacist Other (e.g. dispenser, lab technician, etc.)
cadre_sp (required)	If other, specify cadre	
g12 (required)	G12. How many years have you worked in your profession? <i>Enter the number of years (If the month is more than 10 months, round up to a year)</i>	
g13 (required)	G13. What is your qualification?	1 Certificate 2 Diploma 3 Associate degree 4 Bachelor degree 5 Master degree 6 PhD 99 Others (specify)
qualification_sp (required)	If other, specify qualification	
g14	G14. What is your position as of today?	1 OIC proper 2 Medical Director proper 3 Head of Nursing Services proper 4 Acting focal person 5 Other

Field	Question	Answer
position_sp	If other, specific position	
g15 (required)	G15. Facility contact phone number <i>Please enter the number of focal person if facility does not have a designated contact number; must be 10 digits, beginning with zero (0)</i>	

#### Basic Client Amenities

g26 (required)	G26. How many beds does this facility have in total?	
g27 (required)	G27. How many of those beds are in the maternity ward (i.e. are inpatient maternity beds)?	
g28 (required)	G28. On average, about how many deliveries take place at your facility each month?	

#### Departments

g30	G30. Does this facility have any of the below-listed UNIT/DEPARTMENT?	1 Yes 0 No
g30_1 (required)	Operating theatre	1 Yes 0 No
g30_2 (required)	Outpatient department (OPD)	1 Yes 0 No
g30_3 (required)	Recovery room	1 Yes 0 No
g30_4 (required)	Pharmacy	1 Yes 0 No
g30_5 (required)	Laboratory	1 Yes 0 No
g30_6 (required)	Central sterile services department (CSSD)	1 Yes 0 No
g30_7 (required)	Blood bank	1 Yes 0 No

#### Staffing & Training

##### Staffing & Training > Fully Employed Staff

staff_fulltime_note	G31. How many of the below listed cadres of staff do you have in this facility that are <b>fully employed</b> and are available at all times?	
staff_fulltime_doctorgen (required)	Doctors (general)	
staff_fulltime_doctorsp (required)	Doctors (specialist, including OBGYN)	
staff_fulltime_nurse (required)	Nurses	
staff_fulltime_midwife (required)	Midwives	

Field	Question	Answer
staff_fulltime_pa (required)	Physician assistant	
Staffing & Training > Part-time Employed Staff		
staff_parttime_note	G32. How many of the below listed cadres of staff do you have in this facility that are <b>part-time</b> employed and available at all times?	
staff_parttime_doctorgen (required)	Doctors (general)	
staff_parttime_doctorsp (required)	Doctors (specialist, including OBGYN)	
staff_parttime_nurse (required)	Nurses	
staff_parttime_midwife (required)	Midwives	
staff_parttime_pa (required)	Physician assistant	
staff_parttime_vol (required)	Volunteers	
Staffing & Training > Trained Providers on PAC Clinical Assessment		
fulltime_pactrain_clinical_note	G33. How many of the FULLY EMPLOYED staff have been trained on the clinical assessment to know the need for post-abortion care?	
fulltime_pactrain_clinical_md (required)	Doctors (general)	
fulltime_pactrain_clinical_sp (required)	Doctors (specialist, including OBGYN)	
fulltime_pactrain_clinical_nurse (required)	Nurses	
fulltime_pactrain_clinical_midwife (required)	Midwives	
fulltime_pactrain_clinical_pa (required)	Physician assistants	
checknote1	<b>Warning! Answer cannot exceed the number of full-time staff you reported, which is [staff_fulltime_sum]. Please go back and check all entries.</b>	
Staffing & Training > Trained Providers on D&C		
fulltime_pactrain_dc_note	G34. How many of the FULLY EMPLOYED staff have been trained on use of D&C	
fulltime_pactrain_dc_md (required)	Doctors (general)	
fulltime_pactrain_dc_sp (required)	Doctors (specialist, including OBGYN)	
fulltime_pactrain_dc_nurse (required)	Nurses	
fulltime_pactrain_dc_midwife (required)	Midwives	
fulltime_pactrain_dc_pa (required)	Physician assistants	
Staffing & Training > Trained Providers on MVA		
fulltime_pactrain_mva_note	G35. How many of the FULLY EMPLOYED staff have been trained on use of MVA	

Field	Question	Answer
fulltime_pactrain_mva_md (required)	Doctors (general)	
fulltime_pactrain_mva_sp (required)	Doctors (specialist, including OBGYN)	
fulltime_pactrain_mva_nurse (required)	Nurses	
fulltime_pactrain_mva_midwife (required)	Midwives	
fulltime_pactrain_mva_pa (required)	Physician assistants	
Staffing & Training > Trained Providers on Misoprostol		
fulltime_pactrain_miso_note	G36. How many of the FULLY EMPLOYED staff have been trained on use of misoprostol for post-abortion care	
fulltime_pactrain_miso_md (required)	Doctors (general)	
fulltime_pactrain_miso_sp (required)	Doctors (specialist, including OBGYN)	
fulltime_pactrain_miso_nurse (required)	Nurses	
fulltime_pactrain_miso_midwife (required)	Midwives	
fulltime_pactrain_miso_pa (required)	Physician assistants	
Staffing & Training > parttime_pactrain		
parttime_train_pac (required)	G37. Are there any PART-TIME employees working at this facility that have been trained on the provision of comprehensive post-abortion care?	1 Yes 0 No
parttime_train_pac_num (required)	G38. How many of the PART-TIME employees have been trained on the provision of comprehensive post-abortion care?	
SRH Services		
sd1	SD1. Which of the following services do this facility offer? <i>Confirm from respondent if the service is provided routinely and not through any outreach activity or special program.</i>	1 Yes 0 No
sd1_1 (required)	Antenatal care	1 Yes 0 No
sd1_2 (required)	Delivery services	1 Yes 0 No
sd1_3 (required)	Postnatal care	1 Yes 0 No
sd1_4 (required)	Family planning services	1 Yes 0 No
sd1_5 (required)	HIV testing and counseling	1 Yes 0 No
sd1_6 (required)	ART (antiretroviral therapy) services	1 Yes

Field	Question	Answer
		0 No
sd1_7 (required)	STI services	1 Yes
		0 No
sd1_8 (required)	PMTCT services	1 Yes
		0 No
sd1_9 (required)	Cervical cancer screening/VIAC	1 Yes
		0 No
sd1_10 (required)	Immunization (EPI)	1 Yes
		0 No
sd1_11a (required)	Safe abortion under legal indications	1 Yes
		0 No
sd1_11b (required)	Post-abortion care (PAC)	1 Yes
		0 No
sd1_12 (required)	Adolescent friendly services	1 Yes
		0 No
sd1_13 (required)	Rape and gender based violence services	1 Yes
		0 No
sd1_14 (required)	Other gynaecological services	1 Yes
		0 No
sd1_15 (required)	Other maternal health services	1 Yes
		0 No
SRH Services - Specify		
sd1_14sp	Specify the other gynaecological services offered	
sd1_15sp	Specify the other maternal health services offered	
MODULE 2A GROUP		
notemodule2	MODULE 2a - PAC SERVICE VOLUME	
notemodule2instructions	I will now ask you some questions about the number of POST-ABORTION CARE (PAC) CASES your facility receive.	
MODULE 2A GROUP > PAC SERVICE VOLUME		
opdipd (required)	M2-1. In this facility, are post-abortion care patients treated as outpatients (they don't spend the night in the facility), as inpatients (they spend at least one night in the facility), or both?	1 Outpatient only (OPD) 2 Inpatient only (IPD) 3 BOTH outpatient & inpatient

Field	Question	Answer
MODULE 2A GROUP > PAC SERVICE VOLUME > pac1		
avg_month_opd (required)	M2-2. During a <b>TYPICAL month</b> , about how many such post-abortion care patients would you estimate are treated as <b>outpatients</b> at this facility as a whole? <i>Remember to include all post-abortion care patients whether they are due to spontaneous or induced abortions.</i>	
past_month_opd (required)	M2-3. During the <b>PAST month</b> , about how many such post-abortion care patients would you estimate are treated as <b>outpatients</b> at this facility as a whole? <i>Remember to include all post-abortion care patients whether they are due to spontaneous or induced abortions.</i>	
avg_month_ipd (required)	M2-4. During a <b>TYPICAL month</b> , about how many such post-abortion care patients would you estimate are treated as <b>inpatients</b> at this facility as a whole? <i>Remember to include all post-abortion care patients whether they are due to spontaneous or induced abortions.</i>	
past_month_ipd (required)	M2-5. During a <b>PAST month</b> , about how many such post-abortion care patients would you estimate are treated as <b>inpatients</b> at this facility as a whole? <i>Remember to include all post-abortion care patients whether they are due to spontaneous or induced abortions.</i>	
MODULE 2A GROUP > PAC NUMBER BREAKDOWN - LOCATION		
notepacb1	M2-6. You reported there are 0 PAC cases across the IPD and OPD in a TYPICAL MONTH, or 0 cases in the PAST MONTH. I will now ask you to break down the numbers by where the patients live. There are three options: 1) live in this region 2) live outside this region, 3) live outside Liberia. The three options should total up to 100%	
notepacb2	M2-6. You reported there are [avg_month_opd] PAC cases in the OPD in a TYPICAL MONTH, or [past_month_opd] cases in the PAST MONTH. I will now ask you to break down the numbers by where the patients live. There are three options: 1) live in this region 2) live outside this region, 3) live outside Liberia. The three options should total up to 100%	
notepacb3	M2-6. You reported there are [avg_month_ipd] PAC cases in the IPD in a TYPICAL MONTH, or [past_month_ipd] cases in the PAST MONTH. I will now ask you to break down the numbers by where the patients live. There are three options: 1) live in this	

Field	Question	Answer
	region 2) live outside this region, 3) live outside Liberia. The three options should total up to 100%	
inside_region (required)	M2-6a What percent lived in this region?	
outside_region (required)	M2-6b What percent lived outside this region?	
outside_country (required)	M2-6c What percent lived outside Liberia?	
check_location_note	<b>Warning! The total is [check_location]% but should be 100%.</b> <i>Please go back and double-check all entries.</i>	

#### MODULE 2A GROUP > PAC NUMBER BREAKDOWN - AGE

agebelow19 (required)	M2-7b. Thinking of the patients who came into this facility in a typical month or in the past month with spontaneous or induced abortion complications, what percent was <b>age 19 or below</b> ?	
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#### MODULE 2A GROUP > PAC NUMBER BREAKDOWN - GESTATION

gestation_12wksunder (required)	M2-8a. Thinking of the patients who came into this facility in a typical month or in the past month with spontaneous or induced abortion complications, what percent was the gestation age 12 weeks or under?	
gestation_beyond12wks (required)	M2-8b. Thinking of the patients who came into this facility in a typical month or in the past month with spontaneous or induced abortion complications, what percent was the gestation age BEYOND 12 weeks?	
check_gestation_note	<b>Warning! The total is [check_gestation]% but should be 100%.</b> <i>Please go back and double-check all entries.</i>	

#### MODULE 2A GROUP > PAC NUMBER BREAKDOWN - SPONTANEOUS

spontaneous (required)	M2-9. Thinking of the patients who came into this facility in a typical month or in the past month with post-abortion complications, what percent had a spontaneous abortion or miscarriage?	
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#### MODULE 2A GROUP > PAC NUMER BREAKDOWN - SEVERITY

note210a	Now I will ask you to breakdown the number of PAC cases in three categories, namely, MILD, MODERATE and SEVERE. The percent should total up to 100%	
minor (required)	M2-10a. To the best of your understanding, what percent of the post-abortion care patients at this facility in a typical month or in the past month had complicattion you would classify as <b>minor</b> ?	

Field	Question	Answer
<input type="checkbox"/> moderate (required)	M2-10b. To the best of your understanding, what percent of the post-abortion care patients at this facility in a typical month or in the past month had complications you would classify as <b>moderate</b> ?	
<input type="checkbox"/> severe (required)	M2-10c. To the best of your understanding, what percent of the post-abortion care patients at this facility in a typical month or in the past month had complications you would classify as <b>severe</b> ?	
<input type="checkbox"/> check_severity_note (required)	<b>Warning! The total is [check_severity]% but should be 100%.</b> <i>Please go back and double-check all entries.</i>	

MODULE 2A GROUP > PAC NUMBER BREAKDOWN - DEATH

<input type="checkbox"/> nearmiss (required)	M2-12. What percent of the post-abortion patients at this facility in the LAST MONTH would you classify as near miss? <i>The WHO defines "near miss" as a woman who nearly died but survived a complication that occurred during pregnancy or within 42 days of termination of pregnancy.</i>	
<input type="checkbox"/> death_yn (required)	M2-13. IN THE LAST YEAR, did any woman die in your facility from an abortion-related complication?	1 Yes 0 No
<input type="checkbox"/> death_num (required)	M2-14. Please estimate what percent of abortion-related cases died from abortion-related complications?	

MODULE 2A GROUP > PAC Complications

<input type="checkbox"/> pac8instructions	M2-15. You said 0 women are provided post-abortion care in a typical month or 0 were provided in the last month. We want to know many women had each of the <b>COMPLICATIONS</b> . After I name a complication, tell me what percent of women had the symptom in the last month. Keep in mind that each patient may have MULTIPLE complications.	
<input type="checkbox"/> incomplete_pct (required)	Incomplete abortion	
<input type="checkbox"/> fever_pct (required)	Fever	
<input type="checkbox"/> sepsis_pct (required)	Sepsis	
<input type="checkbox"/> septicshock_pct (required)	Septic shock	
<input type="checkbox"/> hemorrhage_pct (required)	Hemorrhage	
<input type="checkbox"/> hemshock_pct (required)	Hemorrhagic shock	
<input type="checkbox"/> laceration_pct (required)	Cervical/vaginal lacerations	
<input type="checkbox"/> perforation_pct (required)	Uterine perforation	

Field	Question	Answer
visceral_pct (required)	Visceral injury (i.e. bladder, intestine)	
other_complication_pct (required)	Other (do not need to specify)	

MODULE 2A GROUP > PAC Primary Procedure

	<p>Now I will ask about the primary PAC procedures used to treat PAC patients in this facility.</p> <p>M2-16. You said 0 women are provided post-abortion care in this facility in a typical month or 0 in the last month. We want to know the PRIMARY UTERINE EVACUATION METHOD used to treat the women.</p> <p>After I name each procedure, tell me the percent of women treated using it as the PRIMARY METHOD in a typical month or the last month. We need the percent to total up to 100%.as the PRIMARY METHOD in the last month.</p>	
pac9nstructions		
dc_pct (required)	Dilation and currettage (D&C)	
miso_pct (required)	Misoprotol (not only for cervical softening)	
mva_pct (required)	Manual vacuum aspirator (MVA)	
eva_pct (required)	Electric Vaccum Aspirator (EVA)	
none_num (required)	Did not receive treatment at this facility but were referred	
other_proc_pct (required)	Other (do not need to specify)	
check_procedure_note (required)	<p><b>Warning! The total is [check_procedure]% but should be 100%.</b></p> <p><i>Please go back and double-check all entries.</i></p>	

MODULE 2B GROUP

notemodule2b	MODULE 2b - PAC MANAGEMENT	
notemodule2binstruction	I am going to ask you about information on PAC procedures, referrals, and costs at this facility.	

MODULE 2B GROUP > Available Treatments & Services

pac_procedure	M2-17. What are the various treatments and services available to post-abortion care patients at this facilities?	1 Yes 0 No
pac_evac_dc (required)	Uterine evacuation - Dilation and currettage (D&C)	1 Yes 0 No
pac_evac_miso (required)	Uterine evacuation - Misoprotol	1 Yes 0 No
pac_evac_mva (required)	Uterine evacuatoin - Manual vacuum aspirator (MVA)	1 Yes

Field	Question	Answer
		0 No
<input type="checkbox"/> pac_evac_eva (required)	Uterine evacuation - Electric Vacuum Aspirator (EVA)	1 Yes 0 No
<input type="checkbox"/> pac_hemorrhage (required)	Treatment for hemorrhage (including uterotonics)	1 Yes 0 No
<input type="checkbox"/> pac_transfusion (required)	Blood transfusion	1 Yes 0 No
<input type="checkbox"/> pac_sepsis (required)	Prevention of infection & treatment for sepsis (including antibiotics)	1 Yes 0 No
<input type="checkbox"/> pac_pain (required)	Pain management	1 Yes 0 No
<input type="checkbox"/> pac_fpcounseling (required)	FP counseling	1 Yes 0 No
<input type="checkbox"/> pac_fp (required)	FP method provision	1 Yes 0 No
<input type="checkbox"/> pac_HIV (required)	HIV counseling, testing, and treatment	1 Yes 0 No
<input type="checkbox"/> pac_STI (required)	STI management and counseling (including contact tracing)	1 Yes 0 No
<input type="checkbox"/> pac_mentalhealth (required)	Psychosocial and mental health support	1 Yes 0 No
<input type="checkbox"/> pac_Referrals (required)	Referral to and/or information about other SRMNH service providers and community linkage	1 Yes 0 No
<input type="checkbox"/> pac_other (required)	Other treatments and services	1 Yes 0 No
<input type="checkbox"/> pac_other_sp (required)	What other treatments and services do you provide to PAC patients?	

MODULE 2B GROUP > referrals

<input type="checkbox"/> pac_ref_lower_pct (required)	M2-18. Of the 0 PAC patients you see in a TYPICAL MONTH or the 0 you saw in the LAST MONTH, what percent were REFERRED TO YOUR FACILITY after having been treated at another facility?	
<input type="checkbox"/> pac_ref_lower_reason (required)	M2-19. To your knowledge, why do you think the LOWER LEVEL FACILITY was unable to provide care for the post-abortion cases that were referred to your facility? <i>Select all that are mentioned</i>	1 Lack of necessary equipment or commodities

Field	Question	Answer
pac_ref_higher_pct <i>(required)</i>	M2-20. What percent of PAC patients have you REFERRED TO ANOTHER facility to complete treatment, after having treated them (either as inpatients or outpatients), in the past month or past year?	2 Lack of trained personnel Lack of necessary 3 infrastructure to manage PAC cases 99 Other (do not need to specify)
pac_ref_higher_reason <i>(required)</i>	M2-21. To your knowledge, why do you think THIS FACILITY was unable to provide care for the post-abortion cases that visited your facility? <i>Select all that are mentioned</i>	1 Lack of necessary equipment or commodities 2 Lack of trained personnel Lack of necessary 3 infrastructure to manage PAC cases 99 Other (do not need to specify)
pac_ref_higher_type <i>(required)</i>	M2-22. What type of facility do you refer women to? <i>select all that apply</i>	1 Primary - clinic 2 Secondary - health center 3 Secondary - county hospital Tertiary - 4 National referral hospital
pac_ref_higher_actual <i>(required)</i>	M2-23. To the best of your knowledge, what percent of the abortion-related cases that you refer in a TYPICAL MONTH or referred in the LAST MONTH actually got to a higher level facility for treatment?	

Field	Question	Answer
		Cannot afford
		1 travel/fees for services
		They do not
		2 trust the other facility
		They do not
		want their
		3 husband or family to know
		Lack of
		4 knowledge about severity of problem
		No one to
		5 accompany or support at other facility
		99 Other (specify):
pac_referral_barriers (required)	M2-24. What do you think are the BARRIERS that keep women from going to a higher level facility when they are referred for treatment? <i>Do not prompt. Select all that are mentioned.</i>	
pac_referral_barriers_sp (required)	Specify other barriers that keep women from going to higher facility once referred	
MODULE 2B GROUP > costs		
pac_cost_yn (required)	M2-25. Do women pay money at this facility for management of postabortion complications?	1 Yes 0 No
MODULE 2B GROUP > costs > costs1		
		1 Medicines and drugs
		Medical
		2 supplies (e.g. cotton swabs, gauze, etc.)
		3 Blood
		99 Other
pac_cost_item (required)	M2-27. IF NO, which one of the following items do you think women bring to the facilities themselves?	
pact_cost_item_other (required)	What other items do women bring to the facilities themselves?	
MODULE 2B GROUP > costs > costs2		
pac_cost_min (required)	M2-26a. IF YES, What is the MINIMUM of how much a women pays for post-abortion care at this facility?	

Field	Question	Answer
pac_cost_max (required)	M2-26b. IF YES, What is the MAXIMUM of how much a women pays for post-abortion care at this facility?	
MODULE 2B GROUP > costs > costs3		
pac_cost_delay_num (required)	M2-28. To the best of your knowledge, of the total women that came for abortion-related issues in the last 3 months, what percentage DELAY receiving treatment for 48 hours or more because of the cost?	
pac_cost_nocare_num (required)	M2-29. To the best of your knowledge, of the total women that came for abortion-related issues in the last 3 months, what percentage LEAVE WITHOUT receiving any treatment because of the cost?	
notemodule2c	MODULE 2c - CAC KNOWLEDGE	
CAC Knowledge		
pac_improve_yn (required)	M2-30a. In your opinion, could treatment for abortion complications be improved at this facility?	<p>1 Yes</p> <p>0 No</p> <p>1 Have a private room for postabortion care patients</p> <p>2 Improve/expand infrastructure</p> <p>3 Have more people trained in managing PAC clients</p>
pac_improve (required)	M2-30b. If yes, how could treatment for abortion complications be improved at this facility? <i>Select all that are mentioned.DO NOT READ ALOUD.</i>	<p>4 Have more lower level facilities allowed and equipped to provide PAC</p> <p>5 Have more MVA equipment available</p> <p>6 Have more misoprostol available</p>

**Field**

**Question**

**Answer**

- 7 Have more antibiotics available
- 8 Have more blood available for transfusions
- 9 Have more pain medication available
- 10 Provide information on contraception and give methods
- 11 Have copy of National Comprehensive Abortion Care (CAC) Guidelines available at this facility
- 12 Provide more support to staff (e.g. refresher courses)
- 14 Provide free postabortion care
- 15 Vehicle to transport patients who have been referred
- 99 Other (specify):

pac\_improve\_sp *(required)*

In what other ways can treatment for abortion complications be improved?

Field	Question	Answer
abortion_legal_knowledge (required)	M2-31. To your knowledge, under which circumstances is abortion LEGAL in Liberia? <i>Select all that are mentioned.DO NOT READ ALOUD.</i>	<p>1 If the woman's physical health is at risk</p> <p>2 If pregnancy is from rape</p> <p>3 If pregnancy is from incest</p> <p>4 If the woman is HIV positive</p> <p>5 If the woman is mentally incapacitated</p> <p>6 If the woman's mental health is at risk</p> <p>7 If a girl is under age 16</p> <p>8 Economic reasons (e.g. cannot care for the child)</p> <p>9 If the girl or woman is unmarried</p> <p>10 If pregnancy is from contraceptive failure</p> <p>11 If the woman doesn't want the pregnancy</p> <p>12 If there is fetal impairment</p> <p>0 Under no circumstances</p> <p>98 I don't know</p> <p>99 Others (specify)</p>
abortion_legal_knowledge_sp (required)	Under what other circumstances is abortion legal?	

Field	Question	Answer
abortion_legal_opinion <i>(required)</i>	M2-32. Under which conditions do you think abortion should be allowed in Liberia? <i>Select all that are mentioned. DO NOT READ ALOUD.</i>	<p>1 If the woman's physical health is at risk</p> <p>2 If pregnancy is from rape</p> <p>3 If pregnancy is from incest</p> <p>4 If the woman is HIV positive</p> <p>5 If the woman is mentally incapacitated</p> <p>6 If the woman's mental health is at risk</p> <p>7 If a girl is under age 16</p> <p>8 Economic reasons (e.g. cannot care for the child)</p> <p>9 If the girl or woman is unmarried</p> <p>10 If pregnancy is from contraceptive failure</p> <p>11 If the woman doesn't want the pregnancy</p> <p>12 If there is fetal impairment</p> <p>0 Under no circumstances</p> <p>98 I don't know</p> <p>99 Others (specify)</p>
abortion_legal_opinion_sp <i>(required)</i>	Under what other circumstances do you think abortion should be allowed?	

Field	Question	Answer
abortion_ever (required)	M2-33. Has this facility EVER provided a legal abortion based on circumstances you mentioned earlier?	1 Yes 0 No
abortion_ever_num (required)	M2-34. IF YES, How many times has this happened during the LAST 12 MONTHS?	1 Rape 2 Incest Concerns about
top_reason (required)	M2-35. What was the major reason for which pregnancies were terminated? <i>Do not read options aloud. Select all that apply.</i>	3 mother's health/wellbeing Concerns about 4 fetal health/wellbeing 99 Other (specify)
top_reason_sp (required)	If other, specify the reason for why pregnancies ere terminated	
abortion_denied (required)	M2-36. Are you aware of any woman coming to this facility to have a legal abortion who was denied that service by a provider in this facility?	1 Yes 0 No
abortion_referred (required)	M2-37. How many women has your facility referred to somewhere else for an INDUCED ABORTION in the LAST 12 MONTHS?	
<b>MODULE 3 - POST-ABORTION FAMILY PLANNING</b>		
notemodule3	MODULE 3 - POST-ABORTION FAMILY PLANNING	
notemodule3a	INTERVIEWER: I will now ask you some questions about post-abortion family planning	
<b>MODULE 3 - POST-ABORTION FAMILY PLANNING &gt; Family Planning Counseling</b>		
pac_fp_counsel (required)	M3-1. Do you offer family planning COUNSELING to post-abortion patients at this facility	1 Yes 0 No
<b>MODULE 3 - POST-ABORTION FAMILY PLANNING &gt; Family Planning Topics</b>		
counsel_topics	M3-2. What topics are generally covered in family planning counselling for women who received PAC services at this facility?	1 Yes 0 No
counsel_methods (required)	Instructions on correct use of methods	1 Yes 0 No
counsel_range (required)	Informed about a range of contraceptive methods	1 Yes 0 No
counse_effectiveness (required)	Informed on effectiveness of methods	1 Yes

Field	Question	Answer
		0 No
<input type="checkbox"/> counsel_side (required)	Informed on side effects of methods	1 Yes
		0 No
<input type="checkbox"/> counsel_incorrect (required)	What to do in case of incorrect use of methods (e.g. skipped pills)	1 Yes
		0 No
<input type="checkbox"/> counsel_ec (required)	Emergency contraception in case of failure to use a method before or during intercourse, or because of method failure (e.g. broken condom)	1 Yes
		0 No
<input type="checkbox"/> counsel_benefits (required)	Benefits of contraception	1 Yes
		0 No
<input type="checkbox"/> counsel_abstinence (required)	Abstinence	1 Yes
		0 No
<input type="checkbox"/> counsel_other (required)	Others (specify)	1 Yes
		0 No
<input type="checkbox"/> counsel_other_sp (required)	If other topics are covered in family planning counseling, specify	
MODULE 3 - POST-ABORTION FAMILY PLANNING > Family Planning Peer Educator		
<input type="checkbox"/> youth_educator (required)	M3-3. Does your facility have youth peer educators who do family planning counseling?	1 Yes
		0 No
MODULE 3 - POST-ABORTION FAMILY PLANNING > Family Planning Method Offering		
<input type="checkbox"/> pac_fp_method (required)	M3-4. Do you offer family planning METHODS to post-abortion patients on the premises of this facility?	1 Yes
		0 No
MODULE 3 - POST-ABORTION FAMILY PLANNING > No FP Offered		
<input type="checkbox"/> pac_fp_no	M3-5. If No, Why do you not offer family planning methods on-site?	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_1 (required)	Providers aren't adequately trained	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_2 (required)	The services are not functional	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_3 (required)	The services are not integrated	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_4 (required)	The methods are not available	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_5 (required)	Facility does not allow (e.g. faith based org)	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_6 (required)	Services are offered in another facility close by	1 Yes

Field	Question	Answer
		0 No
<input type="checkbox"/> pac_fp_no_7 (required)	Services are offered elsewhere in the facility	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_8 (required)	Others (specify):	1 Yes
		0 No
<input type="checkbox"/> pac_fp_no_8sp (required)	What are other reasons why you do not offer FP methods on-site?	

MODULE 3 - POST-ABORTION FAMILY PLANNING > Family Planing Patient Types

<input type="checkbox"/> method_patients	M3-6. How often do you offer contraceptive services to the following groups of PAC patients --- always, sometimes, rarely or never?	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_multiparous (required)	Women who have many children	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_nulliparous (required)	Women who have no children	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_married (required)	Women who are married	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_unmarried (required)	Women who are not married	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_hiv (required)	Women who are HIV positive	4 Always 3 Sometimes 2 Rarely 1 Never
<input type="checkbox"/> fp_adol (required)	Adolescents (19 years of age or younger)	4 Always 3 Sometimes 2 Rarely 1 Never

Field	Question	Answer
fp_45 (required)	Women 45 years of age or older	4 Always 3 Sometimes 2 Rarely 1 Never
fp_partners (required)	Partners accompanying women receiving post-abortion care	4 Always 3 Sometimes 2 Rarely 1 Never

MODULE 3 - POST-ABORTION FAMILY PLANNING > Family Planning Methods

fp_uptake (required)	M3-7. To the best of your knowledge, of the women that you provided post-abortion care, what percent was actually given a method of family planning on discharge from this facility? <i>Enter percentage (%)</i>
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MODULE 3 - POST-ABORTION FAMILY PLANNING > Family Planning Methods > provision1

provision_last3month	M3-8. Has this facility provided or prescribed any of the following methods IN THE 3 MONTHS OF THE MOST RECENTLY COMPLETED QUARTER for patients seen for Post-Abortion Care? <i>Verify the following responses using the FP ledger for all facilities. Also verify using the CHSS/CHA/outreach ledger for facilities covered by CHSS/CHAs</i>	1 Yes 0 No
provision_condomm (required)	Condom - male	1 Yes 0 No
provision_condomf (required)	Condom - female	1 Yes 0 No
provision_ocp (required)	Oral contraceptive pills (Microgynon or Microlut)	1 Yes 0 No
provision_depo (required)	Injectable - Depo-Provera / DMPA-IM	1 Yes 0 No
provision_sp (required)	Injectable - Sayana Press / DMPA-SC	1 Yes 0 No
provision_implant (required)	Implant - 2-rod (e.g. Jadelle)	1 Yes 0 No
provision_iucd (required)	Intrauterine contraceptive device (IUCD)	1 Yes 0 No
provision_beads (required)	Cycle beads for standard days method	1 Yes 0 No

Field	Question	Answer
<input type="checkbox"/> provision_vasectomy <i>(required)</i>	Vasectomy	1 Yes 0 No
<input type="checkbox"/> provision_btl <i>(required)</i>	Bilateral tubal ligation (BTL)	1 Yes 0 No 1 Stocked out 2 Lack of trained personnel 3 Provider preference 4 Client preference 5 Facility does not allow (religious reason) 6 Not familiar enough with method 7 Method has never been available 99 Other (specify)
<input type="checkbox"/> larc <i>(required)</i>	M3-9. Why do you not offer some long-acting reversible methods? <i>Select all that are mentioned.</i>	1 Woman opposed to use 2 Partner opposed to use 3 Family opposed to use 4 Religious opposition 5 Health concerns 6 Fear of side effects
<input type="checkbox"/> larc_other <i>(required)</i>	What are other reasons why you do not offer long-acting reversible methods?	
<input type="checkbox"/> refusal <i>(required)</i>	M3-10. Why do you think women may refuse a modern contraceptive method after having had an abortion? <i>Select all that are mentioned.</i>	

Field	Question	Answer
<input type="checkbox"/> fp_privacy <i>(required)</i>	M3-11. Do you think that women prefer a contraceptive method they can keep private and unknown to their partner/spouse?	Wanted more 7 effective method 8 Costs too much 9 Inconvenient to use Interference 10 with body processes 12 Infrequent sex Preference for 13 traditional methods Impact of 14 contraception on their fertility 15 Wants to conceive 99 Other
<input type="checkbox"/> fp_privacy_methods <i>(required)</i>	M3-12. Which method(s) do women prefer to use to keep their contraceptive use unknown to their partner/spouse? <i>Select all that are mentioned.</i>	1 Yes 0 No 1 Condom - male 2 Condom - female Oral contraceptive 3 pills (Microgynon or Microlut) Injectable - 4 Depo-Provera / DMPA-IM Injectable - 5 Sayana Press / DMPA-SC Implant - 2-rod 6 (e.g. Jadelle)

Field	Question	Answer
<input type="checkbox"/> fp_adol_rec (required)	M3-13. Of the contraceptive methods you do offer here, which methods do adolescent girls 19 years of age or younger and their partners typically prefer? <i>Select all that are mentioned.</i>	<p>Intrauterine</p> <p>7 contraceptive device (IUCD)</p> <p>Cycle beads for</p> <p>8 standard days method</p> <p>9 Vasectomy</p> <p>10 Bilateral tubal ligation (BTL)</p> <p>1 Condom - male</p> <p>2 Condom - female</p> <p>Oral contraceptive</p> <p>3 pills (Microgynon or Microlut)</p> <p>Injectable -</p> <p>4 Depo-Provera / DMPA-IM</p> <p>Injectable -</p> <p>5 Sayana Press / DMPA-SC</p> <p>6 Implant - 2-rod (e.g. Jadelle)</p> <p>Intrauterine</p> <p>7 contraceptive device (IUCD)</p> <p>Cycle beads for</p> <p>8 standard days method</p> <p>9 Vasectomy</p> <p>10 Bilateral tubal ligation (BTL)</p>
<input type="checkbox"/> parental_consent (required)	M3-14. When offering contraceptive services to adolescent girls (those between age 10 to 19), do you require their parents' consent when the adolescent is under a certain age?	<p>1 Yes</p> <p>0 No</p>

Field	Question	Answer
parental_consent_age (required)	M3-15. If so, below what age do you require parental consent?	
Record-Keeping		
g38 (required)	G38. Do you keep records on the number of women treated for abortion complications at this facility?	1 Yes 0 No
		1 Standard national ledgers Self-placed
		2 non-standard ledgers
g39 (required)	G39. How do you keep records on abortion-related services?	Electronic 3 standalone spreadsheet Electronic 4 central database 99 Others (specify)
g39sp (required)	If other, how do you keep records on abortion-related services?	
Record-Keeping > Ledgers		
g40	G40. Are any of these ledgers available for me to look at	1 Yes 0 No
g40_1 (required)	OPD treatment ledger	1 Yes 0 No
g40_2 (required)	IPD maternity ledger	1 Yes 0 No
g40_3 (required)	Temporary FP ledger	1 Yes 0 No
g40_4 (required)	Labor & delivery ledger	1 Yes 0 No
g40_5 (required)	Others (specify)	1 Yes 0 No
g40sp (required)	What other standard national ledgers do you have?	
Record-Keeping > Past Month Records		
g41	G41. Interviewer, please copy the number of women treated for post-abortion complications in the Last month in the OPD from the ledger	

Field	Question	Answer
g42	<p><i>Interviewer, please copy the number of women treated for post-abortion complications in the Last month in the OPD from the ledger</i></p> <p>G42. Interviewer, please copy the number of women treated for post-abortion complications in the Last month in the IPD from the ledger</p>	
Record-Keeping > Past Quarter Records		
g43	G43. Interviewer, please copy the number of women treated for post-abortion complications in the Last Quarter (April-June 2021) in the OPD from the ledger	
g44	G44. Interviewer, please copy the number of women treated for post-abortion complications in the Last Quarter (April-June 2021) in the IPD from the ledger	
note_end	<p>This is the end of the Health Facility Survey (HFS). Thank you very much for your time. Your responses are very important and will help make health services better for women and girls.</p>	
comments <i>(required)</i>	Interviewer comments	