Participant information sheet (Healthcare providers)

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia
Researcher: Haile Bekele Adane
Supervisor: Professor Lizeth Roets

Dear participant,

Good day. My name is Haile Bekelea Doctoral (DLitt et Phil) student at the University of South Africa. I want to conduct a study with the title "**An action plan to integrate abortion care with HIV and Family planning services in Ethiopia".** You as a health professional, who have been giving a maternal health service, is the best person to ask to volunteer to take part in the study. By participating in this study you may not be benefited directly, but it will provide information that might improve the provision of integrated health service at public health facility levels.

I invite you to voluntary take part in this study. I appreciate that you will offer us your valuable time. This self-administered questionnaire will only take about 30 minutes of your time. You will not be remunerated but the information you will provide can benefit maternal and child health services in the future. The results of this study might be published but the information that you provide will be treated as confidential and your identity will not be linked to the questionnaire. Your anonymity will be ensured as your name will not be required on the questionnaire. If you feel that by answering the questions you would like to talk to a person to be supported due to any discomfort, please contact the researcher Mr. Haile Bekele at +251911714569 so that counseling free of charge can be arranged for you. You are free to indicate at any stage of the research that you wish to withdraw from the study without any negative effect.

If you agree to participate, your honest response is appreciated

If you have any questions regarding this research do not hesitate to contact with the following address:

Researcher: Haile Bekele Adane
Tele: +251-911714569 Email: 64142353@mylife.unisa.ac.za. or haileb2006@yahoo.com
If you have any concerns about the research, please contact the Health Research Ethics Committee at HSREC@unisa.ac.za.

Yours faithfully

Haile Bekele

Consent form (Service providers)

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia.
Researcher: Haile Bekele Adane
Supervisor: Professor Lizeth Roets

I, the undersigned, agree to participate in the above mentioned research study. I confirm the information is shared with me:

- My participation in this study can benefit the maternal and child health service in the future,
- My participation is voluntary and I may discontinue at any stage of the study without penalty,
- I will not be remunerated for my participation,
- If I feel uncomfortable in any way during the responding of a questionnaire, I have the right to decline to answer any further questions.
- Participation involves completing a self-administered questionnaire by participants.
- All information collected will be private and confidential and the researcher will not use personal identifier in his study reports.
- All the data collected for this study will be stored in a cabinet under lock in a secured place and not be shared with any other persons,
- I am fully aware that the results of this study will be used for scientific purpose and may be published.

I understand what is expected from me and give my consent to take part in this study voluntary without feeling pressurized to do so.

If I have any questions about this research, I will contact the person mentioned below:
Researcher: Haile Bekele Adane
Tel: +251911714569
Email: 64142353@mylife.unisa.ac.za or haileb2006@yahoo.com

Participant's Signature Date
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ANNEXURE II: Self administered questionnaire for Healthcare providers

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia

Dear participant,

Thank you for your willingness to participate in this study. I will appreciate it if you answer all the questions as honest as possible.

The questionnaire consists of the following five sections and will take not more than 30 minutes of your time.

Section A: Background information

Section B: Information on professional development training (in-service training) opportunities

Section C: Abortion care related services

Section D: HIV and Family planning related services

Section E: Integrated healthcare related services

INSTRUCTIONS :

- ***Please answer all the questions by indicating (X) next to your answer.***

Example

Q/No	Questions	Choice	Block	For office use
	What is your sex?	1. Male 2. Female	1 [X] 2. [ ]	[ ]

- ***Please answer the questions according to your own opinion***
- ***Where there is space provided for answers, please write down your answer in the space provided*.**

IMPORTANT DEFINITION WHEN COMPLETING THE QUESTIONNAIRE:Safe abortion care is seen as care given to clients, on their own request by health workers in public health facilities in accordance with the Ethiopian family health law.

Section A: Background information				
S/N	Questions	Choice	Block	For office use
QA1	Please indicate in which administrative zone you are residing?	1. Sidama 2. Wolaita 3. Gamo 4. Hadiya 5. Hawasa	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
QA2	What is your sex?	1. Male 2. Female	1. ☐ 2. ☐	☐
AO3	How old are you? Age in completed years (e.g. 22)	_____Years of age		☐
A04	To which ethnic group do you belong to?	1. Sidama 2. Wolaita 3. Hadiya 4. Gamo 5. Goffa 6. Amhara 7. Other, specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐	☐
QA5	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
QA6	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Unmarried but in a relationship	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐
A07	What is your profession?	1. Medical doctor 2. Health officer 3. Midwifery 4. Nursing 5. .Other, specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
QA8.	Please indicate the type of healthcare facility in which you are currently rendering a service	1. Hospital 2. Health center	1. ☐ 2. ☐	☐

A09	For how long have you been working at this healthcare facility?	1. 0-5 months 2. 6-11 months 3. 12--17 months 4. 18-23 months 5. 24-29 months 6. 30-35 months 7. 36 months and above	1 2 3 4 5 6. 7.	
Section B: Information on professional development training (in-service training) opportunities				
B01	Have you received in-service training to enable you to offer the service that you are providing?	1. Yes 2. No	1. 2.	
B02	If the answer to question B01 was yes, please indicate the professional development (in-service) training that you have attended (Mark all that is/are relevant please)	1. Comprehensive abortion care 2. Basic emergency obstetrics and newborn care (BEmONC) 3. Short-acting family planning methods 4. Long-acting family planning methods 5. Bilateral tubal ligation 6. Vasectomy 7. HIV counseling and testing 8. Prevention of mother to child transmission of HIV (PMTCT) 9. Anti retroviral treatment (ART) 10. Management of opportunistic infections (OIs) 11. Other, specify---------- ----------	1 2 3 4 5 6 7 8 9 10 11	
B03	Please indicate when last (how long ago) did you receive in-service training	1. 0-5 months 2. 6-11 months 3. 12--17 months 4. 18-23 months 5. 24-29 months 6. 30-35 months 7. 36 months and above	1 2 3 4 5 6. 7.	

B04	Please indicate the training organizer/s that offered the specified training/s. (Mark all that is/are relevant please)	1. Federal ministry of health 2. Regional health bureau 3. Zonal health department 4. Partner organization (NGOs) 5. Others, specify ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
B05	Did you receive training/s regarding integrated healthcare service delivery (HIV, family planning, and/or abortion care)?	1. Yes 2. No	1. ☐ 2. ☐	☐
B06	If the answer to question B05 was yes, please indicate the itegrated health service training that you have received (Mark all that is/are relevant please)	1. HIV-FP integration 2. Abortion-HIV integration 3. Abortion- family planning integration 4. Abortion and HIV-FP integration 5. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
B07	Please indicate when last (how long ago) did you receive integratedhealth service training	1. 0-5 months 2. 6-11 months 3. 12--17 months 4. 18-23 months 5. 24-29 months 6. 30-35 months 7. 36 months and above	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6. ☐ 7. ☐	☐
B08	Who provided the training pertaining to Integrated healthcare services ? (Mark all that is/are relevant please)	1. Federal ministry of health 2. Regional health bureau 3. Zonal health department 4. Partner organization (NGO) 5. Others, specify ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
B09	Please name the policies, strategies, and guidelines relevant to abortion care that you are aware of ---------- ---------- ---------- ----------			☐ ☐ ☐

B10	Please name the policies, strategies, and guidelines relevant to family planning services that you are aware of ---------- ---------- ---------- ----------			▭ ▭ ▭
B11	Please name the policies, strategies, and guidelines relevant to HIV/AIDS services that you are aware of ---------- ---------- ----------			▭ ▭ ▭
B12	Please name the policies, strategies, and guidelines relevant to integrated healthcare services that you are aware of ---------- ---------- ----------			▭ ▭ ▭
B13	Which of the policies, strategies as well as the guidelines on abortion, FP, HIV/AIDS, and integrated healthcare services documents are available in the healthcare facility where you are offering services?please list the available ones. ---------- ---------- ----------			▭ ▭ ▭
B14	Have you ever used any of the regulatory documents (policies, strategies, guidelines) as a reference in your practice?	1. Yes 2. No	1 ▭ 2 ▭	▭
B15	Please motivate your answer to question B14---------- ---------- ----------			▭
B16	What is your current responsibility in the healthcare facility where you are working?	1. Abortion service provider 2. FP and HIV service provider	1 ▭ 2 ▭	▭
	Section C: Abortion care related services (For abortion care service providers)			
C01	What type of abortion care are you providing in the healthcare facility where you are working?	1. Comprehensive abortion care 2. Safe abortion care only 3. Post abortion care only	1 ▭ 2 ▭ 3 ▭	▭

C02	Which of the listed indicators do you think contribute to safe abortion care? (Mark all that is/are relevant please)	1. When the age of the client is less than 18 years 2. If the client is raped 3. If it is from close relatives 4. The pregnancy threat the growing fetus 5. If the client is mentally and physically disabled 6. Other specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐
C03	What is/are the opportunities that the community are able to obtain information regarding to abortion care? (Mark all that is/are relevant please)	1. Through health education in the healthcare facility 2. Through health extension workers in the communities 3. Radio messages 4. Television message 5. Leaflet 6. Others, specify----------	1 ☐ 2 ☐ 3 ☐ 4. ☐ 5 ☐ 6 ☐	☐
C04	Do you think that factors such as availability of abortion services, radio messages, watching television, and health eduction by health workers and health extension workers contribute for safe abortion service by the community?	1. Yes 2. No	1 ☐ 2 ☐	☐
C05	If the answer to question C04 was no, motivate your answer	----------		☐
C06	What are the challenges of providing abortion care services in the healthcare facility where you are working? (Mark all that is/are relevant please)	1. Inadequately trained health professionals 2. Poor abortion care service 3. Lack of equipment to provide an abortion service 4. Lack of medical supplies to provide an abortion care 5. The socio-cultural problems of the community	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐

		6. Shortage of budget 7. Others specify---------- ----------	6 ☐ 7 ☐	
C07	In the healthcare facility where you are working, which drugs are available to provide abortion care services in the past 6 months? (Mark all that is/are relevant please)	1. Mifepristone 2. Misoprostol 3. Medabone 4. Other specify---------- ---------- 5. None of them available	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
C08	In the healthcare facility where you are working, what medical equipment was available to provide abortion care in the last 6 months?(Mark all that is/are relevant please)	1. Electric vacuum aspirator 2. Manual vacuum aspirator 3. Dilatation and curettage kits 4. Others, specify ---------- ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐	☐
C09	In the healthcare facility where you are working, which of the following medical supplies are available to offer abortion care in the last 6 months (Mark all that is/are relevant please)	1. Syringe and needles 2. Gloves 3. Antiseptic solutions 4. Gauze sponges or cotton balls 5. Others specify---------- ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
C10	In the healthcare facility where you are working, who are providing abortion care services? (Mark all that is/are relevant please)	1. Medical doctors 2. Health officers 3. Midwives 4. Nurses 5. Other specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
C11	In the healthcare facility where you are working, where do you provide abortion care services?	1. In an abortion care room 2. In the delivery room 3. Others specify---------- ----------	1 ☐ 2 ☐ 3 ☐	☐
C12	In the healthcare facility where you are working, how was the abortion care providing room prepared to give abortion services? (Mark all that is/are relevant please)	1. Adequate space with coaches 2. Inadequate space 3. Comfortable room temperature 4. Well ventilated room 5. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5. ☐	☐

C13	Do women pay for the abortion care service that theyreceive in the healthcare facility?	1. Yes 2. No	1 ☐ 2 ☐	☐
C14	If the answer to question QC13 is yes, how much does the client pay in Ethiopian Birr (e.g 150 birrs)	Payment in Ethiopia birr----------		☐
	Section D: HIV and Family planning related services (For HIV-Family planning services providers)			
D01	What is/are the available HIV services that you are offering in your healthcare facility? (Mark all that is/are relevant please)	1. Voluntary counseling and testing 2. Provider initiated HIV counseling and testing 3. Prevention of mother to child transmission of HIV (PMTCT) 4. Antiretroviral treatment (ART) 5. Management of opportunistic infections 6. Other, Specify———————— ————————————---------- ----------———	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐
D02	In the healthcare facility where you are working, which of the following HIV commodities were available in the past 6 months? (Mark all that is/are relevant please)	1. HIV test kits 2. Antiretroviral treatment (ART) drugs 3. Drugs for opportunistic Infections 4. Others, specify———————— ————————————---------- ----------———	1 ☐ 2 ☐ 3 ☐ 4 ☐	☐
D03	What do you think are the challenges related to HIV/AIDS services in this healthcare facility? (Mark all that is/are relevant please)	1. HIV infected persons do not make use of the services 2. HIV infected clients are afraid of stigma and discrimination 3. Shortage of trained health care workers 4. Shortage of commodities and supplies 5. Poor monitoring system 6. Shortage of standard operating procedures	1 ☐ 2. ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐

		7. Poor referral systems 8. Minimal community support for HIV care 9. Others (Specify)---------- ----------	7 ☐ 8 ☐ 9 ☐	
D04	What are the family planning methods available in the healthcare facility where you are offering the service? (Mark all that is/are relevant please)	1. Contraceptive pills 2. Male condoms 3. Female condoms 4. Injectables 5. Intra uterine device (IUD) 6. Implants 7. Female sterilization 8. Male sterilization 9. Emergency contraception 10. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐	☐
D05	What is/are the challenges that you observed regarding the family planning program in the healthcare facility where you are working? (Mark all that is/are relevant please)	1. Shortage of contraceptive supplies 2. Shortage of trained health care providers 3. Lack of contraceptive options 4. Shortage of budget/fund 5. Partner/husband influence 6. Fear of side effects 7. Poor family planning service provision 8. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐	☐
D06	In the healthcare facility where you are working, who are providing HIV-Family planning related services? (Mark all that is/are relevant please)	1. Medical doctors 2. Health officers 3. Midwives 4. Nurses 5. Other, specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
Section E: Integrated healthcare services provision (For both abortion care and HIV-family planning services providers)				
E01	In the healthcare facility where you are working,do you integrate abortion care with other healthcare services?	1. Yes 2. No	1 ☐ 2 ☐	☐

E02	If the answer to question E01 was no, motivate your answer	---------- ----------		▭
E03	If the answer to question E01 is yes, what is/are the healthcare service/s that is/are integrated with abortion care services?	1. HIV/ADS services 2. Family planning services 3. HIV and Family planning services 4. Others, specify---------- ----------	1 ▭ 2 ▭ 3 ▭ 4 ▭	▭
E04	How do you provide the specified integrated healthcare services to women who have received abortion care in the healthcare facility?	1. Single room, same provider 2. Single room, different providers 3. Different rooms, different providers 4. Others (Specify)———— ————	1 ▭ 2 ▭ 3 ▭ 4 ▭	▭
E05	Where do you integrate the specified healthcare services in this healthcare facility? (Mark all that is/are relevant please)	1. Abortion care unit 2. Delivery service unit 3. Out-patient department 4. Family planning unit 5. HIV counseling and testing (HCT) unit 6. Antiretroviral treatment unit 7. Antenatal care/Prevention of mother to child transmission of HIV unit 8. Others, specify———— ————	1 ▭ 2 ▭ 3 ▭ 4 ▭ 5 ▭ 6 ▭ 7 ▭ 8 ▭	▭
E06	What has been done to make the community aware of integrated healthcare services to women who wants to received abortion care?	1. Health education in the health facility 2. Informing clients during service provision 3. Information through health extension workers in the community 4. Did nothing 5. Others, specify---------- ----------	1 ▭ 2 ▭ 3 ▭ 4 ▭ 5 ▭	▭

E07	Do you have teaching aids as part of healthcare education available to explain and motivate the integration of abortion care with family palnning and HIV services?	1. Yes 2. No	1 2	
E08	If the answer to question E07 was yes, please indicate the available teaching aids (Mark all that is/are relevant please)	1. Leaflet 2. Broachers 3. Posters 4. Others, Specify---------- ----------	1 2 3 4	
E09	What are the challenges of integrating abortion care with other healthcare services in the healthcare facility where you are working? (Mark all that is/are relevant please)	1. Lack of operational policies and guidelines 2. Poor support and monitoring system 3. Shortage of healthcare providers 4. Takes time to integrate the service 5. Inadequate medical supplies 6. Poor infrastructure 7. Inadequate budget allocation 8. Others, specify---------- ----------	1 2 3 4 5 6 7 8	
E10	What are the advantage/s of integrating other health services with abortion care at the healthcare facility level? (Mark all that is/are relevant please)	1. Avoid missed opportunities 2. Increase access for other services 3. Reduces cost 4. Reduce stigma and discrimination 5. More efficient use of staff time 6. Improved team work 7. Reduce the amount of visists to a healh care service 8. Others, Specify---------- ----------	1 2 3 4 5 6 7. 8	

E11	Which of the following aspects do you think will encourage the integration of abortion care with other healthcare services? (Mark all that is/are relevant please)	1. Availability of policies, guidelines and strategies 2. Consistent availability of abortion, FP and HIV commodities and supplies 3. Availability of well-trained health care personnel 4. Good infrastructure 5. Monitoring and evaluation of abortion care with other health services 6. Interactions between units within the facility 7. Supportive supervision from higher levels 8. A more time efficient way to offer services 9. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐	☐
E12	How do you perceive the importance of integration of abortion care with HIV and family planning services in public health facilities? (Mark all that is/are relevant please)	1. Very important 2. Important 3. Less important 4. Not important 5. Other specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
E13	Please describe what you think can be done to improve and/ or motivate the integration of abortion care with HIV and FP in one healthcare facility.---------- ---------- ---------- ---------- ---------- ---------- ----------			☐

This is the end of the questions

Thank you for your willingness and participation in the study