Section 1: Census Information
CHW ID [_____]
C1. Today's date (dd/mm/yyyy) [___|___]-[___|___]-[___|___|___|___]
C2. Interviewer's name [_____]
C3. County [_____]
C4. Sub-county [_____]
C5. Ward [_____]
C6. Village/ Estate where interview took place *[Please ask the CHW to confirm the name of the area where the interview took place.]*
C6a. Villages/Estates served by the CHW *[Please ask the CHW to confirm names of villages or estates where she usually provides FP products/services to women in the community. You may record more than one.]* [_____]
C6b. Town/Market Center/Central Business District (CBD) *[Please ask the CHW to confirm if she provides FP products/services to women in town areas, market centers or CBDs. If so, confirm and write down the name of the towns/market centers/ CBDs here. You may record more than one.]* [_____]

C7a. Type of CHW *Select only one* *What type of community worker are you?* 01= Community Health Extension Worker (CHEW) 02= Community Health Volunteer (CHV) 96= Other (Specify_____)	[___|___]
C9. Managing authority for CHW. *Select all that apply.* 01 = Government/ public -> **Skip to C11** 02 = Private 88 = Don't know 99= Refused/ No response -> **Skip to C11**	[___|___]

C10. Private CHW type. ***Select all that apply.*** 1 = Non-governmental organization (NGO) 2 = Faith-based organization 3 = Community Based Organization (CBO) 4 = For-profit organization 96 = Other (***specify***) [_____] 88 = Don't know 99= Refused/ No response	[___|___]
C11. Name of CHW *Record the name obtained from the supervising CHEW. If name was not obtained, ask the CHW for his/her name. If he or she refuses, record 99.* [_____]	
C13. Survey round *(captured automatically)* 1= Round 1	[___]
C15. Name of outlet with which CHW is affiliated *[Interviewer: Ask the CHW which outlet she is affiliated with and confirm this against the outlet listed on the CHW contact sheet, if one is listed. If there is a discrepancy, ask the CHW to confirm that she is affiliated with the outlet recorded on the CHW contact sheet, and if she confirms, then record this outlet name. If she does not confirm, then record the outlet that she mentioned.* *If the linked facility is outside the Ward where the study is taking place, write "outside of survey area"]* [_____]	C15a. Code of outlet with which CHW is affiliated **[Interviewer: copy outlet code for the confirmed outlet from the CHW contact sheet.** **If there is no outlet recorded on the CHW contact sheet, or if the CHV did not confirm that she is affiliated with the outlet recorded on the CHW form, then record 888.** **If the outlet is outside the survey area, record 995]** [___|___|___]

INTRODUCTION

Hello, my name is _____. I work for IPSOS and I am doing a study on behalf of Population Services Kenya. We are conducting a study on the availability of family planning products and services.. I would like to ask a few questions to see if you could be part of the survey.

 [If the respondent refuses to answer any questions, then proceed to section E and record refusal as visit result.]

Section 2: Screening for Product Audit Eligibility

sc0. Don't read: Did the respondent agree for you to ask screening questions?	1 = Yes 2= No / No response / Refused -> skip to section E 3= Not reached / Not available -> skip to section E [____]
Sc1. Do you have any male or female condoms available today? ***Verify with prompt cards, go to Sc2***	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response [____]
Sc2. Do you have any of the following family planning products available <u>today</u>? [**PROBE**: these can be products that you provide to clients for free or for sale. These do not include samples used for FP counseling only.] ***Read and record a response for each option. Verify each option with prompt cards.*** A. Oral contraceptive tablets B. Emergency contraceptive tablets C. Injectable contraceptives D. Contraceptive implants E. Contraceptive IUDs	1 = Yes -> ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No -> **Continue to Sc3 if answer "no" to all** 88 = Don't know -> **Continue to Sc3 if answer "don't know" to all** 99 = Refused/ No response -> **Continue to Sc3 if refused/gave no response to all** [____] [____] [____] [____] [____]
Sc3. Are there any of the following family planning products that are out of stock today, but that you stocked in the <u>past 3 months</u>? [**PROBE**: out of stock means that you no longer have the product(s) available for clients on a temporary basis and will have it/them again at some point in the future. This is even if the CHEW or outlet that supplies you with the products has the product in stock.] ***Read and record a response for each option. Verify each option with prompt cards.*** <u>**If the CHW has never offered the product, select NO.**</u> A. Oral contraceptive tablets B. Emergency contraceptive tablets C. Injectable contraceptives D. Contraceptive implants E. Contraceptive IUDs	1 = Yes (-> ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No -> ***Skip to Sc7 if respond no to all*** 88 = Don't know -> ***Skip to Sc7 of respond Don't know to all*** 99= Refused/ No response -> ***Skip to Sc7 if refused/gave no response to all*** [____] [____] [____] [____] [____]
Sc4. Do you know the names of the products that are out of stock today? *If so, please list the names and tell me how many days, weeks and/or months each one has been out of stock for. If stocked out for less than 1 day, record 1 day. I will accept generic or brand names.* ***Record one product and number of days, weeks and/or months per line.***	1 = Yes. ***Record product names, one product per line in Sc5--> Skip to Section 4*** 0 = No -> ***Skip to Section 4*** 88 = Don't know -> ***Skip to Section***

	4 99 = Refused/ No response -> *Skip to Section 4* [___]
Sc5. List of the name of product 1 that is out of stock today and tell me for how many days the product has been out of stock. I will accept generic or brand names. *Record one product and number of days, weeks, and/or months per line.* a. Product name b. Months c. Weeks d. Days [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____]	5c5a 88 = Don't know 99 = Refused 5c5b – 5c5d 8888 = Don't know 9999 = Refused
Sc7. Do you currently provide any of the following family planning services? ***Read and record a response for each option.*** A. Administration of injectable contraceptives B. Insertion of contraceptive implants C. Removal of contraceptive implants D. Insertion of contraceptive IUDs E. Removal of contraceptive IUDs	1 = Yes -> ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No **-> if responded no to all options, CHW *not eligible. Proceed to Section E, Question E6 to end the interview*** 88 = Don't know **-> *if responded don't know to all options, CHW not eligible. Proceed to Section E, Question E6 to end the interview*** 99 = Refused/ No response **-> if refused or gave no response to all options, *CHW not eligible. Proceed to Section E, Question E6 to end the interview*** [___] [___] [___] [___] [___]
[Interviewer: take the CHW through the informed consent procedure.]	1 = Yes -> *If responded YES to Sc2, then proceed to section 3. If responded YES to Sc3, then*

Cn1. ***DO NOT READ:*** Did the CHW provide consent to participate in the study?	*proceed to Sc4. If responded YES to Sc7, then proceed to Section 4* 0 = No -> Go to Section E, Question E6 to end the Interview [____]

Before proceeding to section 3 or 4, ensure you have obtained informed consent and given the respondent a copy of the consent form to keep.

Section 3: Family Planning Product Audit [*Interviewer completes this only for CHWs with at least one FP method besides condom in stock today.*]

Read to the provider:
Now, I would like to ask questions about the full range of family planning products that you currently have in stock. First, I will ask you to please bring out and show me all of the family planning products that you currently have in stock, including condoms. I will read out a list of different types of products and show you pictures of them to help you determine if you have them in stock. Do you currently have any of the following?

Prompt entire list using family planning prompt card;
- Birth control patches such as *Evra*
- Vaginal birth control rings such as *Nuvaring*
- *CycleBeads*
- Diaphragms
- Vaginal foaming tablets such as *Today*
- Male condoms such as *Trust, Salama,Sure, KamaSutra, Wet N Wild,Durex, Rough Rider, Delux, Kings Size, Kiss, Erotica, Spike, Leo, UNFPA Latex, Flavours, Bareback, One Touch*
- Female condoms such as *FC2, Pasante*
- Oral contraceptive tablets such as *Microgynon, Chaguo Langu (My Choice), Microlut, Femipill, Femiplan, Exluton, Diane-35, Yasmin, Mercilon*
- Emergency contraceptive tablets such as *Levonorgestrel, Postinor-2, Postpill, ECee2, Emcon, Lenor-72, P-2, Lydia Postpil*
- Injectable contraceptives such as *Depo-Provera, Femiject, Sayana Press,Manstogan, Famy-Depo*
- Contraceptive implants such as *Implanon NXT, Jadelle*
- Contraceptive IUDs such as *Optima, Lydia, Mirena, Femiplan, Pregna, Eves Copper T, SMB Copper T*

A0. **Don't read:** Does the CHW have any family planning products in stock?   [___]
1 = Yes
0 = No -> **Skip to Section 4**

After the respondent has brought out all methods available, read the following text, then follow the instructions that follow. "*Thank you. Now I will organize these products by groups and then will begin asking you questions about each one*"

1. Different product audit sheets will be used to record the product information based on the form and brand of product. Separate the family planning products into four piles:

- *The first pile should contain one of each brand of all non-drug family planning products available including: male and/or female condoms. If CycleBeads and/or diaphragms are available, include in this pile. Use the FP Non-Drug Audit Sheet to record.*

- *The second pile should contain one of each brand of all oral contraceptive tablets available including: oral contraceptives and/or emergency contraceptives. If birth control patches or vaginal foaming tablets are available, include in this pile. Use the FP Tablet Audit Sheet to record.*

- *The third pile should contain of one of each brand of all injectable contraceptives available. Use the FP Injection Audit Sheet to record.*

- *The fourth pile should contain of one of each brand of all contraceptive implants and IUDs available with the CHW. If vaginal birth control rings are available, include in this pile. Use the FP Insertion Audit Sheet to record.*

2. Number <u>each family planning product</u> brand by assigning a Product Number (starting from 1 for FP Non-Drugs, again from 1 for Tablets and so on).

3. IMPORTANT- FOR THOSE COMPLETING BY PAPER IN CASE OF MOBILE DEVICE FAILURE: If additional audit sheets are used, add these sheets after the ones provided and staple the questionnaire again. All pages should be in order before you move onto the next CHW. Number <u>each audit sheet used</u> in the spaces provided at the bottom of the page.

4. Read the following question to the respondent. A1. Do you keep records of family planning products you sell and/or services you provide? 1 = Yes 0 = No 88 = Don't know 99= Refused / No response *[Instruction to Interviewer: if records are available, ask respondent to obtain and reference them during the audit interview. If allowed to view, cross-check answers given for "amount sold/distributed" for all products and services. If figures for audit sheets given by the respondent and the records are not the same, ask the respondent the reasons for discrepancies and which is more accurate, then make a comment in the "comments" section for the relevant brand/product. Record the one indicated by the respondent as being more accurate.]*	[____]

FP Non-Drug Audit Sheet (ND): INCLUDES CONDOMS, CYCLEBEADS, DIAPHRAGMS CHW ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___|___]-[___|___|___]

ND1. Non-drug type	ND2. Brand name [___]	ND3. Manufacturer	ND4. Country of manufacture	ND5. Package size
1 = Male condom 2 = Female condom 3 = CycleBeads 4 = Diaphragm [___]	96 = Other (specify) 88 = Don't know 99 = Refused / No response **ND2a. Number of different package sizes** [___] 8888 = Don't know 9999 = Refused	[___] 95 = Not listed 96 = Other (specify)	[_____] 9666 = Other (specify) 8888 = Country not listed	(Record '1' if products individually sold. For male or female condoms, only record the lowest available package size available.) There are a total of [___|___] **individual non-drug products** in each package. 8888 = Don't know 9999 = Refused

ND6a. Total amount sold/distributed in the last 1 month to individual consumers.	ND7. Stocked out at any point in the past 3 months?	ND8. Retail selling price	ND9. Wholesale purchase price for the most recent wholesale purchase	ND10. Comments
(Refer to package size described in ND5) This CHW sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know **ND6c. Source of information** 0 = Provider recall 1 = CHW records [___]	1 = Yes 0 = No -> **Skip to ND8** 88 = Don't know -> **Skip to ND8** 99 = Refused /No response -> **Skip to ND8** [___] **ND7a-c. Duration of stockout** Enter number of months, weeks and/or days. (Prompt: this is the combined total of all stockouts in past 3 months. **I**f stocked out for less than 1 day, record 1 day.) [___] a. Number of months [___] b. Number of weeks [___] c. Number of days 8888 = Don't know 9999 = Refused	(Refer to package size described in ND5) a. [___|___] **packages** cost an individual customer b. [___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know	(Refer to package size described in ND5) a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know **ND9c. Supplier** (Ask provider) **From where did you get your most recent wholesale purchase/supply?** 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = CHEW 96 = Other, specify: [_____] 88 = Don't know 99 = Refused / No response [___]	

FP Non-Drug Audit Sheet [__|__] of [__|__]

FP TABLET AUDIT SHEET (TAB): INCLUDES OCPS, ECS, PATCHES, FOAMING TABLETS CHW ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___|___]-[___|___|___]

TAB1. Tablet type 1 = Oral contraceptive pills 2 = Emergency contraceptive pills 3 = Birth control patches 4 = Vaginal foaming tablets [___]	TAB1a. Tablet type-use (Ask provider) Do you ever use this product for emergency contraception? 1 = Yes 0 = No 88 = Don't know 95 = Not applicable [___]	TAB2. Brand name [___] 96 = Other (Specify) 88 =Don't know 99 = Refused / No response **TAB2a. Number of different package sizes** [___] 8888 = Don't know 9999 = Refused	TAB3. Generic name A. B. C. 95 = Not indicated 96 = Other (specify)	TAB3a. Strength If there is more than one strength for the same generic name, record the first strength here and record the other strengths in the Comments. [__|__|__].[__|__] [__|__|__].[__|__] [__|__|__].[__|__] 8888 = Not indicated	TAB3b. Strength Units [__] [__] [__] 1= mg 2 = µg, mcg 3= % 95 = Not indicated
TAB4. Manufacturer [___] 95= Not listed 96 = Other (specify)	TAB6a. Package size (Record number per package) There are a total of [___|___|___] Blisters (Cycles) of oral contraceptive pills in each package **OR** Tablets of Emergency Pills/Patches/Foaming in each package.			TAB7a. Total amount sold/distributed in the last 1 month <u>to individual consumers</u> This CHW sold/distributed [___|___|___|___] Blisters (Cycles) of oral contraceptive pills/ pills of Emergency contraceptive/ foaming tablets/ patches in the <u>last 1 month</u>. 9999 = Refused 8888 = Don't know	
TAB5. Country of Manufacture [___] 9666 = Other (specify) 8888 = Country not listed	Tab6b. Cycle size For oral contraceptive pills only: There are a total of [___|___] Oral contraceptive pills in each blister (cycle)				
	Tab6c. Lowest Distribution: For all products: CHW distributes/sells [___|___|___] as the lowest number of Blisters(Cycles), Emergency Pills,Patches, Foaming tablets to individual consumers.			TAB7c. Source of information 0 = Provider recall 1 = CHW records [___]	
TAB8. Stocked out at any point in the past <u>3 months</u>? [___] 1 = Yes 0 = No -> **Skip to TAB9** 88 = Don't know -> **Skip to TAB9** 99 =Refused/ No response -> **Skip to TAB9** TAB8a-c. Duration of stockout. Enter number of months, weeks and/or days. (Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day record 1 day.) [___] a. Months [___] b. Weeks [___] c. Days 8888 = Don't know 9999 = Refused	TAB9. Retail selling price (Record lowest number of distribution described in Tab6c) a. [__|__|__] **Blisters (Cycles) /Emergency Pills/Patches/Foaming Tablets** cost an individual customer b. [___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know	TAB10. Wholesale purchase price for the most recent wholesale purchase (Record # of packages described in Tab6a) a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know	TAB10c. Supplier (Ask provider) From where did you get your most recent wholesale purchase/supply? [___] 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 96 = Other, specify: [_____] 88 = Don't know 99 = Refused / No Response	TAB11. Comments	

FP Tablet Audit Sheet [___|___] of [___|___]

INJ1. Brand name [___] *96 = Other (specify)* *88 = Don't know* *99 = Refused / No response*		INJ2. Generic name A. _____ B. _____	INJ2a. Strength mg/ INJ2b.Strength mL [__|__|__].[__|__] mg / [__].[__] mL [__|__|__].[__|__] mg / [__].[__] mL *8888 = Not indicated*	INJ3. Manufacturer [___] *95 = Not listed* *96 = Other (specify)*	INJ4. Country of Manufacture [___] *9666 = Other (specify)* *8888 = Country not listed*

INJ5. Package size There are a total of [___|___|___].[___] **mL** in each vial/ampoule. **INJ6. Package contents** *Does package with vial/ampoule contain disposable needle for injection?* [___] *1 = Yes* *0 = No*	INJ7a. Total amount sold/distributed in the last 1 month **to individual consumers** (*Record # of vials/ampoules described in* INJ5) This CHW sold/distributed [___|___|___|___] **Vials/ampoules** in the last 1 month. *9999 = Refused* *8888 = Don't know* **INJ7c. Source of information** *0 = Provider recall* *1 = CHW records* [___]	INJ8. Stocked out at any point in the past **3 months**? [___] *1 = Yes* *0 = No -> **Skip to question INJ9*** *88 = Don't know -> **Skip to question INJ9*** *99 = Refused / No response -> **Skip to question INJ9*** **INJ8a-c. Duration of stockout.** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know* *9999 = Refused*	INJ9. Do you perform injection services for this brand of injectable? *1 = Yes* *0 = No -> **Go to INJ11*** *88 = Don't know -> **Go to INJ11*** [___] **INJ9a. If yes, what is the total cost to have an injection, including product cost and service fee?** [___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INJ10. How many injection procedures have you conducted in the last 1 month? (*PROBE: include only procedures for which the CHW used its own stock of products, not those for which clients brought in the product from outside.*) [___|___|___|___] *9999 = Refused* *8888 = Don't know* **INJ10a. Source of information** [___] *0 = Provider recall* *1 = CHW records*

INJ11. Does this CHW provide this brand of injectable for clients to take away? *1 = Yes* *0 = No -> **Go to INJ12*** *88 = Don't know -> **Go to INJ12*** *99 = Refused / No response -> **Go to INJ12*** [___] **INJ11b. If yes, what is cost of 1 vial/ampoule for an individual customer to take away?** [___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INJ11c. If yes, total number sold/distributed in the last 1 month to individual consumers to take away (*Record # of vials/ampoules described in* INJ5) [___][___][___] *9999 = Refused* *8888 = Don't know*	INJ12. Wholesale purchase price for your most recent wholesale purchase (*Record # of individual vials/ampoules even if sold in bundles*) a. [___|___|___|___] **mL Vials/ampoules** cost b. [___|___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INJ12c. Supplier *(Ask provider)* From where did you get your most recent wholesale purchase/supply? *1 = Wholesale pharmacy* *2 = Retail pharmacy* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = CHEW* *96 = Other, specify:[_____]* *88 = Don't know* *99= Refused / No response* [___]	INJ13. Comments

FP Injection Audit Sheet [___|___] of [___|___]

INS1. Brand name [___] 96 = Other (specify) 88 = Don't know 99 = Refused / No response	INS2. Type [___] *1 = Contraceptive implant 2 = Vaginal birth control ring 3 = Hormonal-based IUD 4 = Copper-based IUD*	INS3. Generic name A. B. *95 = Not indicated 96 = Other (specify)*	INS3a. Strength (*Do not record for copper IUD*) [__|__|__].[__] mg [__|__|__].[__] mg *8888 = Not indicated* INS3b. For *implants only* Strength for [___] **number** of rods	INS4. Manufacturer [___] *95 = Not listed 96 = Other (specify)*	INS5. Country of Manufacture [___] *9666 = Other (specify) 8888 = Country not listed*

INS6. Package size In each package, there are a total of [___|___] **number** of [___] Rod(s) IUD(s) **-> Go to INS8a** Ring(s) **-> Go to INS8a** INS7. Package contents *Does package come with disposable applicator or trocar?* *1 = Yes 0 = No* [___]	INS8a. Total amount sold/distributed in the last 1 month to individual consumers (*Record # of packages described in* INS6) This CHW sold/distributed [___|___|___] **packages** in the last 1 month. *9999 = Refused 8888 = Don't know*	INS8c. Source of information (for sales) *0 = Provider recall 1 = CHW records* [___] INS9. Stocked out at any point in the past 3 months? [___] *1 = Yes 0 = No -> Skip to INS10 88 = Don't know -> Skip to INS10 99 = Refused/ No response -> Skip to INS10* INS9a-c. Duration of stockout. Enter number of months, weeks and/or days. (*Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.*) [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know 9999 = Refused*	INS10. Do you, or other staff, perform insertion services for this brand? [___] *1 = Yes 0 = No -> Go to INS12a 88 = Don't know -> Go to INS12a* INS10a. If yes, what is the total cost to have this brand inserted, including product cost and service fee? [___|___|___|___|___] KES *0 = Free 9999 = Refused 8888 = Don't know*	INS11. How many insertion procedures have been conducted in the last 1 month? (*PROBE: include only procedures for which the CHW used her own stock of products, not those for which clients brought in the product from outside.*) [___|___|___|___] *9999 = Refused 8888 = Don't know* INS11a. Source of information *0 = Provider recall 1 = CHW records* [___]	

INS12a. Do you provide this brand of implant/IUD for clients to take away for insertion procedures somewhere else? [___] *1 = Yes 0 = No -> Go to INS13 88 = Don't know -> Go to INS13 99 = Refused / No response -> Go to INS13* INS12b. If yes, what is cost of 1 implant/IUD for an individual customer to take away? [___|___|___|___]KES *0 = Free 9999 = Refused 8888 = Don't know*	INS12c. If yes, total amount sold/distributed in the last 1 month to individual consumers to take away? *Record number of Contraceptive implant/IUD.* [___][___][___] *9999 = Refused 8888 = Don't know*	INS13. Wholesale purchase price for your most recent wholesale purchase (*Record # of packages described in INS6*) [___|___|___|___] a. packages cost [___|___|___|___|___|___] b. KES *0 = Free 9999 = Refused 8888 = Don't know*	INS13c. Supplier (*Ask provider*) From where did you get your most recent wholesale purchase/supply? *1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 96 = Other, specify: [_____] 88 = Don't know 99= Refused / No response* [___]	INS14. Comments

FP Insertion Audit Sheet [___|___] of [___|___]

Read the following question to the respondent. A8. Are there any family planning products that are out of stock today but that you stocked in the *past 3 months*? [**PROBE**: out of stock means that you no longer have the product(s) available for clients on a temporary basis and will have it/them again at some point in the future. This is even if the CHEW or outlet that supplies you with the products has the product in stock.]	1 = Yes -> **Continue to A9_pre** 0 = No -> *Proceed to section 4* 88 = Don't know -> *Proceed to section 4* 99= Refused/ No response -> *Proceed to section 4* [___]
A9_pre. Do you know the names of the products that are out of stock today? *Please list the names and tell me how many days, weeks and/or months each one has been out of stock for. If stocked out for less than 1 day, record 1 day I will accept generic or brand names.*	1 = Yes ->Go to A9 0 = No 88 = Don't know/ Don't remember 99 = Refused/ No response [___] *Proceed to Section 4.*
A9. List the name of product that is out of stock today and tell me for how many days, weeks and months the product has been out of stock. I will accept generic or brand names. *[Interviewer: record one product per line.]* [a. Product name] [b. number of months] [c. number of weeks] [d. number of days] [_____]	For product name: 96 = Other (specify) 88 = Don't know 99 = Refused / No response Others: 8888 = Don't know 9999 = Refused

Section 4: Background Information about the CHW and Service Availability

This section is focused on general information about the CHW and what services are available.

Now, I would like to ask you a few questions about yourself.

B2. *Don't read*: Is respondent male or female? 0 = Male 1 = Female	[___]
B3. What age are you today? *Write age in years* 8888 = Don't know 9999 = Refused/ No response	[___]
B4. What is the highest level of education you completed? 1 = No formal education 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Some university/college 7 = Completed a university/college degree 88 = Don't know 99 = Refused/ No response	[___]
B5. *D*o you have any of the following **health qualifications**? *Read list*. *For each one, record 1 for yes, 0 for no, 88 for don't know, 99 for refused/ No response* I. Medical Doctor II. Clinical Officer III. Nurse / Midwife IV. Medical Assistant/ Nursing Assistant/ Nurse Aid V. Pharmacist VI. Pharmaceutical technologist VII. Laboratory Technologist VIII. Community Health Extension Worker/ Community Health Volunteer IX. Other specify [_____]	 [___] [___] [___] [___] [___] [___] [___] [___] [___]
B6. What month and year did you first begin working as a CHW? a. Month began working as CHW *Enter 88 for don't know, 99 for refused* b. Year began working as a CHW *Enter 8888 for don't know, 9999 for refused*	 |___|___| [___|___|___|___]
B7. For how long have you been providing family planning products and services other than condoms as a community health worker? **PROBE**: **Think about how long it has been since you first started selling or giving away FP products or services. Condoms do not count. You can say if you don't know this information or if you are not sure**. *[Interviewer: read the response options]* 1 = Less than 3 months 2 = 3 – 6 months 3 = Greater than 6 months - 12 months	|___|

4 = More than one year 88 = Don't know/ not sure 99 = Refused/ No response	
B8. How many days in a week do you provide family planning products and services, other than condoms, to people in the community? ***Enter a number between 1 and 7. Enter 1 if services are available less frequently than every week. Enter 8888 for don't know. Enter 9999 for refused.***	[___]
B9. On average, how many FP clients do you see each week, excluding those seeking only condoms? **[PROBE: this is inclusive of clients who only come in for FP counseling and leave without receiving any FP product or service.]** ***Enter 8888 for don't know. Enter 9999 for refused.***	[___]
B10. ***For the CHWs whose managing authority is private, per Question C9*** Which family planning commodities do you receive from the public sector (if any)? ***Read each product from the following list and record response for each.*** A = Pills B = Implants C = Injectables D = Male condoms E = Female condoms F = IUCD/Coil G = Diaphragm H = Emergency contraception 96 = Other (specify)	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]
B12. Do you conduct family planning community outreach in which you provide FP services and products to community members? [**PROBE:** Community outreach events include services that you provide in the community to large groups of clients. I am interested in only those where you provide FP services (such as injections or insertions) or FP products to clients] 1 = Yes 0 = No -> **Skip to B15a** 88 = Don't know -> **Skip to B15a** 99 = Refused/ No response -> **Skip to B15a**	[___]
B13. How many times in the last month did this CHW/CHEW <u>conduct</u> family planning community outreach events? *Enter zero if no community outreach conducted in the last month* 8888 = Don't know 9999 = Refused	[___]
B15a. Do you receive FP support, supervision, or supplies from any facility which provides FP services and products to clients? 1 = Yes [which ones? _____] 0 = No 88 = Don't know	[___]

99 = Refused/ No response	
B24. In what settings do you provide family planning products and services to clients. ***Please select all that applies.*** *[interviewer please read the options]* 1 = Clients' homes 2 = Community venues/ community outreach events 3 = Health facilities 96 = Other (Specify_____) 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___]
B18. Do you provide counseling to clients on which types of family planning methods to choose? 1 = Yes 0 = No -> ***Go to B20*** 88 = Don't know -> ***Go to B20*** 99 = Refused/ No response -> ***Go to B20***	[___]
B19. Do you have any job aids for counseling customers on which type of family planning method to choose? *(Ask the respondent to show you the job aids.)* 1 = Yes, observed 2 = Yes, not observed 0 = No 88 = Don't know 99 = Refused/ No response	[___]
B20. Have you received any training on family planning in the last 12 months? ***Wait for response. If the response is yes, then ask:*** If so, please tell me briefly what type(s) of training you received most recently. 1 = Yes (Specify_____) 0 = No 88 = Don't know 99 = Refused/ No response	 [___]

Section 5: Service Provider Module [*Interviewer completes this section for <u>all CHWs that provide injections; implant or IUD insertions; or implant or IUD removals</u>]* *This section is about provider training, credentials and equipment for all family planning services except sterilizations.*	
S8. Do your own responsibilities include providing any of the following? ***Read each procedure from the following and record response:***	1 = Yes 0 = No 88 = Don't know 99= Refused/ No response
S8a. Contraceptive injections S8b. Implant insertion procedures S8c. implant removal procedures S8d. IUD insertion procedures S8e. IUD removal procedures	[___] [___] [___] [___] [___]
S9. Have you received any training in the last 12 months that included a component on performing contraceptive injections, implant insertions, implant removals, IUD insertions and/or IUD removals? **PROBE: this includes pre-service training, stand-alone workshops.** ***Ask for and record response for each method.*** S9a. Contraceptive Injections S9b. Implant insertions S9c. Implant removals S9d. IUD insertions S9e. IUD removals	1 = Yes 0 = No 88 = Don't know 99= Refused/ No response [___] [___] [___] [___] [___]
S11. Do FP clients need to pay any fees in order to seen by you even if they do not obtain a method of contraception? **PROBE: These may be consultation or registration fees**. 1 = Yes 0 = No *-> Go to S13* 88 = Don't know *-> Go to S13* 99= Refused/ No response *-> Go to S13*	[___]
S12. Do all clients need to pay this fee or is the fee only for FP clients? [PROBE: think about what fees clients seeking other health services besides FP need to pay, if any.] 1 = FP clients only 0 = All clients 88 = Don't know 99 = Refused/ No response	[___]
S13. *For those who indicated that they offer injectables in Question S8* If a woman came to you today, could she receive a contraceptive injection from you if she were eligible to receive the procedure? 1 = Yes *-> Skip S14* 0 = No 88 = Don't know *-> Skip S14*	[___]

99 = Refused/ No response -> *Skip S14*	
S14. Why would a woman be unable to receive an injection today from you? *Record all that apply. Enter 88 for don't know,* 99 for refused/ no response*.* 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 96 = Other*, specify:* [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___]
S15. **For those who indicated that they offer implant insertions in Question S8** If a woman came in today, could she receive a contraceptive implant insertion procedure from you if she were eligible to receive the procedure? 1 = Yes -> **Skip S16** 0 = No 88 = Don't know -> **Skip S16** 99= Refused/ No response -> **Skip S16**	[___]
S16. Why would a woman be unable to receive an implant insertion procedure from you today? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response.** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for insertion of implants not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___]
S17. **For those who indicated that they offer implant removals in Question S8** If a woman came in today, could she receive an implant removal procedure from you if she were eligible to receive the procedure? 1 = Yes -> **Skip S18** 0 = No 88 = Don't know -> **Skip S18** 99 = Refused/ No response -> **Skip S18**	[___]
S18. Why would a woman be unable to receive an implant removal procedure from you today? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response**. 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for removal of implants not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___] [___]
S19. **For those who indicated that they offer IUD insertions in Question S8** If a woman came in today, could she receive an IUD insertion procedure from you if she were eligible to receive the procedure? 1 = Yes -> **Skip S20** 0 = No 88 = Don't know -> **Skip S20** 99 = Refused / No response -> **Skip S20**	[___]

S20. Why would a woman be unable to receive an IUD insertion procedure today from you? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for insertion of IUDs not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___] [___]
S21. **For those who indicated that they offer IUD removals in Question S8** If a woman came in today, could she receive an IUD removal procedure from you if she were eligible to receive the procedure? 1 = Yes -> **Skip S22** 0 = No 88 = Don't know -> **Skip S22** 99 = Refused/ No response -> **Skip S22**	[___]
S22. Why would a woman be unable to receive an IUD removal procedure today from you? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for removal of IUDs not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___] [___]

Interviewer: Proceed to __Section E to end the interview__

Section E: Ending the interview [*Interviewer completes this section for all CHWs.*]

E1a. DO NOT READ: Alternate name(s) of CHW: *[Interviewer: Ask the CHW about other names that she/he goes by or that people in the community know her/him by. Record these.]* 95 = Not applicable, no respondent 99 = Refused	Name 1: [_____] Name 2: [_____] Name 3: [_____]
E2a. DO NOT READ: Physical description of the CHW *[Interviewer: Write a description of the CHW based on your observation. Make notes about his/her appearance such as height, weight, facial features, etc., to help supervisor to find the CHW.]*	E3. Telephone number of the CHW for future contact, if any Record phone number as 7xx xx xx xx [___|___|___|___|___|___|___|___|___|___] *Record phone number as 7xx xx xx xx* *If no phone number, write N/A* *If refused, write 999* *Record multiple numbers, if available*

Thank the respondent for her/his time and end the interview. Provide him/her the study incentive and remind him/her that another visit would be made in 3 months

The respondent is finished, but there are still more questions for you to complete.

E6. *Take a GPS point outside, near the entrance to the structure where the interview took place, if the interview took place inside a structure. Record location when the accuracy is smaller than 6m.*

Latitude: [___]

Longitude: [___]

Accuracy: [__]

E7. Is this the first, second or third visit to this CHW? 1= Visit 1 2 = Visit 2 3 = Visit 3 [___]	E8. In what language was this interview conducted? 1 = English 2 = Kiswahili 3 = Kikuyu 4 = Luo 5 = Mijikenda [___]

E9. Result of visit

01 = CHW ineligible *-> Go to E12*
02 = Survey fully complete *-> Go to E12*
03 = Survey partly complete *-> Go to E11*
04 = CHW not available/time not convenient *-> Go to E11*
06 = CHW not available permanently (e.g., no longer working as a CHW, deceased, etc.) -> *Go to E12*
99 = Refused *-> Go to E10*
96 = Other (*specify*):[_____]

E10. If the provider refused, why? 1 = Client load *Ask respondent for a time they would prefer to be interviewed and note in* 2 = Thinks it's an inspection / nervous about license 3 = Not interested	[___]

96 = Other (specify):[_____] 99 = Refused to give reason	
E11. *Use this space to record call back details. Note if it is not possible to complete the interview at another time.* 	
E12. Additional observations by interviewer (if any) 	