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# CLIENT EXIT INTERVIEW TOOLKIT



# INTRODUCTION

## Purpose and intended use of this toolkit

This toolkit provides step-by-step guidance on implementing annual Client Exit Interviews (CEIs) as a cross-sectional, representative survey of clients accessing family planning services. Our guidance is informed by over a decade of conducting CEIs at MSI Reproductive Choices (MSI) to effectively collect high-quality data on over 180,000 clients across sexual and reproductive health service delivery points in 29 countries.<sup>1</sup>

We intend this toolkit to be used as an adaptable template by other healthcare service delivery organisations, institutions, governments, and non-government organisations looking to better understand service-user experience. Although the questionnaire and guidance are tailored to clients accessing MSI's family planning services, we have successfully adapted our CEI methodology to a variety of service delivery models and contexts and designed the questionnaire to be administered to people of all ages, genders, identities, and cultural backgrounds. We are confident in the flexibility of our approach, and hopeful that this toolkit provides useful guidance for others wanting to implement or refine a CEI process.

## Client Exit Interviews

A Client Exit Interview (CEI) is a survey administered to clients by a trained interviewer immediately following a client's healthcare visit at the site of service delivery.<sup>2</sup>

The methodology and design of the CEIs enable the collection of high-quality, representative data on client demographics, previous healthcare service use and behaviours, client experience and satisfaction, marketing and referrals, and social and communal norms.

The CEI questionnaire template (included in **Annexe 1**) reflects key indicators for family planning clients, structured in the following modules:

**Module 1:** Interview and Site Information

**Module 2:** Service Access and Uptake

**Module 3:** Family Planning History

**Module 4:** Family Planning Counselling

**Module 5:** Client Experience

**Module 6:** Marketing

**Module 7:** Social and Community Context

**Module 8:** Demographics

### Collecting annual CEI data can serve important purposes in improving healthcare design and delivery, including:

- **Accountability to clients:** Reviewing CEI data can help ensure services are reaching people and population groups most in need, that they are satisfied with the care they received, and that the quality of care is equal for all accessing it.
- **Identifying strategic goals:** By evaluating current performance in client experience and client reach, CEI data can help identify opportunities to adapt or improve service delivery to maintain quality care and achieve further improvement.
- **Monitoring progress:** CEI data can be used for assessing to what extent programming strategies are successful at meeting established goals, and whether any adaptations made are reflected in improvements on the ground.

1. These are: Afghanistan, Bangladesh, Cambodia, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mexico, Myanmar, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Tanzania, Uganda, Viet Nam, Yemen, Zambia, Bolivia, Nepal, Timor Leste, Burkina Faso, Zimbabwe, India, Niger, and Democratic Republic of the Congo.

2. We choose to use client to refer to people who have received services from MSI Reproductive Choices. Client is a gender-neutral term, meaning it covers women and pregnant people, including trans men and non-binary people, who require access to family planning care.

# CONTENTS

## 1 Planning >

Review this section for key considerations in planning and preparing to implement CEIs, including informing stakeholders, deciding timing, securing budget, and recruiting researchers.

## 2 Ethical review >

Review this section for more information on the main ethical issues that should be considered and addressed before undertaking the CEI process.

## 3 Sampling strategy >

Review this section for more information on the steps required for calculating and implementing a simple random sample or cluster sample approach to gain a representative sample in your CEIs.

## 4 Recruiting and training interviewers >

Review this section for guidance on recruiting and training interviewers to administer CEI surveys competently and confidently in your study setting.

## 5 Adapting and piloting the questionnaire >

Review this section for more information on MSI's CEI questionnaire design, intended use, and administration modality, as well as guidance for adapting, translating, and piloting the questionnaire in your study setting.

## 6 Data collection and management >

Review this section for more information on suggested steps for preparing for your CEI data collection, monitoring data collection, and troubleshooting issues in the field.

## 7 Data cleaning and analysis >

Review this section for more information on appropriate statistical analysis methods to answer common research questions, calculating key indicators, and suggestions for strengthening your CEI analysis.

## 8 Reporting and disseminating >

Review this section for more information on the main strengths and limitations of the CEI approach to be aware of when interpreting and reporting results, as well as guidance for identifying internal and external dissemination opportunities.

## 9 Annexes >



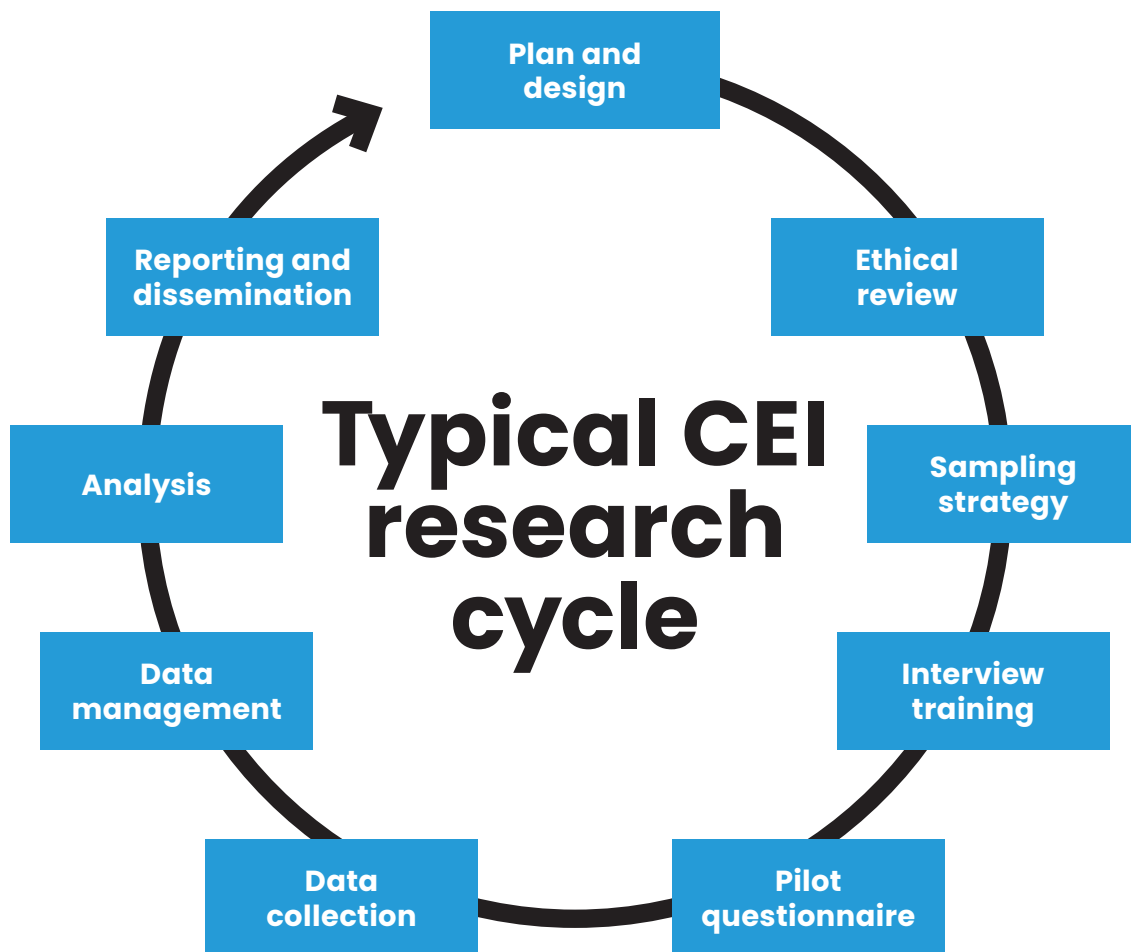
# 1 PLANNING

**Review this section for key considerations in planning and preparing to implement CEIs, including informing stakeholders, deciding timing, securing budget, and recruiting researchers.**

## ✔ Inform stakeholders

Informing and involving key stakeholders from the start is important for ensuring implementation runs smoothly, the data collected addresses organisational needs, and that the results will be used and disseminated effectively. Bringing together stakeholders in a planning meeting or workshop can be an effective way to identify barriers or considerations for each stage of the CEI process, as well as allocate roles and responsibilities within your team.

The CEI research cycle is typically a 6-9 month process, depending on the time taken to undertake ethical review. Each stage of the CEI cycle should be discussed with key stakeholders during the planning stage to support successful implementation.



### ✓ Secure your budget

The next step is to calculate the cost of your CEI process from planning to dissemination, and secure budget to cover these costs. The cost of the CEI process will vary depending on the following factors:

- **Internal capacity to undertake research:** if your organisation has capacity and expertise to conduct the CEIs internally, this will reduce overall costs. Otherwise, you may decide to contract all or part of the research process out externally.
- **Size and location of service delivery networks:** the size and location of service delivery networks included in your CEIs will influence the time taken to collect a representative sample of client responses in your given networks, and therefore the cost of travel and accommodation for interviewers.
- **Client volume at selected sites:** the number of days interviewers should spend collecting data is dependent on average client flow numbers for the client group you are sampling. If client flow numbers are low, then the data collection period will be longer. Information on sampling strategy can be found in [Section 3](#).
- **Timing of data collection:** the frequency in which you collect CEI data, and the time chosen, will impact costs. We recommend undertaking CEIs annually across all core service delivery networks, but in some instances, you may wish to conduct them more frequently. Additionally, the time chosen to collect data may influence costs, if there are any issues with client or interviewer access to service sites. See the next section for more information.

### ✓ Decide timing

The timing of your CEIs can influence your results: the season, month and even the day of the week may affect the type of clients that attend your sites and services. Careful consideration to the timing of the survey should consider any general factors that affect clients' ability to attend the facility or provider, for example: holiday seasons, harvest periods, rainy season, festivals, political events, or local ceremonies like weddings and funerals. To be an effective snapshot of your average client population, CEIs should be conducted on days that represent as close to the 'usual' day as possible.

### ✓ Human resource

Decide which CEI activities need to be contracted out to a research agency. We recommend hiring external researchers to conduct your CEIs, as using internal staff could bias your results. You may also decide to contract out management of the entire research process to a consultant.



## 2 ETHICAL REVIEW

**We recommend submitting a protocol to the appropriate national or local ethics board to ensure ethical implementation of CEIs. If you plan to conduct CEIs in multiple countries, or to publish your results, you may also consider seeking additional approval from an International Review Board. Review this section for more information on the main ethical issues that should be considered and addressed before undertaking the CEI process.**

### Risks and benefits

There should only be minor risks and discomfort for clients participating in the CEIs. These include:

- **Participating in the CEIs requires clients to stay after their visit or service to complete the interview.** The potential burden of this can be mitigated by ensuring the client is clearly informed of the expected length of the interview and that they can interrupt, pause, or end the interview at any time.
- **Questions included in the CEI survey may be sensitive or uncomfortable for the client to answer.** This can be mitigated by piloting the survey to test the questions for their framing and reception, ensuring interviewers are thoroughly trained in the informed consent process, and that the interview takes place in a location that protects client confidentiality.

While there are no direct benefits to clients in participating in the CEIs, indirect benefits include the use of their feedback to improve service delivery and design for others, and contribution to any wider research efforts that the CEI results are used toward.

### Informed consent

It is essential all clients invited to participate in CEIs have completed an informed consent process. Informed consent involves the following steps, where the potential respondent:

- Receives and understands the necessary information;
- Has been provided the opportunity to ask any questions and have them fully answered;
- Is given as long as they need to decide whether to participate;
- Has arrived at a decision without having been subjected to coercion, undue influence or inducement, or intimidation;
- Has signed, marked, or provided a thumbprint on an informed consent form.

Example informed consent documents are included in [Annexe 3](#).

### Vulnerable groups

Some client groups may be more vulnerable than others. It is important to identify vulnerable groups when designing your CEI implementation plan and assess whether including these groups is necessary and ethical. Among others, vulnerable groups can include minors, people with disabilities, refugees or people that have been forcibly displaced, and survivors of violence or trauma.

The same ethical considerations and procedures apply for vulnerable groups included in your CEIs, but reasonable additional steps must be taken to support the ability for vulnerable persons to consent voluntarily and contribute to the research safely and comfortably. Some examples might include employing translators, interpreters, or guardians to assist with communicating the recruitment and interview process.<sup>3</sup>



## Confidentiality

We recommend ensuring that data is non-identifiable throughout the CEI process. This means that questionnaires must remain completely anonymous and confidential with no personal identifiable information collected, and that questionnaires and consent forms are not linked to client health records. Additionally, individual providers or staff members should not be identified by name or description in questionnaires.

To ensure the data is non-identifiable, the research team should also check that the personal data collected cannot be traced to an individual interviewee or inferred through deductive disclosure, for example, by conducting cross-analysis of data sets or records available in the public domain.

To protect confidentiality, the research team and data collectors must take all reasonable precautions to ensure that personal data is held and stored securely. It should be protected against risks such as loss, unauthorised access, destruction, misuse, manipulation, or disclosure.

Personal data, such as consent forms, should be held no longer than necessary, and according to organisational guidelines on data retention. The length of time that any personal data will be stored should be decided at the onset during the planning phase of the CEI process.

Ahead of data collection the research team should outline where data is held, what data needs to be deleted, when, how, and by whom. Destruction must take place in a manner which permanently safeguards confidentiality. All information regarding the processing, protection, and storage of client data should be communicated to each potential participant. An example of a participant information form is included in [Annexe 3](#).



## Compensation

It is unlikely that there would be any need to compensate clients for participating in the CEIs, and in most contexts, compensating clients may be interpreted as bribery and undermine the informed consent process. However, it may be appropriate to offer a small gesture of thanks for the time the client will spend to complete the interview, for example, with refreshments or snacks.

## Respectful research practices

The ultimate purpose of the CEIs is to improve client experience and access to care and the research process should not interfere with or disrupt this. The rights and well-being of clients, communities, and staff should be upheld during design and implementation of CEI research.

## 3 SAMPLING STRATEGY

**The sampling guidance outlined in this toolkit is designed to collect data that is representative of a client population within a service delivery network (i.e., a network of private healthcare facilities) comprised of discrete service delivery units (i.e., each private healthcare facility). Review this section for more information on the steps required for calculating and implementing a simple random sample or cluster sample approach to gain a representative sample in your CEIs.**

### MSI's CEI sampling design

The sampling guidance outlined below is designed to collect data that is representative of a client population within a service delivery network (i.e., a network of private healthcare facilities) comprised of discrete service delivery units (i.e., each private healthcare facility).

The aim of this sampling design is to achieve estimates that can be extrapolated to be representative of overall client experience at the service delivery network level. You can conduct CEIs in more than one service delivery network to enable comparison of results across each network.

How you determine and define the parameters of each network depends on your operational set-up and research questions. For example, a network could comprise of mobile service delivery teams or be a group of donor-funded clinics.

You can also stratify within a network (i.e. by region) to run comparative analysis within a region based on the stratification parameter (i.e. compare client experience among private health facilities in region X versus region Y). However, please note that the following guidance is for a simple random sampling approach and is not suitable for comparative analysis of sub-groups within the service delivery network.<sup>4</sup>

### Determine your sampling approach

To gain a representative sample, you will want to include all service delivery units (facilities, sites, or teams) that are operational in each service delivery network during the timeframe in which you will be collecting CEI data.

There are two recommended sampling approaches to take, depending on how many service delivery units you have in each network you are conducting CEIs in. The sampling steps outlined below will need to be applied to each network that you plan to conduct CEIs in, to generate a separate sampling strategy that is appropriate and specific to the network size and client flow. You may want to include more than one network to compare differences between them, for example, one service delivery network may comprise of outreach teams and another of static clinics.



### Approach 1: census sample

In service delivery networks where it is possible to visit and sample clients at each service delivery unit, a census approach can be used. We have defined this as a service delivery network of **40 units or less**.

For a census approach, a standard minimum sample size can be calculated with the following formula:

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$$n = Z\alpha^2 pq / d^2$$

where

**n = number of respondents required using simple random sample**

**Zα = 1.96 corresponding to a confidence level of 95%**

**p = expected coverage for key indicators**

**q = 1-p**

**d = required level of accuracy, i.e. maximum size of confidence intervals**

Using this formula, the standard minimum sample size will provide figures with 95% confidence intervals of + / - 10%, using the following parameters:

**p = 50% (for most conservative sample size estimates)**

**q = 1-p**

**d = 10%**

This gives the following minimum sample size number:

$$N = (1.962 \times 0.5 \times 0.5) / 0.12 = 97$$

We then increased by 10% to account for non-response rates (this can be adjusted if you know the non-response rate to be higher or lower in your specific study context).

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➔ Using the logic and formula above provides a standard minimum sample size of **107 clients** for networks with 40 service delivery units or less.

### Approach 2: cluster sample

In service delivery networks that are larger, or where it may not be possible to visit and sample clients at all service delivery units, a cluster sample approach can be used. We have defined this as service delivery networks with **more than 40 service delivery units**.

A cluster sample approach involves taking a random sample of units from your sampling universe to include in your final sample. To account for the loss of information inherent in excluding some units, the sample size will be larger than a census approach. This inflation factor is the design effect, deff, of using a cluster sampling approach 5. Based on the design effect observed across previous CEI survey data and the precision required of our estimates, a design effect of 2 has been used in the following formula:

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$$nc = n * deff$$

where

**nc = number of respondents required using a cluster sample**

**n = number of respondents required using simple random sample**

**deff = design effect of using clustered sampling**

This gives us a minimum sample size of:

$$nc = 107 * 2 = 214$$

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➔ Using the logic and formula above provides a standard minimum sample size of **214 clients** for networks with 40 service delivery units or more.

## Calculate interview days and skip patterns

Once an appropriate sample approach has been selected and minimum sample sizes calculated, you can estimate how many days to spend interviewing clients and what skip pattern to use to achieve a representative sample. There are three steps to calculating this:

- **Step 1:** Separately, for each service delivery network selected for CEI data collection, list all service delivery units that will be operational during data collection. If using a cluster sampling approach, select at random sites from your total sample universe to be visited. We recommend randomly selecting 30 service delivery units.<sup>6</sup>
- **Step 2:** Once you have the list of units you will be including in your final sample, calculate the expected daily client flow for each during your planned period of data collection. You can do this using historic data for a time period similar to when you have planned your data collection, or taking an average estimate from the time in which the unit has been operational. The choice depends on which approach is likely to be a more accurate representation of current client flow. Where it is difficult to accurately estimate expected client flow, we recommend underestimating client flow as this will result in a more conservative estimate of the number of days you will need to spend at each unit to achieve your target number of interviews.
- **Step 3:** Use the table on page 13 to decide how many days you will need to spend at each site, and a recommended skip pattern for spreading the interviews across the day, by calculating what proportion of your total client flow the target sample is equal to. To do this, divide the total minimum sample size target number by the average number of clients across the units included in your final sample, and multiply by 100 to calculate a proportion.

## Implementing your sampling strategy

Effective implementation requires interviewers to be confident about the purpose and application of sampling skip patterns in your study setting. Some recommendations for preparing interviewers to implement the planned skip pattern include:

1. Send interviewers to service delivery units before data collection begins to understand the client journey and determine whether they will require the assistance of staff to support with adhering to the skip pattern.
2. Only provide information about the skip pattern and number of days to spend at each unit to the interviewers, and not the target minimum sample. This is to avoid interviewers ending interviews early when their target is achieved; the aim to gain a representative sample, which involves interviewing across the period selected in your strategy.
3. Ensure interviewers have a plan to select the first respondent in their skip pattern at random. To do this, they should check their skip pattern for the number of clients to choose from. If the skip pattern is to interview every fifth client, the choice for the first client will be between the first and fifth client. If the skip pattern is to interview every other client, the choice will be between the first two clients. A choice of which client to start with should be made at random, which can be done by simply writing the options on scraps of paper and selecting one at random.

Information on troubleshooting issues with adhering to the sampling strategy or meeting minimum target samples can be found in [Annexe 4c](#).

Target sample as a proportion of daily client flow across sampled sites	Recommended skip pattern for selecting respondents
0% – 10%	Interview every tenth client in each site for one day
10% – 20%	Interview every fifth client in each site for one day
20% – 25%	Interview every fourth client in each site for one day
25% – 33%	Interview every third client in each site for one day
33% – 50%	Interview every other client in each site for one day
50% – 67%	Interview all except every third client in each site for one day
67% – 75%	Interview all except every fourth clients in each site for one day
75% – 80%	Interview all except every fifth client for one day
80% – 90%	Interview all except every tenth client for one day
90% – 100%	Interview all clients for one day
100% – 150%	Interview all except every fourth client for two days
150% – 200%	Interview all clients for two days
200% – 250%	Interview all except every fifth client for three days
250% – 300%	Interview all clients for three days
300% – 400%	Interview all clients for 4 days
400% – 500%	Interview all clients for 5 days
500% – 600%	Interview all clients for 6 days
600% – 700%	Interview all clients for 7 days

### Example Scenario

You have 10 units in your final sample and your minimum sample size target is 107 clients. Across these 10 sites, you normally see approximately 50 clients each day.

The calculation will be as follows:

$$107 / 50 = 2.14 * 100 = 214\%$$

Using the table above this results in a recommended skip pattern of 'Interview all except every fifth client for three days'.

## 4 RECRUITING AND TRAINING INTERVIEWERS

**Review this section for guidance on recruiting and training interviewers to administer CEI surveys competently and confidently in your study setting.**

### Recruiting interviewers

The CEIs are designed to be administered by trained interviewers to ensure high-quality data is collected. Ideally, interviewers will be externally employed, and not staff or providers that work on-site within the service delivery unit to mitigate response bias. Where there is no option to employ interviewers externally, we recommend that you choose team members who are most removed from direct service delivery and provide adequate data collection training time, particularly on obtaining informed and voluntary consent and interviewing techniques. Some considerations when recruiting interviewers for CEI data collection include:

- **Inclusion and exclusion criteria.** In some study settings, it may be more appropriate for clients to be interviewed by an interviewer of the same sex and of a similar age group to ensure respondents feel as comfortable as possible. You may also require interviewers to speak languages or dialects that are common among your client population. Any conflict of interest should also be considered, such as excluding former employees of your organisation or individuals with family members who are or have been employed.
- **Suitability for working with vulnerable populations.** Where relevant, reference questions can be used to assess the interviewer's suitability for working with vulnerable populations. Interview panels can also prepare specific questions around safeguarding, establishing candidates' attitudes and values, and assessing their suitability for working with vulnerable or at-risk populations.
- **Suitability for collecting sensitive healthcare and service information data.** Lastly, given the sensitive nature of many healthcare services, data collectors may need to demonstrate sufficient knowledge and support of the work your organisation does, and the ability to collect data in a non-judgemental and non-stigmatising manner. We recommend including one or two questions to clarify candidates' values and attitudes align with your organisation's work during the recruitment process and monitoring their comfort and ability to sensitively collect data during training.



## Training interviewers

Training interviewers is an important step in successful and ethical implementation of the CEIs. Comprehensive training should ensure that interviewers administering the questionnaire understand the purpose of the CEIs and the work of your organisation, and are confident in administering the questionnaire, collecting and recording data, and adhering to research ethics practices and processes. Where relevant, training should provide additional technical guidance for collecting key indicators and prepare interviewers to handle potential discomfort in asking and answering any sensitive interview questions.

Delivering comprehensive training can take between 3-4 days, depending on the number of interviewers, their previous experience, the length of the questionnaire, administration modality, and the languages or dialects the questionnaire needs to be practiced in.

We suggest that the training includes the key components outlined below.

- **Organisational and project background:** Providing context for data collectors about the work of your organisation and the programme/project(s) being explored with the CEIs.
- **Survey design and objectives:** A background to survey methods and health research, and details of the planning, fieldwork, analysis, and dissemination stages of the CEI process.
- **Interpretation and meaning of questions:** Reviewing and checking the interpretation of each question in detail, ensuring the interviewers are clear on the intent and meaning of each question and can clarify for the client if needed.
- **Technical guidance:** For specific modules, you may need to provide additional technical guidance on administering the question sets according to best practice.
- **Identifying and approaching sensitive questions:** Depending on your final questionnaire design and context, some questions may be more sensitive for interviewers and clients. Identifying and discussing these in advance can help prepare interviews to handle any discomfort or distress that may arise during fieldwork.
- **Fieldwork procedures:** Day-to-day project management and communication procedures with coordinators and research team.
- **Recruitment of respondents:** Approaching respondents, the informed consent process, and handling and recording refusals to participate.
- **Research ethics:** Safeguarding the interests of clients, interviewing vulnerable groups, and incident reporting procedures.
- **Role playing and practice interviews:** Developing comfort and experience with administering interviews in local languages and familiarity with mobile data collection or paper-based administration of the survey.
- **Logistics:** Travel arrangements and logistics, accommodation, and data collector safety procedures.

You may also want to consider running a Values Clarification and Attitude Transformation (VCAT) workshop as part of your training to explore interviewer's values, attitudes, and behaviours related to work in sexual and reproductive health rights.<sup>7</sup> This might be particularly important if your CEI survey includes questions around the provision of abortion services or care, to ensure that interviewers can confidently and safely uphold the rights and dignity of clients during the research process.

7. More information on the VCAT and accompanying toolkit can be found on the [Safe Access Hub](#). (18)

## 5 ADAPTING AND PILOTING THE QUESTIONNAIRE

### MSI's CEI questionnaire

**Our CEI Questionnaire template is reviewed and updated each year to align with any key developments in organisational programming and sectoral developments in measurement. Our most recent questionnaire template can be found in [Annexe 1](#).**

The questionnaire includes core questions to enable comparison of results across countries, service delivery networks, and monitor yearly trends. The addition of optional questions allows in-country teams to make the questionnaire relevant to their service delivery networks, cultural context, and strategic aims. The template survey covers the following modules outlined in Table 2, with considerations for adaptation to your study setting.





Questionnaire Module	Purpose	Adaptation considerations
<b>Interview and Site Information</b>	To capture informed consent, interviewer information, and where and when the interview is taking place.	Consider other contextual information you may want to collect which might be useful in analysis, particularly characteristics that you may want to control for, like location information or time of visit.
<b>Service Access and Uptake</b>	To understand the client's reason for accessing the service on the day and the services they received during their visit.	Consider which services you need to include, and whether the follow up questions will be the same for each client type. Background information on previous use and access can also be helpful for understanding information clients have or need, and broader behavioural trends informing their decisions to access and use your services.
<b>Family Planning History</b>	To understand the client's previous family planning use.	Consider what health seeking behaviours and previous family planning use are important for you to understanding and reaching your clients.
<b>Client Experience</b>	To understand what information the client received during their visit, how they felt about their interactions with staff and service providers, and their overall satisfaction with their visit.	Consider including questions that explore the information clients received, and client perceptions of the delivery and communication of this information.
<b>Marketing</b>	To understand which marketing and information sources have influenced clients' awareness of and decision to access your services.	Consider specific marketing strategies and activities that you have used, and whether you want to add questions to understand use of different types of media and information sources among your clients to inform your marketing strategies.
<b>Social and Community Context</b>	To understand how client's perceive communal attitudes towards family planning, gender, and health, as well as the client's individual values, desires, and beliefs.	Consider which social norms and individual beliefs shape family planning access, uptake, and use in your study setting.
<b>Demographics</b>	To gain a comprehensive understanding of the profile of the clients served.	Consider what demographics and characteristics you need to collect to be able to identify and understand the types of clients you have reached. The CEIs are an excellent opportunity to include more sensitive or detailed demographic measures, such as marriage, disability, and economic status that may not be captured in electronic health records.

## Administration modality

The CEI questionnaire is intended to be implemented using computer-assisted personal interviewing (CAPI). This means that a trained interviewer will read out the questionnaire to clients at a service delivery site using an electronic data-capture system on a tablet or mobile phone and record the client's responses. In comparison to pen and paper surveys, we have found that computer-assisted interviewing mitigates data entry errors and reduces the burden of manually adhering to skip logic and copying over data into an electronic database. Electronic data-capture systems can also aid monitoring and quality assuring your data during data collection, permitting opportunities to adjust any issues or errors before cleaning and analysis. Additionally, having a trained interviewer orally administer the survey can be more inclusive approach for some clients, such as those with lower literacy levels or visual limitations.

However, CAPI administration may be difficult if insufficient resource for tablets and phones, or if access to these items is limited or inappropriate in a study setting. In this case, a paper version of the questionnaire can be implemented. More time may be needed for training and piloting to ensure the questionnaire can be administered smoothly and efficiently in such study settings.

A hard copy and an XLS form version of the current CEI questionnaire are included in [Annexe 1](#).



## Translation

When designing your CEI questionnaire, you should consider whether the questionnaire will need to be translated into additional or multiple languages. When translating the questionnaire, we strongly recommend back-translating and validating the questionnaire before using it in the field instead of relying on ad-hoc translation. Translating and testing the questionnaire beforehand allows time to resolve any issues in translation and maintain consistency in how the questions are asked during data collection. We have included an English and French version of our current questionnaire in our CEI toolkit resources that can be used as templates for further translation.

Suggested steps for a rigorous translation:

1. Pay a professional interpreter to translate the final version of the questionnaire;
2. Translate all questions and question prompts into the additional language/s, and then back-translate it into the first language;
3. Use more than one interpreter to translate and work together to agree on the best wording, focusing on the meaning or 'cognitive equivalence' rather than literal, word-for-word translation;
4. Consider conducting cognitive testing of your questionnaire to test whether the questions are interpreted and understood as intended in their design;
5. Check of the appropriateness of the translation by interviewers and the research team during interviewer training and piloting of the questionnaire (more information below).

These steps can also be applied for non-written languages or dialects. In these cases, more time can be allocated during training and piloting to allow interviewers to work verbally through the translation, testing the cognitive equivalence of questions and checking the translations are being understood as intended in their design.<sup>8</sup>

## Piloting the questionnaire

Before fieldwork, we recommend piloting the final questionnaire with a small number of respondents to identify and resolve potential issues. Testing the questionnaire involves checking the following:

1. Each item is interpreted as intended;
2. The language and questions are suitable and relevant to the study setting;
3. The order of the questionnaire is logical and fluid;
4. Any skip logic or calculations function as intended;
5. The length of the questionnaire is appropriate.

You may want to integrate the pilot into your interviewer training, as it presents a good opportunity for interviewers to gain practice administering the questionnaire with real clients. Make sure to allow time to make any changes to your questionnaire that emerge during this process.



## 6 DATA COLLECTION AND MANAGEMENT

**Review this section for more information on suggested steps for preparing for your CEI data collection, monitoring data collection, and troubleshooting issues in the field.**

### Preparing sites and staff for data collection

Before sending trained interviewers into the field, we recommend contacting the sites or service delivery units in advance to make them aware of data collection plans and dates, and to ensure the site is prepared to accommodate data collection. It might be helpful for interviewers or members of the research team to visit the site the day before data collection begins to check the staff are informed and necessary procedures are in place to support recruiting and interviewing clients. Some considerations for effectively recruiting and interviewing clients are outlined below.

- Interviewers will need copies of consent forms and survey information sheets, tablets, or other data collection tools, and a location to safely store these and any other materials they have brought.
- Staff should be aware of the planned research activities ahead of data collection days, and any support they will need to give the interviewer/s. This might include informing eligible clients about the study, referring eligible clients to the interviewer, and supporting to monitor the skip pattern. Providing staff members with copies of the participation information sheet can be helpful, for their own reference and so that they can confidently describe the survey to potential respondents.

- The service delivery location may need to be prepared for data collection, including setting up any client notices and identifying a suitable interview location. The interview setting should be comfortable and protect client privacy, ensuring that client can participate without risk of being overheard.

### Recruiting and interviewing clients

Clients should be approached in a friendly manner by the interviewer who should explain who they are, what their connection is to the organisation or service delivery site, and why they have approached the client. A participation information sheet should be read out or communicated to the client, and a copy offered to clients to retain. A consent form should be completed by each client that accepts an invitation to participate in the interview. An example of a participant information sheet and a consent form can be found in [Annexe 3](#).

The numbers of clients who refuse to participate, and if possible, their reasons for refusal, should also be recorded and reported for data monitoring purposes.

## Monitoring data collection

We recommend monitoring data collection closely, especially for the first few days. This can be done by performing spot checks on the data as it is returned and checking for any major issues, such as missing answers, incomplete surveys, or high refusal rates. You can also monitor adherence to the sampling plan by checking the number of clients interviewed each day, the sites your interviewers are visiting, and the number of days they are spending interviewing clients.

In addition to monitoring the data as it is collected, supervision visits to oversee and support interviewers can be a helpful method for monitoring adherence to sampling and data collection quality. Suggested checks to perform on your data, and a supervision checklist, are included in [Annexe 4](#).

Finally, you will want to monitor whether you are reaching your minimum target sample and adjust your data collection plans if you are reaching less clients than anticipated. Guidance for troubleshooting sampling issues is detailed in [Annexe 4c](#).

Data collection is considered complete once the number of days to spend interviewing at each day has been reached, and the minimum target sample has been achieved in each service delivery network.



## 7 DATA CLEANING AND ANALYSIS

**Review this section for more information on appropriate statistical analysis methods to answer common research questions, calculating key indicators, and suggestions for strengthening your CEI analysis.**

We recommend using a statistical software, such as STATA, SPSS, or R/RStudio to clean and analyse your CEI data. Descriptive analysis can be applied to understand estimates for the key indicators included in your survey, and differences by service delivery networks included in your CEIs. Bivariate (cross tabulating the relationship between two variables) and multivariate (analysing how multiple variables interact to influence an outcome variable) analysis can be used to look at the association between measures of client experience and client profile, client profile and key health outcomes, and client experience and key health outcomes.

Depending on the final questionnaire used, some key research questions to ask when analysing your CEI dataset may include:

- 1. Who are the clients accessing your services?**  
This can be answered by understanding information about the clients accessing your services, such as poverty status, parity, education level, marital status, and disability status.
- 2. How and why do clients access your services?**  
This can be answered by evaluating the options that clients have for alternative service delivery providers, their reasons for choosing your services, and common referral pathways among client groups.
- 3. What is the experience of clients accessing your services?** This can be answered by evaluating client experience questions, satisfaction scores, and client perception of the information provided about their services.
- 4. What are the most effective marketing sources at informing clients' decision to visit your services?** This can be answered by evaluating which marketing or information sources influenced client's awareness of your services and their decision to access them.



## Calculation of key indicators

Demographic indicators, client satisfaction scores, and counselling quality metrics can also be calculated from CEI data, if the corresponding questions are included and collected in the final questionnaire.

Key indicators that are calculated using questions included in MSI's current CEI questionnaire include:

1. % clients living in severe poverty using an adapted version of the Global Multidimensional Poverty Index (MPI).
2. % clients living with a disability using the Washington Group Short Set (WG-SS).
3. % clients that are promoters, passives, and detractors using the Net Promoter Score (NPS).
4. % clients that received comprehensive family planning counselling using the FP2030 Method Information Index (MII) Plus.

More information about the composition and calculation of these indicators can be found in [Annexe 2](#).

## Strengthening your analysis

You can strengthen your analysis by:

- Triangulating your data with data from other sources, such as routine administrative data, clinical quality data, and qualitative insights, to provide additional context to and/or further test and validate your results.
- Comparing your CEI data to CEI data collected in previous years or CEI data collected across service delivery networks.
- Including key stakeholders within your organisation in preliminary dissemination of results can support with mapping out additional analysis areas to explore, as well as data sources that may be helpful to triangulate your findings with.
- Using relevant and accessible national and open-source data to contextualise your results. Many of the questions included in MSI's CEI questionnaire are drawn from national surveys, such as the Demographic and Health Surveys. National data can provide useful benchmarks to understand how your client profile and choices compare to the national picture.



## 8 REPORTING AND DISSEMINATING



**Review this section for more information on the main strengths and limitations of the CEI approach to be aware of when interpreting and reporting results, as well as guidance for identifying internal and external dissemination opportunities.**

As with all methods of data collection, the CEI approach outlined here has strengths and limitations. When disseminating CEI data or using it for reporting purposes, it is important to situate the findings within these parameters.

### **Strengths of the CEI approach**

- ✓ The CEI survey generates a large amount of empirical information about family planning clients, their experience accessing family planning care, and their perceptions of social and cultural norms.
- ✓ The data that is collected is representative of client experience within a service delivery network, and is therefore generalizable to this population.
- ✓ If the sample is adjusted accordingly, the CEI data can be disaggregated by key exclusion factors such as age, gender, and disability, displacement, and poverty status.
- ✓ Administering CEI surveys in person by trained enumerators allows for more sensitive data to be collected about client experience, such as the experience of clients accessing safe abortion care or collecting information about disability or poverty status.
- ✓ Additionally, ensuring the interview is administered after service delivery and by a research team external to the healthcare setting may reduce the risk of courtesy bias.
- ✓ CEI data is collected in a relatively short time at a relatively low cost, allowing the information to be collected regularly for monitoring and reporting purposes.



### Limitations of the CEI approach

- ✘ The survey design provides results with confidence intervals of +/- 10% when using the minimum sample size formulas outlined above. This means differences smaller than 20% may not be significant. For instance, if you find that 23% of your clients are adolescents in one service delivery network compared to 30% in another, you will need to run a significance test to understand if the difference is significant or due to chance.
- ✘ Data is representative at the overall sample level only. This survey design produces results that are representative of your 'network' of service delivery units included in your sampling network and does not produce data that is representative at the delivery unit or sub-group level within a network. If you wanted to gather accurate estimates for individual client groups or service sites, you would need to adapt your sampling approach in the design phase.
- ✘ Data is only representative of the period that they were collected in. Although we aim to collect data on as 'normal' a day as possible, seasonal, environmental, and contextual fluctuations mean that it is impossible for data collected in one period to be representative of your annual client flow and experience. Triangulating CEI results with trend data from clinical records, if these are available, can support interpreting and contextualising your data further.
- ✘ Refusal rates may vary by client group and therefore bias our results towards those groups that are less likely to refuse to participate. Clients that voluntarily participate in surveys may be more representative of certain groups and therefore limit representation of the overall client base in our results.

- ✘ As interviews administered after service delivery, CEIs only capture information on clients that have already chosen to access your services, and therefore cannot speak to the broader population of potential clients.
- ✘ Positive client satisfaction indicators do not provide sufficient information to confirm the quality or accessibility of services. For example, clients with no base for comparison may be satisfied with a service that is of low quality by other measures, and those who cannot access services will not be included in the sample of respondents due to social, economic, or political barriers to care.
- ✘ Lastly, as CEIs are administered on site by an interviewer employed by your organisation, there may be an increased likelihood that clients will provide more positive feedback.

### Identifying dissemination opportunities

Insights from the CEIs can be used for external and internal dissemination, including presentations, events, and brainstorming sessions on key issues or industry targets. If disseminated thoughtfully, CEI results can support developing an effective business plan, making informed programmatic decisions, strengthening programming, and gaining investment and partnerships.

Internally, you might want to think about sharing results with relevant service delivery teams and stakeholders, clinical teams, as well as with senior management to develop an action plan using the CEI findings. Sharing results with communications or external relations teams may support identifying further external opportunities to disseminate CEI findings.

# ANNEXE 1:

## CLIENT EXIT INTERVIEW QUESTIONNAIRE

### How to use this questionnaire

We recommend using a paper or hard copy of the questionnaire, like the one below, during the design and pilot stage, to determine which modules and questions to include, take translation or adaptation notes, and test the skip pattern. It might be helpful to add an additional column, or a row at the end of each section, for interpretation notes.

The final hard copy of the questionnaire can then be converted into an XLS format to facilitate computer-assisted administration of the survey. An XLS version of the questionnaire outlined below is included in the toolkit resources in both English and French.

### How to read this questionnaire

The questionnaire includes eight modules with unique section codes and corresponding item numbers. For example, Interview and Site information is labelled (I) and included items numbered accordingly (I1, I2, I3,) with questions that comprise key indicators (e.g. Multidimensional Poverty Index) highlighted underneath (MPI). Each section includes instructions to the enumerator, entered as text notes across merged rows. When the instruction is to be read to the respondent, the note prompts 'Read out to respondent'. Item prompts and notes for the enumerator are also included underneath the item in grey text ([refer to consent form]).

For each item, the variable name or name/s are listed in capital letters and pink font (DATAUSE). The coding categories that correspond to the variable are listed in pink for string value labels, and in blue brackets (Yes (I)) for numerical value labels. Where coding categories may be unique to the country context, we have indicated this by writing 'Add country specific response options' in the coding categories column.

Skip logic is detailed in the 'Skip' column, which includes instructions on when to ask the current item to a client (If FPrem(I)) and suggestions for applying additional conditions in the final questionnaire (Can be filtered by FACTYPE). Some in-built calculation suggestions are also included, for example, for automating the method the client received into the follow-up questions. This is signified by grey brackets in the item question ([insert method removed]).

Finally, some items are highlighted in orange. These items are questions that we have left as optional additions to the Client Exit Interviews. We recommend only selecting 5–10 additional questions to reduce the burden on the client and enumerator.

Questions S15–S25 are for clients accessing safe abortion or post abortion care. These should only be included in circumstances in which there will be a large enough sample of safe abortion or post abortion care clients to analyse the data separately for this sub-group of clients.<sup>9</sup>

## MSI 2023 Client Exit Interview Questionnaire

Item no.	Item	Coding categories	Skip	Variable
<p>Welcome to the MSI Client Exit Interview survey questionnaire. Please complete the following information before starting the interview.</p>				
<b>1. Interview and Site Information (I)</b>				
11	<b>Did the client consent for sharing anonymous (non-identifiable) data with other organisations, partners, and researchers outside of MSI?</b> [refer to consent form]	Yes (1) No (0)		DATAUSE
12	<b>Enter today's date</b>	--/ --/ ----		DATE
13	<b>Enter the service delivery channel</b>	MSI Centre (1) Outreach (2) Social Franchise (3) MS Lady (4) Public Sector Strengthening (5)		FACTYPE
14	<b>Enter the name of the facility or site</b>	Add country and channel specific response options	Can be filtered by FACTYPE to reduce list length	NAME
15	<b>Enter the facility/site region</b>	Add country specific response options	Can be filtered by FACTYPE to reduce list length	REGION
16	<b>Enter type of location</b>	Urban (1) Rural (2) Peri-urban (3)		LOCATION
17	<b>Is this site a camp for internally displaced persons or refugees or nearby such a camp?</b>	Yes (1) No (0) Don't know (999)		DISPCAMP
18	<b>Enumerator ID</b>	Add country specific response options		ENUMID

**2: Service Access and Uptake (S)**

Read to the respondent: "I will ask you some questions about the services you received today and your past service use. I realize some of these questions may be sensitive, but these questions help us to understand what our clients' experiences are with our services, and the more we understand, the better services we can provide. Your answers will not affect the service you receive or the price you pay, now or in the future. If you do not feel comfortable at any point, please let me know. Remember that you may decline to answer any question or end the interview at any time."

READ ALL QUESTIONS TO RESPONDENT  
DO NOT READ OUT ANSWERS UNLESS STATED

S1	<p><b>How long did it take you to travel here today?</b></p> <p>WRITE '999' if THE RESPONDENT DOES NOT KNOW OR '888' if THEY REFUSE TO ANSWER</p>	<p>_____hours (TR2DH) _____minutes (TR2DM)</p>		<p>TR2DH TR2DM</p>
S2	<p><b>What service(s) did you receive today?</b></p> <p>DO NOT READ OUT; SELECT ALL THAT APPLY</p>	<p>Abortion/post-abortion care (SAC) Family planning method (FP) Family planning method removal (FPrem) Pregnancy test (PTEST) HIV testing/treatment (HIV) Other STI testing/ treatment (STI) Cervical cancer screening/treatment (CCS) Antenatal Care (ANC) if FACTYPE(1) Delivery Care (DELIC) if FACTYPE(1) Postnatal Care (PNC) if FACTYPE(1) General maternal/child health service (MCH) General health consultation (GEN) Other SRH service (OTHSRH) Other general health service (OTHGEN)</p>		<p>SERVICES</p>
S3	<p><b>Did you have a family planning method removed today?</b></p>	<p>Yes (1) No (0) Don't know (999) Refused (888)</p>	<p>If not selected 'FPrem'</p>	<p>FPrem</p>
S4	<p><b>Which family planning method did you have removed?</b></p>	<p>Intra-uterine device (IUD) Intra-uterine system (IUS) Implant (IMP) Other (REMOTH)</p>	<p>If FPrem(1) or selected 'FPrem'</p>	<p>FPremtype</p>
S5	<p><b>What, if any, family planning methods did you receive today?</b></p> <p>SELECT ALL THAT APPLY</p>	<p>Female sterilisation/tubal ligation (FSTER) Male sterilisation/vasectomy (MSTER) Intra-uterine system or device (IUD) Implant (IMP) Injectable contraception (INJ) Contraceptive pills, non-emergency (OC) Male condoms (MC) Female condoms (FC) Emergency contraceptive pill (EC) Other modern method—diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches (OMM) Did not receive a family planning method (FPNO)</p>		<p>FP</p>

S6	<b>What method of abortion or post-abortion care did you have or begin today?</b>	Medical (1) Surgical (2)	If SAC(1)	SACTYPE
S7	<b>Were you told where you could go to have your [insert method removed] removed?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If IUD or IMP(1)	REMOPTS
S8	<b>Why did you have the [insert method removed] removed?</b>  ONE ANSWER ONLY. IF MORE THAN ONE IS GIVEN, SELECT MAIN REASON	It has expired (1) Want to become pregnant (2) Experiencing side effects / pain / health concerns (3) Family / partner opposition (4) Infrequent or no sex / not fertile (5) IUD / IUS / implant failed (pregnant) (6) Other (7)	If FPre(1)	REMWHY
S9	<b>Can you please tell me what kind of side-effects you experienced?</b>  DO NOT READ OUT; SELECT ALL THAT APPLY	Changes to menstrual cycle (RCYCLE) Pain or infection (RINFECT) Mood changes (RMOOD) Health concerns (RHLTH) Weight gain (RWEIGHT) Other (RSIDEOTH)	If REMWHY(3)	FPreSIDE
S10	<b>For the [insert method removed] that you had removed today, please tell me where you had this method inserted?</b>  ONE ANSWER ONLY	MSI Centre (1) MSI Outreach Team (2) Marie Stopes Lady (3) Bluestar Franchise clinic/provider (4) Government provider (5) Other (non-MSI) private provider (6) Don't know (999) Refused (888)	FPre(1)	REMWHERE
S11	<b>For the [insert method removed] that you had removed today, please tell me how long ago you had this method inserted?</b>	Years: ___(REMWHEN_Y)  Months: ___ (REMWHEN_M)  ENTER ESTIMATE FOR TIME SINCE INSERTION (e.g. for two and half years, enter '2' for Years and '6' for Months)  Don't know (999)	If FPre(1)	REMWHEN
S12	<b>For the [insert method removed] that you had removed today, had you tried to have this removed anywhere else before coming here today?</b>	Yes, but client could not find a provider (1) No, the client had not tried to access a removal anywhere else (0) Don't know (999) Refused (888)	If FPre(1)	REMATT
S13	<b>For the [insert method received] you received today, do you know of another provider offering this method/ service that you could go to?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC(1)	AVAIL_FP
S14	<b>What was the alternative provider(s)?</b>  SELECT AS MANY AS APPLY	Government provider (AVAILGOV) Private provider (AVAILPRIV) Traditional healer/ informal provider (AVAILTRAD) Pharmacy (AVAILPHARM) Other (AVAILOTHPROV)	If AVAIL_FP(1)	AVAILPROV_FP

The following questions are for abortion and post-abortion care clients only.				
S15	<b>For the abortion/post abortion care you received today, do you know of another provider offering this method/ service that you could go to?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	AVAIL_SAC
S16	<b>What was the alternative provider(s)?</b> SELECT AS MANY AS APPLY	Government provider (AVAILGOV) Private provider (AVAILPRIV) Traditional healer/ informal provider (AVAILTRAD) Pharmacy (AVAILPHARM) Other (AVAILOTHPROV)	If AVAIL_SAC(1)	AVAILPROV_SAC
S17	<b>Why did you opt for the type of abortion/post abortion care that you had today?</b> DO NOT READ OUT OPTIONS; SELECT ALL THAT APPLY	It was a cheaper option (SACPRICE) I wanted to avoid pain (SACPAIN) I thought it would be simpler and faster (SACSIMP) I was afraid of/wanted to avoid side effects (SACSEFF) I wanted to have more control (SACOWN) I thought it would be more natural (SACNAT) The provider said this was the better option for me/ the provider recommended this option (SACREC) It was the only option for me (SACNOP) Other (SACOTH)	If SAC(1)	SACWHY
S18	<b>Do you think the amount you paid for the abortion or post-abortion care today was affordable?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	SACCOST
S19	<b>Did the provider explain both options to you for your abortion or post-abortion care today, using pills or having a surgical procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	SACCHOICE
S20	<b>Do you believe the provider gave you quality medications from a reliable source?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (1)	SACMED
S21	<b>Did the provider explain what was happening during each step of the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE(2)	SACINFO
S21	<b>Did you feel reassured throughout the abortion/post abortion care process that the procedure was safe?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE(2)	REASSURED
S23	<b>Did the provider explain to you how to know that your abortion/post abortion care is complete?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (1)	MA_COMP
S24	<b>Do you feel confident that you would be able to identify a warning sign of a complication?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	COMP_IDENT
S25	<b>Do you feel that you know what to do if you experience a warning sign of a complication?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	COMP_FOLLOW

Section 3: Family Planning History (F)				
F1	<p><b>Have you or your partner done anything, or used any family planning method, to delay or avoid getting pregnant during the past 3 months?</b></p> <p>PROBE: Ways that some couples might delay or avoid pregnancy are by using family planning methods such as condoms, pills, or natural methods such as withdrawal, or they may avoid sex all together</p>	<p>Yes (1)                      No (0)                      Don't know (999)                      Refused (888)</p>	<p>If FPCURR(1), continue to CMETH.                      If FPCURR (0), skip to FPEVER.                      If FPCURR (999, 888) skip to FPEVER</p>	FPCURR
F2	<p><b>What was the main method that you were you using to avoid pregnancy in the past 3 months prior to your visit today?</b></p>	<p>Female sterilisation (1)                      Male sterilisation (2)                      IUD/ IUS (3)                      Implants (4)                      Injectables (5)                      Contraceptive pills (6)                      Male condoms (7)                      Female condoms (8)                      Emergency contraception (9)                      Breast-feeding: lactational amenorrhea method (10)                      Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (11)                      Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (12)</p>	<p>If FPCURR(1)</p>	CMETH
F3	<p><b>Prior to your visit today, where did you get [insert previous method used] that you were using most recently?</b></p> <p>ONE ANSWER ONLY. SELECT MAIN PROVIDER, if MORE THAN ONE IS NAMED</p> <p>PROBE: If given the name of a facility or provider, ask if this is an MSI facility, public, private, traditional healer, or a pharmacy</p>	<p>MSI – this facility / site (1)                      MSI – another facility / site (2)                      Other Bluestar/Social Franchise (3)                      Government provider (4)                      Private provider (5)                      Traditional healer/informal doctor (6)                      Pharmacy (7)                      Don't know (999)                      Refused (888)</p>	<p>If FPCURR(1) and CMETH(1-9)</p>	FPWHERE
F4	<p><b>Have you ever used any family planning method, or tried in any way to delay or avoid getting pregnant, before today?</b></p>	<p>Yes (1)                      No (0)                      Don't know (999)                      Refused (888)</p>	<p>If FPCURR (0, 999, 998)</p>	FPEVER

Section 4: Family Planning Counselling (C)				
C1	<p><b>Some people choose to use a family planning method soon after an abortion/post abortion care, others decide to wait to start a method, and others may decide not to use a family planning method.</b></p> <p><b>Did the provider counsel you on your options for family planning method use following your abortion service today?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	COUNSEL_PAFP
C2	<p><b>Did you want a family planning method from this health facility / site?</b></p>	Yes, wanted a method (1) No, didn't want a method (0) Don't know (999) Refused (888)	If SAC(1)	WAMETH_PAFP
C3	<p><b>Did you receive a family planning method from this facility / site?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	PAFP
C4	<p><b>You mentioned that you did not want or weren't sure if you wanted a family planning method, but you still got a method from this facility.</b></p> <p><b>Why did you get a method even though you did not want one?</b></p>	Felt pressured to take a method (1) Changed mind (2) Other reason, please specify (3) Don't know (999) Refused (888)	If PAFP(1) and WAMETH_PAFP(2, 999)	PAFP_REASON
	<p><b>Enter other reason provided for receiving family planning method:</b></p>		If PAFP_REASON(3)	
C5	<p><b>When you came here today, was there a specific family planning method you wanted to get?</b></p> <p>PROBE: Before your consultation with the health care provider today, did you have a specific method in mind?</p>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC(1) and SAC(0)	SPCMTH



<p>C6</p>	<p><b>Which method did you want to get when you came here today?</b></p> <p>ONE ANSWER ONLY. IF MORE THAN ONE IS NAMED SELECT METHOD HIGHEST IN LIST</p>	<p>Female sterilisation (1)                  Male sterilisation (2)                  IUD/ IUS (3)                  Implants (4)                  Injectables (5)                  Contraceptive pills (6)                  Male condoms (7)                  Female condoms (8)                  Emergency contraception (9)                  Breast-feeding: lactational amenorrhea method (10)                  Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (11)                  Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (12)</p>	<p>If SPCMTH(1)                  or                  WAMETH_ PAFP(1)</p>	<p>WAMETH</p>
<p>C7</p>	<p><b>Did you receive the method you wanted, or a referral for the method you wanted?</b></p>	<p>Yes, got the method wanted (1)                  Yes, got a referral for the method wanted (2)                  No, got a different method than the one wanted (3)                  No, got a referral for a method other than the one wanted (4)                  No, got no method or referral (5)                  Don't know (999)                  Refused (999)</p>	<p>SPCMTH(1)</p>	<p>CHMETH</p>
<p>C8</p>	<p><b>What was the main reason why you didn't receive the method that you wanted?</b></p> <p>IF RESPONDENT MENTIONS MORE THAN ONE REASON, ENCOURAGE THEM TO GIVE THE MAIN REASON</p>	<p>Did not offer the method I wanted (1)                  Felt pressured to take a different method (2)                  Changed mind about which method I wanted (3)                  Decided not to receive a method (4)                  Provider recommended a different method to receive today (5)                  Provider advised me to come back another day for the method I wanted (6)                  Not eligible for method (7)                  The method was too costly (8)                  Other (9)                  Don't know (999)                  Refused (888)</p>	<p>CHMETH (3, 4, 5)</p>	<p>METHDIFF</p>
<p>C9 (MII+)</p>	<p><b>Did the provider tell you about any potential side effects or problems you may experience from the [insert main method received] you received today?</b></p> <p>REFER TO MAIN SERVICE RECEIVED</p>	<p>Yes (1)                  No (0)                  Don't know (999)                  Refused (888)</p>	<p>If SAC or MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC(1)</p>	<p>RECCOUN</p>
<p>C10 (MII+)</p>	<p><b>Were you told what to do if you experience any side effects or problems as a result of the [insert main method received] service you received today?</b></p> <p>REFER TO MAIN SERVICE RECEIVED</p>	<p>Yes (1)                  No (0)                  Don't know (999)                  Refused (888)</p>	<p>If SAC or MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)</p>	<p>FOLLUP</p>

C11 (MII+)	<b>Were you told about the possibility of switching to another method if the method you selected was not suitable?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	CONTUSE
C12 (MII+)	<b>Were you told by the provider about methods of family planning besides the [insert main method received] that you could use?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	OTHERMETH
C13	<b>Which of the following methods to delay or avoid getting pregnant were you told about during your consultation with the provider today?</b>  PLEASE READ EACH OPTION ALOUD SELECT ALL THAT APPLY	Female sterilisation (CHFSTER) Male sterilisation (CHMSTER) IUD/ IUS (CHIUD) Implants (CHIMP) Injectables (CHINJ) Contraceptive pills (CHOCP) Male condoms (CHMC) Female condoms (CHFC) Emergency contraception (CHEC) Breast-feeding: lactational amenorrhea method (CHLAM) Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (CHOMM) Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (CHTRAD)	If OTHERMETH (1)	TOLDAABOUT

5. Client experience (E)				
E1 (NPS)	<p><b>Based on your experience today, how likely are you to recommend our services to your friends or family?</b></p> <p>PROBE: By recommend, we mean suggest our services to friends or family if they have similar healthcare needs.</p> <p>On a scale from 0 to 10 where 0 is not likely and 10 is very likely.</p>	<p>(0) – Not at all likely (1)(2)(3)(4)(5)(6)(7)(8)(9) (10) – Extremely likely</p> <p>Don't know (999) Refused (888)</p>		REC
E2	<p><b>Based on your experience today, if you needed a similar service in the future, how likely is it that you would return to this site or provider?</b></p> <p>On a scale from 0 to 10 where 0 is not likely and 10 is very likely.</p>	<p>(0) – Not at all likely (1)(2)(3)(4)(5)(6)(7)(8)(9) (10) – Extremely likely</p> <p>Don't know (999) Refused (888)</p>		RET
<p>Read out to respondent: "Now I would like you to score different aspects of the services provided at this facility. Please let me know, for each of these statements whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree."</p>				
E3	<p><b>I had enough privacy during my visit today</b></p>	<p>Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)</p>		PRIV
E4	<p><b>I was treated with respect by all staff during my visit today</b></p>	<p>Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)</p>		REST
E5	<p><b>The time I waited to see a provider today was acceptable</b></p>	<p>Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)</p>		WAIT
E6	<p><b>The provider was easy to understand</b></p>	<p>Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)</p>		CARE

E7	<b>The provider gave me enough information to make the best decisions about my method or service</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		ENOUGH
E8	<b>The provider took my preferences seriously</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		SERIOUS
E9	<b>The provider gave me the opportunity to explain my needs and ask questions</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		RPRT
E10	<b>The provider let me explain what mattered to me about my method or procedure</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		MATTER
E11	<b>A staff member did or said something to make me feel judged or uncomfortable</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		JUDGE
E12	<b>All staff members made me comfortable during my visit</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		COMFORT
Read out to respondent: "We have finished the questions that require you to score questions according to an agreement scale. We will now ask a few more questions about your experience with us."				

E13	<b>Overall, how satisfied are you with your experience with us today?</b>  READ OUT ANSWERS	Not at all satisfied (1) Somewhat dissatisfied (2) Neutral (3) Somewhat satisfied (4) Very satisfied (5) Don't know (999) Refused (888)		GEN_SAT
E14	<b>Was it clear to you what hours the facility was open/when you could come to receive services today?</b>	Yes (1) No (0) Don't know (999) Refused (888)		HOURS
E15	<b>Were you informed on how to give feedback or complain about your experience today?</b>	Yes (1) No (0) Don't know (999) Refused (888)		FEED
E16	<b>Do you trust the provider to keep your personal information private?</b>	Yes (1) No (0) Don't know (999) Refused (888)		PRIVINFO
E17	<b>Did the provider explain options for managing pain before your procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC or MSTER or FSTER or IUD or IMP or FPre(1)	PAIN
E18	<b>Did the provider offer you any medication to help manage your pain?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC or MSTER or FSTER or IUD or IMP or FPre(1)	PAINMED
E19	<b>At what point(s) during your procedure were you offered medication for pain?</b>  READ OUT OPTIONS; SELECT ALL THAT APPLY	Before (MEDBEF) During (MEDDUR) After (MEDAFT)	If PAINMED (1)	MEDPOINT
E20	<b>Did the provider check if you were experiencing pain during your procedure?</b>  FOR CLIENTS THAT RECEIVED THE PROCEDURE ON SITE	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or FPre(1) or SACTYPE (2)	PAINCHCK
E21	<b>Overall, do you feel the provider supported you to manage pain?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC or MSTER or FSTER or IUD or IMP or FPre(1)	PAINSUPP
E22	<b>On a scale of 0 to 10, how much pain did you experience as a result of the main procedure or service you received today?</b>	(0) – No pain (1)(2)(3)(4)(5)(6)(7)(8)(9) (10) – Worst pain possible  Don't know (999) Refused (888)	If SACTYPE(2) or FSTER or MSTER or IUD or IMP or FPre (1)	PAINSCALE

## 6. Marketing (M)

Read to the respondent: "Now I will ask you some questions about how you heard about the service(s) that you accessed today."

M1	<p><b>Did any of the following play a part in making you aware of the services you received today, or influence your decision to visit today?</b></p> <p>READ OUT OPTIONS SELECT AS MANY AS APPLY</p>	<p>TV advert or programme (IADVERT) Radio advert or programme (IRADIO) Newspaper/magazine (INEWS) Community meeting or event (IMEET) Website/google (INET) Social media (ISOCMED) Outdoor sign (ISIGN) Loudspeaker (ISPKR) Posters/leaflets /flyers (IPRMAT) None (INFONO) Add country specific marketing activities</p>		<p>IADVERT IRADIO INEWS IMEET INET ISOCMED ISIGN ISPKR IPRMAT INFONO</p>
M2	<p><b>How long ago did you become aware that MSI would be providing these services at this site today?</b></p>	<p>Today (1) Yesterday (2) Within the past 3 days (3) Within this week (4) Last week (5) Within the last two weeks (6) Over two weeks ago (7) Don't know (999) Refused (888)</p>	<p>If FACTYPE(2) and IADVERT or IRADIO or INEWS or IMEET INET or ISOCMED or ISIGN or ISPKR or IPRMAT (1)</p>	<p>AWRTIME</p>
M3	<p><b>Did anyone refer you to, or recommend, that you visit this site or provider today?</b></p> <p>READ OUT OPTIONS SELECT AS MANY AS APPLY</p>	<p>Community based mobiliser (RCBM) Provider/staff member at a public health facility (RPUBPROV) Provider/staff member at a private health facility (RPRIVPROV) Friend/family member who had used this service from this site (RREFU) Friend/family member who has not used MSI services (RREFNU) None (REFNONE)</p>		<p>REFER</p>
M4	<p><b>Did you speak to the MSI contact centre through phone or messaging at any point before your visit?</b></p> <p>REFER TO THE CONTACT CENTRE BY NAME/NUMBER</p>	<p>Yes (1) No (0) Refused (888)</p>		<p>CCUSE</p>
M5	<p><b>What was your main reason for speaking to the contact centre?</b></p>	<p>Information about when the team will come to deliver services (CCARRIV) if FACTYPE (2) Information about the facility/site location (CCLOC) Information about the site opening times (CCOPEN) Other information about the site (CCINFO) Information about types of services offered (CCSERV) Advice about specific service(s) (CCADV) Referral (CCREF) Booking (CCBOOK) if FACTYPE (1, 3) Other (CCOTH)</p>	<p>If CCUSE (1)</p>	<p>CCREASON</p>

M6	<b>Were you given a contact number for if you need any follow-up care or advice?</b>	Yes (1) No (0) Refused (888)		CCCOM
M7	<b>What contact details were you given?</b>  READ OUT AND SELECT AS MANY AS APPLY	MSI Contact centre number (CCCOM_CC) The facility number (CCCOM_FAC) The provider number (CCCOM_PROV) Other (CCCOM_OTH)	if CCCOM (1)	CCCOMS
M8	<b>Do you have your own cell phone?</b>	Yes (1) No (0) Refused (888)		CELLOWN

## 7. Social and Community Context (SC)

Read out to respondent: "I am now going to read out some statements about perceptions of family planning and health in your community. Please let me know, for each of these statements whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree."

SC1	<b>In my community, I hear positive stories about using contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		POSIPC
SC2	<b>In my community, women are stigmatised if people know that they use contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KSANCTION
SC3	<b>In my community, most men are supportive of their partner(s) using contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KMENSUPP
SC4	<b>In my community, using modern contraception is accepted</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KCOMSUPP
SC5	<b>In my community, local leaders encourage the use of contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KLEADSUP

SC6	<b>In my community, people believe that the male household head should have the final decision in all matters related to family health</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KMENDEC
SC7	<b>In my community, most women would tolerate violence at home to keep the family together</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KGBVTOL
SC8	<b>In my community, couples decide together if and when they want to use contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KCOUDEC

### 8. Demographics (D)

READ TO RESPONDENT: "I would like to ask you some questions about yourself including your age and marital status, in order for us to ensure our services are reaching everyone in the community."

D1	<b>What is your gender?</b>	Male (0) Female (1)		GENDER
D2	<b>How old are you?</b>  ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND	----- years		AGE
D3	<b>What is your highest level of education?</b>  PROBE: Ask if the respondent completed this level of education, or attended some of it, and select corresponding number.	None / non-formal (1) Some primary (2) Completed primary (3) Some secondary, vocational or technical (4) Completed secondary, vocational or technical (5) Some tertiary or higher (6) Declines to answer (888)		EDUCATION
D4	<b>What is your marital status?</b>	Single (1) Married (2) Living with partner (3) Widowed / Divorced / Separated (4) In a relationship but not living together (5) Declines to answer (888)		MARITAL



D5	<p><b>How many living children do you have?</b></p> <p>WRITE '0' if THE CLIENT HAS NO CHILDREN. ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND</p>	<p>-----no. of living children</p>		CHILD
D6	<p><b>When did you last give birth?</b></p>	<p>Has never given birth (0) In the last 6 months/ 6 months ago or less (1) More than 6 months ago (2)</p>		LASTBIRTH
D7	<p><b>What is your current occupation?</b></p> <p>PROBE: What kind of work do you mainly do?</p>	<p>Unemployed, not looking for paid work (1) Unemployed, looking for work (2) Agriculture – paid (3) Agriculture – unpaid (4) Unskilled manual – paid (5) Unskilled manual – unpaid (6) Skilled manual (7) Sales &amp; services (8) Homemaker (9) Professional/ technical / managerial (10) Student (11) Declines to answer (888)</p>		JOB
D8	<p><b>Who usually makes decisions about family planning for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?</b></p>	<p>Respondent her/himself (1) Husband/partner (2) Respondent husband/partner jointly (3) Someone else (4) Don't know (999) Refused (888)</p>		FPDECMAX
D9	<p><b>Do you feel that the service you received today will have a positive impact on any of the following areas of your life?</b></p> <p>READ OUT OPTIONS; SELECT ALL THAT APPLY</p>	<p>Education (continue education, return to education, support a child through school) (IMPEDU) Work (continue work, return to work, progress in work) (IMPWRK) Family (support family, increased resources for family, manage family) (IMPFAM) Health (better personal health, better family health) (IMPHLTH) Other (IMPOTH) None/No (IMPNONE) Don't know (999) Refused (888)</p>		IMPACT
D10	<p><b>What is your ideal number of children?</b></p> <p>PROBE: If you could choose exactly the number of children to have in your whole life, how many would that be? ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND</p>	<p>-----ideal no. of children</p>	<p>If IUD or IMP or INJ or OC or MC or FC or EC (1)</p>	IDEALFS

Read to the respondent: "I would like to ask you some questions about difficulties you may have doing certain activities due to a health condition, as well as about your living situation more generally. I realize some of these questions seem unrelated to healthcare and may be sensitive, but they help us to understand what our clients' living situations are like, and the more we understand the better services we can provide. Your answers will not affect the service you receive or the price you pay, now or in the future. If you do not feel comfortable at any point during the questions, please let me know. Remember that you may decline to answer any question or end the interview at any time.

Could you please indicate for the following questions whether you have no difficulty, some difficulty, a lot of difficulty, or you cannot do the activity at all?"

<p>D11 (WG-SS)</p>	<p><b>Do you have difficulty seeing?</b> For example, when reading books, newspapers, smart phone or signs, or identifying people across the road</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS1</p>
<p>D12 (WG-SS)</p>	<p><b>Do you have difficulty hearing?</b> For example, hearing when others talk, or when answering the phone</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS2</p>
<p>D13 (WG-SS)</p>	<p><b>Do you have difficulty sitting, standing, walking or climbing steps?</b> For example, sitting without support, standing up from a chair, walking independently inside, or outside the house, or climbing steps</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS3</p>
<p>D14 (WG-SS)</p>	<p><b>Do you have difficulty remembering or concentrating?</b> For example, forgetting appointments or medication, losing track of time, or difficulty finding places</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS4</p>
<p>D15 (WG-SS)</p>	<p><b>Do you have difficulty with self-care?</b> For example, with eating, dressing, bathing, or toileting</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS5</p>
<p>D16 (WG-SS)</p>	<p><b>Using your usual language, do you have difficulty communicating?</b> For example, understanding others or being understood</p>	<p>No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)</p>		<p>DIS6</p>

D17	<p><b>Do you consider yourself to be a refugee, an internally displaced person, or to be affected by displacement?</b></p> <p>If RESPONDENT IS UNSURE, READ ANSWERS OUT LOUD</p>	<p>No – (0)                  Yes – I’m a refugee (1)                  Yes – I’m an internally displaced person (2)                  Yes – my parents or I were displaced but have just returned to my/our country or area of origin (3)                  Yes – I am not displaced but my area hosts a lot of displaced people (refugees or IDPs) (4)                  Yes – I am not displaced but many people from my community have left the area (5)                  Don’t know (999)                  Refused (888)</p>		DISSTAT
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For the following questions about living conditions read the questions to the respondent exactly as they are written. Do not read the answer options. Select the answer that best matches the respondent’s answer. You must answer all questions.

D18 (MPI)	<p><b>Have any household members completed 6 years or more of schooling?</b></p>	<p>Yes – (0)                  No – (1)                  Other (666)                  Refused (888)</p>		MPI_YS
D19 (MPI)	<p><b>Are all household members aged</b> [Enter country-specific government-required school years] <b>currently attending school [or, during school breaks:] Did all household members aged</b> [Enter country-specific government-required school years] <b>attend school during the most recent school year?</b></p>	<p>Yes – (0)                  No – (1)                  Don’t know (999)                  Not applicable (no household member in the age range) (998)                  Refused (888)</p>		MPI_SCA
D20 (MPI)	<p><b>Has a household member under 18 died in your household in the past five years?</b></p>	<p>Yes – (0)                  No – (1)                  Refused (888)</p>		MPI_CM

For the next questions: read questions to respondent exactly as written and try to match the respondents answer to the options. If the respondent is struggling to answer then read out the first set of options as a prompt and use visual aids to improve respondents’ comprehension. All questions must be answered.

D21 (MPI)	<p><b>Thinking of your home, what is the main material of your floor?</b></p> <p>USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS IF RESPONDENT STRUGGLES TO ANSWER.</p>	<p>Earth/sand, dung, wood planks, palm/bamboo (natural floor) (1)                  Parquet or polished wood,                  Vinyl or asphalt strips, ceramic tiles, cement, carpet (Finished floor) (0)                  Other (666)                  Refused (888)</p>		MPI_FLR
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<p>D22 (MPI)</p>	<p><b>Thinking of your home, what is the main materials of your walls?</b></p> <p>USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.</p>	<p>No wall, cane/ palm/ trunks, dirt, bamboo with mud, stone with mud, uncovered adobe, plywood, cardboard, reused wood (natural or rudimentary walls) (1) Cement, stone with lime/cement, bricks, cement blocks, covered adobe, wood planks / shingles (finished walls) (0) Other (666) Refused (888)</p>		<p>MPI_WALL</p>
<p>D23 (MPI)</p>	<p><b>Thinking of your home, what is the main material of your roof?</b></p> <p>USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.</p>	<p>No roof, thatch/ palm/ leaf, sod, rustic mat, palm/bamboo, wood planks, cardboard (natural roofing) (1) Metal, wood, calamine/cement fiber, ceramic tiles, cement, roofing shingles (finished roofing) (0) Other (666) Refused (888)</p>		<p>MPI_ROOF</p>
<p>D24 (MPI)</p>	<p><b>Is the toilet or latrine shared with other households?</b></p>	<p>Yes (1) No (0)</p>		<p>MPI_TOSHR</p>
<p>D25 (MPI)</p>	<p><b>What kind of toilet facility do members of your household usually use?</b></p> <p>USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.</p>	<p>Flush to unknown, pit latrine without slab / open pit, composting toilet, bucket, hanging toilet / hanging latrine, no facilities, bush/field (natural / rudimentary toilet) (1) Flush to piped sewer system / septic tank / pit – latrine, Ventilated improved pit latrine – VIP, pit latrine with slab pit latrine without slab/open pit (improved toilet) (0) Other (666) Refused (888)</p>	<p>If MPI_TOSHR (0)</p>	<p>MPI_TO</p>
<p>D26 (MPI)</p>	<p><b>What type of fuel does your household mainly use for cooking?</b></p> <p>USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.</p>	<p>Straw/shrubs/grass, agricultural crop, animal dung (1) Electricity, liquid propane gas (LPG), natural gas, biogas, kerosene, coal/lignite, charcoal, wood (0) Other fuel (999) No food cooked in the household (998) Other (666) Refused (888)</p>		<p>MPI_CF</p>
<p>D27 (MPI)</p>	<p><b>How long does it take to get to your drinking water source, get water and come back?</b></p>	<p>More than a 30-minute walk (1) Less than a 30-minute walk (0) Other (666) Refused (888)</p>		<p>MPI_WADIS</p>

D28 (MPI)	<b>What is the source of drinking water in your household?</b>	Unprotected well or spring, tanker truck, surface water (river/ lake), cart with small tank (1) Piped to house or yard, public tap, borehole or tube well, a protected well or spring, rainwater, or bottled or sachet water (0) Other (666) Refused (888)	If MPI_WATDIS (0) or (999)	MPI_WAT
D29 (MPI)	<b>Do you have electricity at home?</b>	Yes (0) No (1) Refused (888)		MPI_ELEC
D30 (MPI)	<b>Does your household own a car or truck?</b>	Yes (0) No (1) Refused (888)		MPI_TRUCK
D31 (MPI)	<b>Does your household own more than one of the following assets?</b>  <b>Telephone, radio, TV, bicycle, motorbike, computer, animal cart, or refrigerator?</b>	Yes (0) No (1) Refused (888)	If MPI_TRUCK (1)	MPI_ASSETS

## ANNEXE 2:

# CALCULATING KEY SURVEY INDICATORS

Key demographic indicators, client satisfaction scores, and counselling quality metrics that can be calculated from CEI data. Questions that comprise the following key indicators are highlighted in the questionnaire template in Annexe 1 in the item number column.

### 5. % clients living in severe multidimensional poverty

We calculate the proportion of clients likely living in severe poverty using an adapted version of the **Global Multidimensional Poverty Index (MPI)**. The global MPI is an international measure of acute multidimensional poverty over 111 countries in developing regions and is the standard format to measure progress towards Sustainable Development Goal 1: End Poverty. Developed by the Oxford Poverty and Human Development Initiative (OPHI) in collaboration with the UN Development Programme (UNDP), the MPI questionnaire measures poverty through twelve questions that correspond to three dimensions of poverty: health, education, and living standards. The MPI values are calculated through using the most recent and comparable national survey data available to look at the incidence and intensity of poverty and component indicators, disaggregated by age, gender, and location. An individual's deprivation score is the sum of each weighted deprivation dimension in the questionnaire. (1)

**The intended administration of the MPI question set is to household heads as part of a national survey. We have therefore adapted the use of the MPI question set in our CEIs to make the measure suitable and relevant for use with women accessing SRHR services. The following adaptations have been made accordingly:**

- Nutrition indicators included in the global MPI question set are excluded in the CEI survey. Trials of measuring respondents' Body Mass Index (BMI) or Middle Upper Arm Circumference

(MUAC) as proxies for the biometric requirements for nutrition status proved operationally infeasible or unacceptable to MSI clients in the survey setting and so for MSI purposes the nutrition indicator has been omitted. To account for this OPHI recommended double-weighting the child mortality indicator to align with the data that was able to be collected, and exclude nutrition statistics when calculating national benchmarks to ensure the data collected is comparable to population-level estimates.

- Poverty benchmarks are calculated using estimates of the % of women of reproductive age (15-49) nationally that live in general and multidimensional poverty, according to OPHI-approved DHS/MICS datasets. This allowed us to adapt the benchmarks to be more comparable and enable more meaningful, like-with-like comparisons. MSI limited national estimations to women of reproductive age (WRA; aged 15-49) to represent the majority of MSI's potential client base.

### 6. % clients living with a disability using the Washington Group Short Set (WG-SS)

We estimate disability the % of clients living with a disability using the Washington Group Short Set on Functioning (WG-SS). The WG-SS is an abbreviated questionnaire module designed to measure self-reported functional limitation covering six domains of daily activity: seeing, hearing, walking, remembering, self-care, and communicating. The questions reflect a bio-psychosocial model of disability, as conceptualised by the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) framework. (2) Disability is captured as against four thresholds of functional limitation: no difficulty, some difficulty, a lot of difficulty, and cannot do at all. A respondent is coded as living with a disability if they report 'a lot of difficulty' or 'cannot do at all' in one or more of the six domains of functioning. (3)

### **7. % clients are detractors, passive, and promoters of our services using the Net Promoter Score (NPS)**

The Net Promoter Score measures client satisfaction by asking how likely clients are to recommend your services to a family or friend on a scale of 0 to 10. (4) Respondent answers are then broken down into the following categories:

- ‘Promoters’ (score 9-10) are loyal enthusiasts and very likely to promote your services and refer others;
- ‘Passives’ (score 7-8) are satisfied but unenthusiastic, and unlikely to promote your services and refer others;
- ‘Detractors’ (score 0-6) are unsatisfied clients who could damage your reputation through word of mouth.

The net promoter score is calculated by subtracting the percentage of detractors from the percentage of promoters. The score will be anywhere from -100 (if every client is a Detractor) to 100 (if every is a promoter) and can be compared to national industry benchmarks for context.

### **8. % clients that received comprehensive family planning counselling using the FP2030 Method Information Index (MII) Plus**

The FP2030 Method Information Index (FP2030 MII) is an index to measure the amount of information clients received when they obtained a modern method of contraception. (5) The index is composed of four questions:

1. Were you told about side effects or problems you might have with the method you selected?
2. Were you told what to do if you experience side effects or problems?
3. Were you told about other methods, beside the method you selected, that you could use?
4. Were you told that you could switch to another method if you wanted or needed to?

The reported value is the percent of clients that responded yes to all four questions. (14)

Other FP2030 indicators that can be calculated through analysis of the CEIs, based on the questionnaire template for family planning clients, include:

- Client Contraceptive Method Mix
- Client Contraceptive Method Switching
- Clients using modern contraception who last obtained their family planning from each source

## ANNEXE 3:

# INFORMED CONSENT DOCUMENTS

A rigorous informed consent process is crucial to ethical implementation of Client Exit Interviews. To aid this process, a template client information sheet (section a) and client consent (section b) form are included below. Both should be adapted for use in your study setting. The text highlighted in orange can be updated with your organisation's information, and adjusted according to your CEI design and implementation plan.

### 3a. Client information sheet

CLIENT INFORMATION SHEET	
PLEASE READ TO THE RESPONDENT	
<p><b>Introduction</b></p> <p>Hello, my name is [Interviewer's Name] and I am conducting interviews today on behalf of [Organisation's Name]. We are asking for your help to improve our services by answering some questions about your visit to this [facility/site/team/provider] today. You have been selected for this interview because you received a service from this [organisation/provider/site/facility/team] today. Please listen to the following information about what the study is about and what will be asked of you. Feel free to ask questions if something is not clear or if you would like more information. At the end of this presentation, we will make sure you have all the information you need and give you time to think about whether you agree to take part in our research study.</p> <p><b>Who is conducting this study and what is it about?</b></p> <p>Every year [Organisation's Name] conducts a study to find out about the type of clients we reach with our services, and to get their feedback on the quality of our service provision and clinical care.</p> <p><b>Why am I being invited to take part?</b></p> <p>To find out more about our services, we would like to speak to you about the type of service you came here for and your views regarding the services and the staff members. We would also like to ask you some questions about [your age, marital status, education level, and what types of items you own in your home].</p> <p><b>What I'm I being asked to do?</b></p> <p>If you consent to take part, you would be invited to take part in our questionnaire which takes about [X] minutes to complete.</p>	<p><b>What is the risk to me if I take part?</b></p> <p>We understand you may be inconvenienced by the time it takes you complete this interview after receiving your service. You may even feel uncomfortable sharing your opinions about our facility, the service provider, as well as information about yourself. However, all information that you give us will remain strictly private and confidential. We will not write your name on any of the questionnaires, and it will not be linked with your private medical records. It will not be possible to identify you from any information we release or use. We will not discuss your individual answers with the staff members.</p> <p><b>How might I benefit from taking part?</b></p> <p>The benefit is that we use this information from all survey respondents, in a completely anonymous way, to see how we can improve different aspects of service such as your waiting time, the cleanliness of our facility, the friendliness of our staff, and the general experience of clients. Altogether, the results help us to provide a better client experience.</p> <p><b>Will I be compensated for my participation?</b></p> <p>We do not provide compensation to clients that participate in this study.</p> <p><b>How will you protect the information you collect about me?</b></p> <p>We will ensure your privacy and confidentiality by keeping your identity anonymous. We also do not share your personal feedback with the provider, or anyone else.</p>



**What will happen to the information I provide?**

We collect all the results from respondents across our facilities and summarize the findings. The findings are communicated to our operations teams, who review the results to determine how they can improve their performance. Occasionally we would like to share the data that we collect from this study with other researchers, organisations, and partners outside of [Organisation's name]. When this happens, the data is completely anonymous, and you cannot be identified.

**Do I have to take part in this study?**

You do not have to take part in this survey if you do not want to. Whether you take part or not will not affect any future care that you receive from [Organisation's Name]. Additionally, you may decline to answer any question or abandon the interview at any point without giving a reason.

**Who do I contact for further information or to make a complaint?**

If you have questions about this survey, please contact us, the research team, any time at this number [X].

If you have any concerns or comments about the conduct to this research, you may contact the [Local ethics committee/Agency which granted ethics approval]. Alternatively, you may contact [contact name and title], who is not part of the research team at [Organisation's Name]. Do you want to ask me anything now?

**You can take as much time as you need to decide whether you would like to continue with the interview. Do you need more time to think about it?**

If not, may I continue with the interview?

Thank you for your time.

Sincerely,

[Researcher name]

PLEASE PROVIDE A COPY FOR THE RESPONDENT TO KEEP.

**3b. Client consent form****Please tick each box to show that you agree:**

I have carefully read (or been read) and have been offered a copy of the information sheet concerning this study, and I understand what is required of me if I take part.

- My questions concerning this study have been answered by the research team.
- I understand that I may decline to answer a question or abandon the interview without giving any reason and without affecting my access to healthcare.
- I understand that no part of this interview is being recorded on tape or video.
- I agree to take part in this interview.

**Please tick one of the two boxes below to let us know how we may use your data in the future:**

- I consent to you sharing my data, without any information connected to it that could identify me, with other organisations, partners, and researchers outside of [Organisation's Name].

OR

- I do not consent to you sharing my data, without any information connected to it that could identify me, with other researchers doing similar studies

**Signature/thumb print of client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I, the interviewer, have explained the procedures to be followed in this study, and the risks and benefits involved to the participant in a language the participant understands.

**Name of researcher/interviewer:** \_\_\_\_\_

**Signature of researcher/ interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## ANNEXE 4:

# MONITORING DATA COLLECTION

Two methods for monitoring CEI data collection are outlined below: performing data quality checks (section a) and conducting supervision field visits (section b). We recommend using a combination of both methods to monitor CEI data collection closely, particularly at the start of data collection.

In section c, we cover recommended approaches for troubleshooting any issues in adhering to the sampling plan that are identified during data collection monitoring checks and supervisions.

### 4a. Data quality checks

One method for monitoring data collection is to perform some simple tests and checks on the quality and consistency of the data as it is collected. Some suggested checks are outlined below.

1. Use 'start time' and 'end time' variables to calculate average survey duration. If interviewers are taking too much, or too little time to complete and submit the form this may indicate a problem. Very long survey times may indicate that interviewers have started a questionnaire, paused and gone back to it. Very short survey times may indicate that interviewers are not entering data 'live' (instead completing the questionnaire on paper, and only entering data once the interview is complete). Follow-up with any interviewers whose results seem unusual from the rest.
2. Check for large areas of missing data (cells in your data download file with no values) and whether this corresponds with blocks of questions that are likely to be skipped by some client types. If you are missing data for questions that should have been asked to all respondents, check if this issue was specific a interviewer(s) or all, and follow-up accordingly.

3. Pick five variables of data at random and check the range of answers given and for any odd patterns (e.g. all respondents giving the same response, or lots of respondents giving an unexpected response).
4. Check for variables with lots of don't know/ refused responses – this may indicate questions that all or some of the interviewers are having difficulty asking, or may be asking in an inappropriate way.
5. Check the text/open response variables. Make sure interviewers are entering these clearly, in the language agreed, and that they don't indicate any issues (e.g. a interviewer entering as 'other' a response which was part of the answer options).

### 4b. Supervision checklist

Another effective method for monitoring data collection is to conduct supervision checks by visiting or accompanying interviewers into the field. This approach provides opportunities to monitor skip pattern adherence, and to address any issues or barriers to collecting data that the interviewers may be experiencing. A simple supervision checklist is included below.

<b>Supervisor name</b>	
<b>Date of supervision visit</b>	
<b>Interviewer ID</b>	
<b>Site name</b>	

Check	Response (Yes/No)	Comment
<b>Is the interviewer conducting interviews at the correct service delivery unit and according to the sampling strategy?</b>		If no, discuss the reason with the interviewer and report any need for changes to the sampling plan to the research team who can take appropriate action.
<b>Are clients being selected according to the skip pattern in the sampling plan?</b>		If no, discuss the reason for this with the interviewer and highlight the importance of strict adherence to the skip pattern (rather than the target no. of interviews for a day).  Inform the research team of any deviations to the sampling plan.
<b>Did the interviewer complete a full day of interviews?</b>		If no, discuss the reason for this with the interviewer and highlight the importance of strict adherence to the skip pattern (rather than the target no. of interviews for a day).  Inform the research team of any deviations to the sampling plan.
<b>Are the clients being selected for interview the correct client profile?</b>		If no, provide feedback and support to the interviewer to correct.  If there are major or consistent mistakes, inform the research team.
<b>Are clients being referred to/approached the interviewer in a polite and friendly manner?</b>		If no, speak to the interviewer or those referring clients to them about how best to approach clients. Observe the next time to verify that they have corrected their approach.  If there are major or consistent mistakes, inform the research team.
<b>Did the interviewer clearly explain the purpose of the CEI interview and correctly follow the informed consent process?</b>		If no, provide example to the interviewer and observe another interview to check if the mistakes have been corrected.  If there are major or consistent mistakes, inform the research team.
<b>Where clients declined to participate, has this been correctly recorded and logged?</b>		If no, find out why and explain the importance of keeping a record of this to the interviewer. If necessary, provide refresher training on how to complete the enumerator daily log.  If there are major or consistent mistakes, inform the research team.
<b>Do the reasons for refusal noted point to any issues?</b>		If yes, check this with the interviewer why this may be the case and address if possible.  If there are major or consistent mistakes, inform the research team.
<b>Has the questionnaire been administered correctly?</b>		If no, discuss these examples with the interviewer.  If there are major or consistent mistakes, inform the research team.
<b>While checking the questionnaires are there any strange, missing, or inconsistent responses?</b>		If yes, provide support to the interviewers. Revisit the interviewer or check the next completed questionnaires as soon as possible to confirm this has been rectified. If there are major or consistent mistakes, inform the research team.

<p><b>Are the questions being asked as intended?</b></p>		<p>Provide feedback to the interviewer about the interview(s) you observe.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Are the client’s answers being recorded correctly in the data collection form?</b></p>		<p>Provide feedback to the interviewer about the interview(s) you observe.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Is the interviewer adhering to interview techniques demonstrated during training?</b></p>		<p>Provide feedback to the interviewer about the interview(s) you observe.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Did the interviewer politely thank the client at the end of the interview?</b></p>		<p>Provide feedback to the interviewer about the interview(s) you observe.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Are forms being submitted automatically where possible, or saved as final on the device to be uploaded as soon as possible?</b></p>		<p>If no, inform the interviewer of the importance of returning these forms as instructed as they contain sensitive information about the clients.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Does the interviewer have all the signed consent forms from previous interviews (apart from those they have already submitted)?</b></p>		<p>If no, highlight the importance of keeping every consent form – we cannot use the interview data without these forms.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Are the consent forms being kept as securely as possible while the interviewer is in the field?</b></p>		<p>If no, highlight the importance of keeping the forms secure, i.e. out of sight, all in one place, or in a bag/ vehicle.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Are the completed consent forms well completed and signed appropriately by the respondent and the interviewer?</b></p>		<p>If no, highlight the importance of properly completing the informed consent process to the interviewer and provide an example.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Are interviews being held in a private and comfortable location at the site?</b></p>		<p>If no, discuss with the interviewer the need to select a more private and/ or comfortable location for the interviews.</p> <p>If necessary, help them negotiate this with staff on site.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Do the staff think that the interviewer has been working well together with them to identify and recruit clients for interview?</b></p>		<p>If no, discuss the issue with the staff and find out how they think this can be improved. Afterwards gently discuss with the interviewer anything they might need to change in how they work.</p> <p>If there are major or consistent mistakes, inform the research team.</p>
<p><b>Have the staff have received any feedback or complaint about the interviews or interviewers from clients?</b></p>		<p>If yes, discuss the feedback. If it is a serious complaint, inform the research team as soon as possible.</p>

#### 4c. Troubleshooting disruptions or deviations to sampling plan

Careful monitoring of data collection is important to identify any issues with implementing your sampling strategy and achieving your minimum sample size. If identified in time, most issues can be rectified during data collection to avoid compromising the quality and representativeness of your final dataset. Two common issues and suggested steps to rectify them are outlined below.

1. Interviewers are no longer able to access a service delivery unit included in your final sample. For example, there might be disruptions to access due to adverse weather events or social unrest. In this instance, you will need to select a replacement site. This should be done at random from the remaining list of sites in your sample universe for that channel. If there are no additional units in your universe to select, you may want to consider adding another interview day or adjusting your skip pattern to account for the reduced number of interviews in losing this site. You can do this by repeating the steps to calculate your sample strategy above after removing the inaccessible unit. If you have begun data collection, you will want to consider carefully how you implement any changes and the repercussions on the representativeness of your data, and ensure the change is implemented as consistently as possible across all units.
2. Client flow is much lower than you anticipated in some or all of your service delivery units. To address this, you can increase the number of days interviewers spend at each unit or adjust your skip pattern to ensure you will meet your total target sample, for example by starting to interview all clients instead of every third client or spending six days interviewing instead of four. It is important that any change you implement is done for all units in your sample, and ideally at the same time. You do not want to add extra interview days or change the skip pattern in some units and not others as this will affect the representativeness of your final sample.




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