

**Section 1: Census Information**

*If you need to speak to someone at the outlet to get any of this information, then read the introductory scripts to introduce yourself before asking questions.*

**Introduction**

*Hello, my name is [enumerator name]. I am doing a study for Society for Family Health Nigeria (SFH). We are conducting a study on the availability of family planning products and services. The results will be used to improve the availability of modern family planning methods in this local community. I would like to ask a few questions to see if this facility could be part of the survey.*

**CHW ID** (Interviewer-State-LGA-Locality-Village-CHW code) *[Captured automatically]*

[\_\_\_\_\_]

C1. Today's date (dd/mm/yyyy)

[\_]|[\_]-[\_]|[\_]-[\_]|[\_]|[\_]|[\_]

C2. Interviewer's name

[\_\_\_\_\_]

C3. State

[\_\_\_\_\_]

C4. LGA

[\_\_\_\_\_]

C5. Ward

[\_\_\_\_\_]

C6. Village/ Community/ Neighborhood where interview took place

**[PROBE: Please ask the CHW to confirm the name of the area where the interview took place.]**

[\_\_\_\_\_]

C6a. Villages/ communities/neighborhoods where CHW works

**[PROBE: Please ask the CHW to confirm names of villages, communities or neighborhoods where she/he usually provides FP products/services to women in the community. You may record more than one.]**

[\_\_\_\_\_]

<p>C7a. Type of CHW <b>[Please ask the CHW to confirm what type of CHW he or she is]</b></p> <p>01= Community Health Extension Worker (CHEW)  02= Community Health Volunteer (CHV)  03 = Junior Community Health Extension Worker  04 = Community Health Officer  05 = Village Health Worker  06 = Role Model Mother/ Traditional Birth Attendant (TBA)  07 = Community Based Distributor  08 = Interpersonal communication Agents (IPCAs)  09 = Public health nurse  10 = Auxiliary nurse  11 = Informal CHW (no official certification or qualification)  88 = Don't know  96= Other (Specify _____)</p>	<input type="checkbox"/>
<p>C7b. Settings where CHW usually provides FP services</p> <p><b>[Select all that apply]</b>  <b>[Interviewer: ask the CHW to list the various settings where he or she provides family planning services and products to clients, including health facilities and in the community. You can probe on the specific options listed here.]</b></p> <p>01 = In the community- client's homes  02 = In the community- community venues/ outreach events  03 = Health facility  96 = Other (specify _____)  88 = Don't know  99 = Refused/ no response</p>	<input type="checkbox"/>
<p>C9. Managing authority for CHW. <b>Select all that apply.</b></p> <p>01 = Government/ public à <b>Skip to C11</b>  02 = Private  88 = Don't know à <b>Skip to C11</b>  99= Refused/ no response à <b>Skip to C11</b></p>	<input type="checkbox"/> <input type="checkbox"/>
<p>C10. Private CHW type. <b>Select all that apply.</b></p> <p>1 = Non-governmental organization (NGO)  2 = Faith-based organization  3 = Community Based Organization (CBO)  4 = For-profit organization  96 = Other (<b>specify</b>) [ _____ ]  88 = Don't know  99= Refused/ no response</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>C11. Name(s) of CHW</p> <p><b>[ Ask the CHW for his/her name and any other names that he or she is known by in the community and record them here. If the CHW refuses to provide his/her name, record the one previously obtained and written on the CHW contact information sheet. Record "name unknown" if no name was previously obtained.]</b></p>	<input type="checkbox"/>

<p>C13. Survey round (<i>captured automatically</i>) 1= Round 1</p>	<p>[ ]</p>
<p>C15. Name(s) of outlet with which CHW is affiliated <i>[Ask the CHW which outlet she/he is affiliated with and confirm this against the outlet listed on the CHW contact sheet, if one is listed. Multiple outlets may be recorded. Enter 'Not applicable' if the CHW is not affiliated with an outlet.]</i></p> <p>[ ]</p>	<p>C15a. Code of outlet with which CHW is affiliated <i>[Interviewer: copy outlet code for the confirmed outlet from the CHW contact sheet, if one is listed. Multiple outlet codes may be recorded.]</i></p> <p><i>If there is no outlet recorded on the CHW contact sheet, or if the CHW is affiliated with an outlet that is not recorded on the information sheet, then record 888.</i></p> <p><i>Enter 995 if the CHW is not affiliated with an outlet.</i></p> <p>[ ] [ ] [ ]</p>
<p>C15b. Location of outlet with which CHW is affiliated <i>[Ask the CHW the name of the village, neighborhood or community that the outlet to which she/he is linked is located. If there are multiple outlets, specify the location of each one. Enter 'Not applicable' if the CHW is not affiliated with an outlet]</i></p>	

**INTRODUCTION**

Hello, my name is \_\_\_\_\_. I am doing a study for Society for Family Health Nigeria (SFH). We are conducting a study on the availability of family planning products and services. The results will be used to improve the availability of modern family planning methods in this local community. I would like to ask a few questions to see if you could be part of the survey. If this facility is eligible for the survey, then I will take you through a consent process to provide you more information about the study.

*[Interviewer: If the respondent refuses to answer any questions, then proceed to section E and record refusal as visit result. The respondent may want to see the consent information sheet first. If this is the case, provide him/her this form, explain it briefly and answer any questions that he/she has. Then, ask whether you may proceed with the screening questions. You will still need to obtain consent formally after the screening if the CHW is eligible.]*

## Section 2: Screening for Product Audit Eligibility

<p><b>Sc0. Don't read: Did the respondent agree for you to ask screening questions?</b></p>	<p>1 = Yes -&gt; continue to Section 2                  2 = No / No response / Refused à <b>Skip section E</b>                  3 = Not reached / Not available à <b>Skip to section E</b></p> <p><input type="checkbox"/></p>
<p>Sc2. Do you have any of the following family planning products available <u>today</u>?  <i>[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.]</i>  <b>Read and record a response for each option. Verify each option with prompt cards.</b></p> <p>A. Oral contraceptive tablets                  B. Emergency contraceptive tablets                  C. Injectable contraceptives                  D. Contraceptive implants                  E. Contraceptive IUDs</p>	<p>1 = Yesà <b>Proceed to Cn1 to gain consent if responded yes to at least one</b></p> <p>0 = No à <b>Continue to Sc3 if answer “no” to all</b></p> <p>88 = Don't know à <b>Continue to Sc3 if answer “don't know” to all</b></p> <p>99 = Refused/ no response à <b>Continue to Sc3 if refused/gave no response to all</b></p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>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>?  <i>[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.]</i>  <b>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></b></p> <p>A. Oral contraceptive tablets                  B. Emergency contraceptive tablets                  C. Injectable contraceptives                  D. Contraceptive implants                  E. Contraceptive IUDs</p>	<p>1 = Yes à <b>Skip to Cn1 to gain consent if responded yes to at least one</b></p> <p>0 = No à <b>Skip to Sc7 if respond no to all</b></p> <p>88 = Don't know à <b>Skip to Sc7 of respond don't know to all</b></p> <p>99= Refused/ no response à <b>Skip to Sc7 if refused/gave no response to all</b></p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>

<p>Sc4. Do you know the names of the products that are out of stock today?</p> <p><i>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. You can tell me generic or brand names. <b>Record one product and number of days, weeks and/or months per line.</b></i></p> <p><i>For public hospitals / health centers / nursing homes / dispensaries only: when interviewing all sub-outlets except pharmacy/ chemist, note that products may be stocked out in the sub-outlet but be available in the pharmacy/chemist. Please only record products here which are stocked out in both places. You may ask the respondent to contact the pharmacy/chemist to verify product availability.</i></p>	<p>1 = Yes à <b>Record product names, one product per line in Sc5</b></p> <p>0 = No à <b>Skip to Section 4</b></p> <p>88 = Don't know/ don't remember à <b>Skip to Section 4</b></p> <p>99 = Refused/ no response à <b>Skip to Section 4</b></p> <p><input type="checkbox"/></p>																																								
<p>Sc5. List of products that are out of stock today and tell me for how many days the products have been out of stock. I will accept generic or brand names..</p> <p><b>Record one product and number of days, weeks, and/or months per line.</b> a. Product name</p> <p>b. Months                      c. Weeks                      d. Days</p> <table border="1" data-bbox="108 857 1050 1176"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	<p>88 = Don't know</p> <p>99 = Refused</p> <p><b>All skip to Section 4 .</b></p>
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<p>Sc7. Do you currently provide any of the following family planning services? <b>Read and record a response for each option.</b></p> <ul style="list-style-type: none"> <li>A. Administration of injectable contraceptives</li> <li>B. Insertion of contraceptive implants</li> <li>C. Removal of contraceptive implants</li> <li>D. Insertion of contraceptive IUDs</li> <li>E. Removal of contraceptive IUDs</li> </ul>	<p>1 = Yes à <b>Proceed to Cn1 to gain consent if responded yes to at least one</b></p> <p>0 = No à <b>if responded no to all options, CHW not eligible. Proceed to Section E, Question E6 to end the interview</b></p> <p>88 = Don't know à <b>if responded don't know to all options, CHW not eligible. Proceed to Section E, Question E6 to end the interview</b></p>																																								

	<p>99 = Refused/ no response à if refused or gave no response to all options, <i>CHW not eligible. Proceed to <u>Section E, Question E6</u> to end the interview</i></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>[Interviewer: take the CHW through the informed consent procedure.]</b></p> <p>Cn1. <b>DO NOT READ:</b> Did the CHW provide consent to participate in the study?</p>	<p>1 = Yes à <i>If responded YES to Sc2, proceed Cn1.(name) and then section 3. If responded YES to Sc3, proceed Cn1.(name) and then go to Sc4. If responded YES to Sc7, proceed to Cn1.(name) and then to Section 4</i></p> <p>0 = No à <i>Skip to Section E, Question E6 to end the Interview</i></p> <p><input type="checkbox"/></p>
<p>Cn1.(name) <b>DO NOT READ:</b> Name of person who consented as owner or person in charge</p> <p><i>[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]</i></p>	<p><input type="checkbox"/></p>

**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.]**

**A0. 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 *Durex, Fiesta, Flex, Stamina, Powdera, Gold Circle, Mustang, Jones, Rough Rider, Impress, Fire, Skin2Skin, Icon, Love, Shakara, Flavours, Kiss*
- Female condoms such as *FC2, Pasante,*
- Oral contraceptive tablets such as *Combination 3, Microgynon, Diane-35, Femipill, Femiplan, Yasmin, Mercilon, Dronis*
- Emergency contraceptive tablets such as *Levonorgestrel, Postinor-2, Postpill, Gynopill, Sedinor 2, Postiga 4, Norlevo, I-Pill, Rogotinor, Back-up*
- Injectable contraceptives such as *Depo-Provera, Sayana Press, Medroxyprogesterone*
- Contraceptive implants such as *Implanon NXT, Jadelle, Levoplan*
- Contraceptive IUDs such as *Eloira, Optima, Lngius, Lydia, 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 à **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 one of each brand of all injectable contraceptives available. Use the FP Injection Audit Sheet to record.**
- **The fourth pile should contain 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 each family planning product 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 each audit sheet used 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

**[Instructions to interviewer: If records are available, ask the respondent to obtain and refer to them during the audit interview. If allowed to view the records, cross-check answers given for "number 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.]**

**[IMPORTANT NOTE: If the CHW works both in a facility and in the community, as determined earlier in the interview, ask her to provide data only for community services, if possible. Make some notes in the comments section about this.]**

<p><b>ND1. Non-drug type</b></p> <p>1 = Male condom 2 = Female condom 3 = CycleBeads 4 = Diaphragm</p> <p>[ ]</p>	<p><b>ND2. Brand name</b></p> <p>96 = Other (specify) 88 = Don't know 99 = Refused / No response</p> <p><b>ND2a. Number of different package sizes</b></p> <p>[ ]</p> <p>Don't know = 8888 Refused = 9999</p>	<p><b>ND3. Manufacturer</b></p> <p>95 = Not listed 96 = Other (specify)</p>	<p><b>ND4. Country of manufacture</b></p> <p>9666 = Other (specify) 8888 = country not indicated</p>	<p><b>ND5. Package size</b> (Record '1' if products individually sold. For male or female condoms, only record the lowest available package size available.)</p> <p>There are a total of [ ][ ]</p> <p><b>individual non-drug products</b> in each package. Don't know = 8888 Refused = 9999</p>	
<p><b>ND6a. Total amount sold/distributed in the last 1 month to individual consumers.</b></p> <p>This CHW sold/distributed [ ][ ][ ][ ] packages in the last 1 month.</p> <p>Record number of packages of individual units Refused = 9999 Don't know = 8888</p>	<p><b>ND7. Stocked out at any point in the past 3 months?</b></p> <p>1 = Yes 0 = No à Skip to ND8 88 = Don't know à Skip to ND8 99 – Refused / No Response à Skip to ND8</p> <p>[ ]</p>	<p><b>ND8. Retail selling price</b></p> <p>[ ][ ][ ]</p> <p><b>a. packages</b> cost an individual customer</p> <p>[ ][ ][ ][ ][ ][ ] b. NGN</p>	<p><b>ND9. Wholesale purchase price for your most recent wholesale purchase/supply</b></p> <p><b>a.</b> [ ][ ][ ][ ][ ] packages cost</p> <p><b>b.</b> [ ][ ][ ][ ][ ][ ][ ][ ] NGN</p> <p>Free = 0 Refused = 9999 Don't know = 8888</p>	<p><b>ND10a. Is the product expired?</b></p> <p>1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging)</p> <p>[ ]</p>	
<p><b>ND6c. Source of information</b></p> <p>0 = Provider recall 1 = CHW records</p> <p>[ ]</p>	<p><b>ND7a-c. Duration of stockout</b> Enter number of days, weeks and/or months. (Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)</p> <p>[ ] a. Months [ ] b. Weeks [ ] c. Days</p> <p>88 = Don't know 99 = Refused</p>	<p>Free = 0 Refused = 9999 Don't know = 8888</p>	<p><b>ND9c. Supplier</b> (Ask provider) From where did you get your most recent wholesale purchase/supply?</p> <p>1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = Sales Representative 7 = CHEW 96 = Other, specify: [ ] 88 = Don't know 99 = Refused / no response</p> <p>[ ]</p>	<p><b>ND10. Comments</b></p>	



<b>INJ1. Brand name</b> [ ][ ] 96 = Other (specify) 88 = Don't know 99 = Refused / No response		<b>INJ2. Generic name</b> A. [ ][ ][ ][ ]-[ ][ ][ ] mg / [ ][ ]-[ ][ ] mL B. [ ][ ][ ][ ]-[ ][ ][ ] mg / [ ][ ]-[ ][ ] mL 95 = Not indicated 96 = Other (specify)		<b>INJ2a. Strength mg / INJ2b.Strength mL</b> [ ][ ][ ][ ]-[ ][ ][ ] mg / [ ][ ]-[ ][ ] mL [ ][ ][ ][ ]-[ ][ ][ ] mg / [ ][ ]-[ ][ ] mL Not indicated = 8888		<b>INJ3. Manufacturer</b> [ ][ ] 95 = not indicated 96 = Other (specify)		<b>INJ4. Country of Manufacture</b> If country not listed, write: not listed. If the name of the country does not appear, go back and check the spelling or enter only the first 3-4 letters 9666 = Other (specify) 8888 = country not listed					
<b>INJ5. Package size</b> There are a total of [ ][ ][ ][ ]-[ ][ ] mL in each vial/ampoule.		<b>INJ7a. Total number sold/distributed in the last 1 month to individual consumers</b> (Record # of vials/ampoules) This CHW sold/distributed [ ][ ][ ][ ][ ] <b>Vials/ampoules in the last 1 month.</b> Refused = 9999 Don't know = 8888		<b>INJ8. Stocked out at any point in the past 3 months?</b> [ ][ ] 1 = Yes 0 = No à Skip to INJ9 88 = Don't know à Skip to INJ9 99 = Refused / no response à Skip to INJ9 <b>INJ8a-c. Duration of stockout.</b> Enter number of days, weeks and/or months. (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 88 = Don't know 99 = Refused		<b>INJ9. Do you perform injection services for this brand of injectable?</b> [ ][ ] 1 = Yes 0 = No à Go to INJ11 88 = Don't know à Go to INJ11 <b>INJ9a. What is the total cost to have an injection, including product cost and service fee?</b> [ ][ ][ ][ ][ ][ ][ ] NGN Free = 0 Refused = 9999 Don't know = 8888		<b>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.)</b> [ ][ ][ ][ ][ ] Refused = 9999 Don't know = 8888 <b>INJ10a. Source of information</b> [ ][ ] 0 = Provider recall 1 = CHW records					
<b>INJ6. Package contents</b> Does package with vial/ampoule contain disposable needle for injection? 1 = Yes 0 = No [ ][ ]		<b>INJ7c. Source of information</b> 0 = Provider recall 1 = CHW records [ ][ ]		<b>INJ11. Does this CHW provide this brand of injectable for clients to take away?</b> [ ][ ] 1 = Yes 0 = No à Go to INJ12 88 = Don't know à Go to INJ12 99 = Refuse / No response à Go to INJ12 <b>INJ11b. If yes, what is cost of 1 vial for an individual client to take away?</b> [ ][ ][ ][ ][ ][ ] NGN Free = 0 Refused = 9999 Don't know = 8888		<b>INJ11c. Total number sold/distributed in the last 1 month to individual consumers to take away</b> Record number of vials/ampoules. [ ][ ][ ][ ][ ] Refused = 9999 Don't know = 8888		<b>INJ12. Wholesale purchase price for the most recent wholesale purchase/ supply</b> (Record # of individual vials/ampoules even if sold in bundles) [ ][ ][ ][ ][ ] <b>a. Vials/ampoules cost</b> [ ][ ][ ][ ][ ][ ][ ][ ] b. NGN Free = 0 Refused = 9999 Don't know = 8888		<b>INJ12c. Supplier (Ask provider)</b> 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 = Sales Representative 7 = CHEW 96 = Other, specify: [ ][ ][ ][ ][ ] 88 = Don't know 99 = Refused / no response [ ][ ]		<b>INJ13a. Is the product expired?</b> 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) [ ][ ] <b>INJ13. Comments</b>	

**FP INSERTION AUDIT SHEET (INS): INCLUDES IMPLANTS, RINGS, IUDS**

CHW ID: [ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

<b>INS1. Brand name</b> [ ] 96 = Other (specify) 88 = Don't know 99 = Refused / No response		<b>INS2. Type</b> 1 = Contraceptive implant 2 = Vaginal birth control ring 3 = Hormonal-based IUD 4 = Copper-based IUD [ ]		<b>INS3. Generic name</b> A. B. 95 = Not indicated 96 = Other (specify)		<b>INS3a. Strength</b> [ ][ ][ ].[ ] mg [ ][ ][ ].[ ] mg 8888 = Not indicated <b>INS3b. For implants only</b> Strength for [ ] number of rods		<b>INS4. Manufacturer</b> [ ] 95 = not indicated 96 = Other (specify)		<b>INS5. Country of Manufacture</b> If Country not listed, write: not indicated. If the name of the country does not appear, go back and check the spelling or enter only the first 3-4 letters 8888 =Country not listed 9666 = Other (specify)	
<b>INS6. Package size</b> In each package, there are a total of [ ][ ] number of Rod(s) IUD(s) → Go to INS8a Ring(s) → Go to INS8a [ ]		<b>INS7. Package contents</b> Does package come with disposable applicator or trocar? 1 = Yes 0 = No [ ]		<b>INS8a. Total number sold/distributed in the last 1 month to individual consumers</b> Record number of packages of individual [rods, rings, IUD] This CHW sold/distributed [ ][ ][ ][ ] packages in the last 1 month. Refused = 9999 Don't know = 8888 <b>INS8c. Source of information (for sales)</b> 0 = Provider recall 1 = CHW records [ ]		<b>INS9. Stocked out at any point in the past 3 months?</b> 1 = Yes 0 = No → Skip to INS10 88 = Don't know → Skip to INS10 99 = Refused / no response → Skip to INS10 [ ] <b>INS9a-c. Duration of stockout.</b> 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 88 = Don't know 99 = Refused		<b>INS10. Do you perform insertion services for this brand?</b> 1 = Yes 0 = No → Go to INS12a 88 = Don't know → Go to INS12a [ ] <b>INS10a. What is the total cost to have this brand inserted, including product cost and service fee?</b> [ ][ ][ ][ ][ ][ ][ ][ ] NGN Free = 0 Refused = 9999 Don't know = 8888		<b>INS11. How many insertion procedures have been conducted in the last 1 month?</b> (PROBE: include only procedures for which you used your own stock of products, not those for which clients brought in the product from outside.) [ ][ ][ ][ ][ ] Refused = 9999 Don't know = 8888 <b>INS11a. Source of information</b> 0 = Provider recall 1 = CHW records [ ]	
<b>INS12a. Do you provide this brand of contraceptive implant for clients to take away for insertion procedures somewhere else?</b> [ ] 1 = Yes 0 = No → Go to INS13 88 = Don't know → Go to INS13 99 = Refused / no response → Go to INS13		<b>INS12b. If yes, what is cost of 1 implant/IUD for an individual client to take away?</b> [ ][ ][ ][ ][ ][ ] NGN Free = 0 Refused = 9999 Don't know = 8888		<b>INS12c. Total number sold/distributed in the last 1 month to individual consumers to take away</b> [ ][ ][ ][ ] Record number of [INS type]. Refused = 9999 Don't know = 8888		<b>INS13. Wholesale purchase price for the CHW's most recent wholesale purchase [Record number of packages of [rod, IUD, rings]</b> a. [ ][ ][ ][ ][ ] packages cost b. [ ][ ][ ][ ][ ][ ][ ][ ] NGN Free = 0 Refused = 9999 Don't know = 8888		<b>INS13c. Supplier (Ask provider) From where did you get your most recent wholesale purchase/supply?</b> 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = Sales Representative 7 = CHEW 96 = Other, specify: [ ] 88 = Don't know 99 = Refused / no response [ ]		<b>INS14a. Is the product expired?</b> [ ] 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) <b>INS14. Comments</b>	



## 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.

<p>B2. <b><u>Don't read:</u></b> Is respondent male or female?</p> <p>0 = Male 1 = Female</p>	<p>[ ]</p>
<p>B3. What age are you today? <b><i>Write age in years</i></b></p> <p>8888 = Don't know 9999= Refused/ no response</p>	<p>[ ]</p>
<p>B4. What is the highest level of education you completed?</p> <p><b><i>[Interviewer: if completed only Koranic school, then select 'no formal education'.]</i></b></p> <p>1 = No formal education 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Some tertiary (e.g., university, polytechnic or college) 7 = Completed a tertiary degree 88 = Don't know 99 = Refused/ no response</p>	<p>[ ]</p>
<p>B5. Do you have any of the following health qualifications?</p> <p><b><i>[DO NOT Read list. Wait for the respondent to respond and then select the appropriate response option(s) from the list below.]</i></b></p> <p>1 = Dispenser (diploma in Pharmacy) 2 = Pharmacist (Degree in Pharmacy) 3 = Medical doctor 4 = Clinical Officer 5 = Nurse / Nursing Officer 6 = Midwife 7 = Laboratory technician / Lab assistant 8 = Pharmaceutical technologist 9 = Pharmacy technician 10 = Public Health Technician/Officer 11 = Health Assistant, Medical Assistant / Nursing Assistant / Nursing Aid 12 = Community Medicine Distributor/Village Health Team 96 = Other specify [_____]</p>	<p>[ ]</p>
<p>B6. What month and year did you first begin working as a CHW?</p> <p><b><i>[Probe: This is <u>not</u> referring to when you first started working in Family Planning specifically]</i></b></p> <p>a. Month began working as a CHW <b><i>Enter 88 for don't know, 99 for refused</i></b></p> <p>b. Year began working as a CHW <b><i>Enter 8888 for don't know, 9999 for refused</i></b></p>	<p>[ ][ ] [ ][ ][ ][ ]</p>

<p>B7. For how long have you been providing family planning products and services other than condoms as a community health worker?</p> <p><b>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.</b></p> <p><i>[Interviewer: read the response options]</i></p> <p>1 = Less than 3 months  2 = 3 – 6 months  3 = Greater than 6 months - 12months  4 = More than one year  88 = Don't know  99 = Refused/ no response</p>	<input type="text"/>
<p>B8. How many days in a week do you provide family planning products and services, other than condoms, to people in the community?</p> <p><b>Enter a number between 1 and 7. Enter 1 if services are available less frequently than every week.</b></p> <p><b>Enter 8888 for don't know.</b></p> <p><b>Enter 9999 for refused/ no response.</b></p>	<input type="text"/>
<p>B9. On average, how many FP clients do you see each week, excluding those seeking only condoms?</p> <p><b>[PROBE: this is inclusive of clients who see you for FP counseling and leave without receiving any FP product or service.]</b></p> <p><b>Enter 8888 for don't know. Enter 9999 for refused.</b></p>	<input type="text"/>
<p>B12. Do you conduct family planning community outreach events in which you provide FP services and products to community members?</p> <p><b>[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 or FP products to clients and not those where you provide only education or counseling.]</b></p> <p>1 = Yes  0 = No àSkip to B15a  88 = Don't know àSkip to B15a  99 = Refused/ no response àSkip to B15a</p>	<input type="text"/>
<p>B13. How many times in the last month did you <u>conduct</u> family planning community outreach events?</p> <p><b>Enter zero if no community outreach conducted in the last month.</b></p> <p>8888 = Don't know  9999 = Refused</p>	<input type="text"/>
<p>B15a. Do you receive FP support, supervision, or supplies from any facility which provides FP services and products to clients?</p> <p><b>PROBE: This could be receiving support, supervision or supplies directly from the facility or indirectly through a Community Health Officer- CHO</b></p> <p>1 = Yes  0 = No  88 = Don't know  99 = Refused/ no response</p>	<input type="text"/>

<p>B15b. Do you report data about the family planning services that you provide to clients in the community to any health facility?</p> <p>1 = Yes  0 = No à <b>Skip to B18</b>  88 = Don't know à <b>Skip to B18</b>  99 = Refused/ no response à <b>Skip to B18</b></p>	<input type="checkbox"/>
<p>B15c. What is the name of the health facility to which you report these data?</p> <p>i [ _____ ]</p> <p>ii [ _____ ]</p> <p>iii [ _____ ]</p>	
<p>B18. Do you provide counseling to clients on which types of family planning methods to choose?</p> <p>1 = Yes  0 = No à <b>Go to B20</b>  88 = Don't know à <b>Go to B20</b>  99 = Refused/ no response à <b>Go to B20</b></p>	<input type="checkbox"/>
<p>B19. Do you have any job aids for counseling clients on which type of family planning method to choose? (<i>Ask the respondent to show you the job aids.</i>)</p> <p>1 = Yes, observed  2 = Yes, not observed  0 = No  88 = Don't know  99 = Refused/ no response</p>	<input type="checkbox"/>
<p>B20. Have you received any training on family planning in the last 12 months?</p> <p><b>PROBE: this includes pre-service training, stand-alone workshops, and on-the-job training. Pre-service training is an educational training completed before receiving qualification.</b></p> <p><b>[Interviewer: wait for response. If the response is yes, then ask]:</b> please tell me briefly what type(s) of training you received most recently.</p> <p>1 = Yes (Specify _____ )  0 = No  88 = Don't know  99 = Refused/ no response</p>	<input type="checkbox"/>

<p><b>Section 5: Service Provider Module - Injectables, Implants and IUDs</b></p> <p><b><u>[Interviewer completes this section for all CHWs that provide injections; implant or IUD insertions; or implant or IUD removals]</u></b></p> <p><b><i>This section is about provider training, credentials and equipment for all family planning services except sterilization.</i></b></p>	
<p>S8. Do your own responsibilities at this outlet/facility include providing any of the following?</p> <p><b><i>Read each procedure from the following and record response:</i></b></p> <p>S8a. Contraceptive injections  S8b. Implant insertion procedures  S8c. implant removal procedures  S8d. IUD insertion procedures  S8e. IUD removal procedures</p>	<p>1 = Yes  0 = No  88 = Don't know  99= Refused/ no response</p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>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?</p> <p><b>PROBE: this includes pre-service training, stand-alone workshops, and on-the-job training. Pre-service training is an educational training completed before receiving qualification.</b></p> <p><b><i>Ask for and record response for each method.</i></b></p> <p>S9a. Contraceptive Injections  S9b. Implant insertions  S9c. Implant removals  S9d. IUD insertions  S9e. IUD removals</p>	<p>1 = Yes  0 = No  88 = Don't know  99= Refused/ no response</p> <p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>S11. Do FP clients need to pay any fees in order to be seen by you even if they do not obtain a method of contraception?</p> <p><b>PROBE: These may be consultation or registration fees.</b></p> <p>1 = Yes  0 = No <b>à Go to S13</b>  88 = Don't know <b>à Go to S13</b>  99= Refused/ no response <b>à Go to S13</b></p>	<p><input type="checkbox"/></p>
<p>S12. Do clients receiving other health services need to pay any fees?</p> <p><b><i>[PROBE: think about whether clients seeking other health services besides FP need to pay any fees.]</i></b></p> <p>1 = Yes  0 = No  88 = Don't know  99 = Refused/ no response</p>	<p><input type="checkbox"/></p>
<p>S13. <b><i>For those who indicated that they offer injectables in Question S8</i></b></p> <p>If a woman came to you today, could she receive a contraceptive injection from you if she were eligible to receive the procedure?</p> <p>1 = Yes <b>à Skip to S15</b></p>	<p><input type="checkbox"/></p>

<p>0 = No  88 = Don't know à <b>Skip to S15</b>  99 = Refused/ no response à <b>Skip to S15</b></p>	
<p>S14. Why would a woman be unable to receive an injection today from you?  <b>Record all that apply.</b></p> <p>1 = Service not offered today  3 = Product not available today  4 = Equipment not available/non-functional today  Z96= Other <i>specify</i>: [ _____ ]  88 = Don't know  99 = Refused / No response</p>	<p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>S15. <b>For those who indicated that they offer implant insertions in Question S8</b>  If a woman came in today, could she receive a contraceptive implant insertion procedure from you if she were eligible to receive the procedure?</p> <p>1 = Yesà <b>Skip to S17</b>  0 = No  88 = Don't know à <b>Skip to S17</b>  99= Refused/ no response à <b>Skip to S17</b></p>	<p><input type="checkbox"/></p>
<p>S16. Why would a woman be unable to receive an implant insertion procedure from you today? <b>Record all that apply.</b></p> <p>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</p>	<p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>S17. <b>For those who indicated that they offer implant removals in Question S8</b>  If a woman came in today, could she receive an implant removal procedure from you if she were eligible to receive the procedure?</p> <p>1 = Yes à<b>Skip to S19</b>  0 = No  88 = Don't know à<b>Skip to S19</b>  99 = Refused/ no response à<b>Skip to S19</b></p>	<p><input type="checkbox"/></p>
<p>S18. Why would a woman be unable to receive an implant removal procedure from you today? <b>Record all that apply.</b></p> <p>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</p>	<p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>S19. <b>For those who indicated that they offer IUD insertions in Question S8</b>  If a woman came in today, could she receive an IUD insertion procedure from you if she were eligible to receive the procedure?</p> <p>1 = Yes à <b>Skip to S21</b>  0 = No  88 = Don't know à <b>Skip to S21</b>  99 = Refused / No response à <b>Skip to S21</b></p>	<p><input type="checkbox"/></p>

<p>S20. Why would a woman be unable to receive an IUD insertion procedure today from you?  <b>Record all that apply.</b></p> <p>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</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>S21. <b>For those who indicated that they offer IUD removals in Question S8</b>  If a woman came in today, could she receive an IUD removal procedure from you if she were eligible to receive the procedure?</p> <p>1 = Yes à <b>Skip to section E</b>  0 = No  88 = Don't know à <b>Skip to section E</b>  99 = Refused/ no response à <b>Skip to section E</b></p>	<input type="checkbox"/>
<p>S22. Why would a woman be unable to receive an IUD removal procedure today from you?  <b>Record all that apply.</b></p> <p>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</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Interviewer: Proceed to Section E to end the interview**

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

<p>E2a. DO NOT READ: Physical description of the CHW</p> <p><i>[Interviewer: Write a description of the CHW based on your observation. Make notes about his/her appearance such as height, weight, facial features, etc.]</i></p>	<p>E3. Telephone number of the CHW for future contact, if any</p> <p>[_____]</p> <p><i>If no phone number, write N/A</i>  <i>If refused, write 999</i>  <i>Record multiple numbers, if available</i></p>
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**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 outside the facility.**

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: [\_\_\_\_]

<p>E7. Is this the first, second or third visit to this CHW?</p> <p>1 = Visit 1          2 = Visit 2 [____]          3 = Visit 3</p>	<p>E8. In what language was this interview conducted?</p> <p>1 = English          2 = Pidgin English          3 = Hausa          4 = Igbo          5 = Yoruba [____]</p>
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E9. Result of visit

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

<p>E10. If the provider refused, why?</p> <p>1 = Too busy with clients          2 = Thinks it's an inspection/ audit/ nervous about license          3 = Not interested          96 = Other(specify): [_____]          99 = Don't know/ not sure/ reason unclear</p>	<p>[____]</p>
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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)**

