Section 1: Census Information *[Interviewer completes this section for all outlets.]*

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 _____. 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.

Outlet ID

[_____]

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 someone to confirm name of village, community or neighborhood where the outlet is located. This may also be a town center, Central Business District, or market.]

[_____]

C7. Type of Outlet *[SELECT ONE ONLY. If a pharmacy is in a supermarket, choose pharmacy.]* 01 = Hospital 02 = Health Centre/ Clinic/PHC 03 = Maternity Clinic 04 = Pharmacy 05 = PPMV/drug shop/chemist 96 = Other (***specify***) [_____]	[___|___]
C8_pre. DON'T READ: Does this outlet have multiple departments? 1 = Yes 0 = No à **Skip to C9**	[___]

C8. Which departments or clinics exist within this outlet? *[SELECT ALL THAT APPLY]* **SurveyCTO Programing: sub-outlet code should be main outlet code with the appropriate sub-outlet suffix code (i.e., A though J) included at the end.** *[Interviewer: look around the outlet or ask the outlet staff to tell you which departments the outlet has. If there is no sub-outlet, then select 'Not applicable']* Departments/Clinics A = Family Planning Clinic/ Family Planning Consultant/ Reproductive Health clinic B = Antenatal/Maternal Child Health (MCH)/ Institute of Child Health (ICH) C = Maternity postnatal ward D = HIV Clinic E= Youth Friendly Center F = Outpatient Department (OPD) G = Pharmacy H = Chemist/ drug store I = Dispensary store J = Other (Specify_____)	1 = Yes 0 = No 88 = Don't know 95 = Not applicable [__] [__] [__] [__] [__] [__] [__] [__] [__] [__]
C9. Managing authority for the outlet. [*Select one]* 1 = Government/ public à *Skip to C11* 2 = Private 88 = Don't know à *Skip to C11* 99= Refused/ no response *à Skip to C11*	[___|___]
C10. Private outlet type 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 outlet *[Record the formal name of the outlet here. If there is no name displayed on the outside of the outlet, ask someone in the outlet for the outlet's name or the name it is referred to by community members. If there is no name, record "no name"]*
C11b. Alternate name(s) of outlet *[Ask someone in the outlet to provide the names and descriptions often used by clients and others in the community to refer to the outlet.]* [_____]

[SurveyCTO programming: show the list of Sub-outlets selected in question C8.] *A2. DO NOT READ:* Sub-outlet for which this audit is being completed *[Interviewer: select which department in the outlet you are auditing]* a = Family Planning Clinic / Family Planning Consultant /Reproductive Health clinic b = Antenatal/Maternal Child Health (MHC)/ Institute of Child Health (ICH) c = Maternity postnatal ward d = HIV Clinic e = Youth Friendly Center f = Outpatient Department g = Pharmacy h = Chemist/Drug store i = Dispensary store **j =** Other (Survey CTO: populate name)	[___]
C12. Address of outlet *[Physical address or location identifiers of outlet, not PO box. You may use location identifiers if there is no address. Example of location identifier is "across from St. Michael's school"]* [_____]	
C13. Survey round *(captured automatically)* 1= Round 1	[___]

IMPORTANT INSTRUCTIONS FOR OUTLETS WITH MULTIPLE DEPARTMENTS. FOLLOW THESE STEPS:

Step 1: Proceed to the FP clinic or FP consultant, reproductive health clinic, antenatal clinic, maternal & child Health (MCH) clinic or institute of child health (ICH) clinic and complete a full questionnaire there. If more than one of these clinic types exists, then complete a full questionnaire at each one. At the first clinic, ask what other departments in the outlet offer FP products and services to clients.

Step 2: Proceed to each of the other relevant sub-outlets (i.e., those selected in question C8 which are expected to offer FP products/services) except the pharmacy, chemist/ drug store, or dispensary, whichever of these exists. Complete only Sections 1, 2, 3 and E at these sub-outlets. Please note that only sub-outlets determined to be eligible in Section 2 will proceed to Section 3.

Step 3: Proceed to the pharmacy, chemist/ drug store, or dispensary, whichever of these exists. Ask someone there whether they dispense or distribute drugs or products directly to individuals, whether internal or external clients. If they do, then complete Section 1 and proceed to Section 2 to screen the sub-outlet for eligibility. If eligible, complete Section 3 and then end the interview. If the pharmacy/ chemist/drug store/dispensary does not dispense directly to individuals, then do not fill out a questionnaire.

[**IMPORTANT NOTE: Each respondent in each sub-outlet must be consented. The owner/person in charge consent is needed for each sub-outlet. However, there may be only one owner/ person in charge for the whole facility and in which case consent from this person is only needed once.]

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 this facility could be part of 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 outlet is eligible.]

Section 2: Screening for Product Audit Eligibility [Interviewer completes this section for <u>all outlets.</u>]

Sc0. Don't read: Did the respondent agree for you to ask screening questions?	1 = Yes 2 = No / No response / Refused *à Skip to Section E* 3 = Not reached / Not available *à Skip to Section E* [____]
Sc1. Do you have any male or female condoms available at this location today? ***Verify with prompt cards***	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [____]
Sc2. Do you have any of the following family planning products available at this location <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.***	1 = Yes*à **Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No **à *Continue to Sc3 if answer "no" to all*** 88 = Don't know **à *Continue to Sc3 if answer "don't know" to all*** 99 = Refused/ no response **à *Continue to Sc3 if refused/gave no response to all***

A. Oral contraceptive tablets
  B. Emergency contraceptive tablets
  C. Injectable contraceptives
  D. Contraceptive implants
  E. Contraceptive IUDs
	[____]
	[____]
	[____]
	[____]
	[____]

Sc3. Are there any of the following family planning products that are out of stock today, but that you stocked in the *past 3 months* at this location? [**PROBE**: this can be for sale or for service provision] [*Read and record a response for each option. Verify each option with prompt cards. If the outlet has never offered the product, select NO.*]	1 = Yes à *Skip to Cn1 to gain consent if responded yes to at least one* 0 = No à *Skip to Sc7 if respond no to all* 88 = Don't know à *continue to Sc7 of respond Don't know to all* 99= Refused/ no response à *Skip to Sc7 if refused/gave no response to all*
A. Oral contraceptive tablets B. Emergency contraceptive tablets C. Injectable contraceptives D. Contraceptive implants E. Contraceptive IUDs	[___] [___] [___] [___] [___]
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.* [*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.*]	1 = Yes à*Record product names, one product per line in Sc5 à Proceed to Section 4* 0 = No à *Skip to Section 4* 88 = Don't know/ don't remember à *Skip to Section 4* 99 = Refused/ no response à à *Skip to Section 4* [___]
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. *Record one product and number of days, weeks, and/or months per line.* a. Product name b.Months c.Weeks d.Days [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____]	88 = Don't know 99 = Refused

Sc7. Do you currently provide any of the following family planning services at this location? ***Read and record a response for each option.***	1 = Yes à ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No à ***If responded no to all options, outlet not eligible. Skip to Section E, Question E6 to end the interview*** 88 = Don't know à **If responded don't know to all options, outlet not eligible.** *Skip* **to** <u>Section E, Question E6</u> **to end the interview** 99 = Refused/ no response à ***If refused or gave no response to all options, outlet not eligible. Skip to Section E, Question E6 to end the interview***
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 F. Female sterilizations G. Male sterilizations	[___] [___] [___] [___] [___] [___] [___]
[Interviewer: tell the respondent that the outlet or sub-outlet is eligible to participate in the study but that you must first get consent from the owner or person in charge before proceeding with the rest of the interview. **If the respondent indicates that he or she is not the owner or person in charge,** ask to speak with the owner or the person in charge. **If the owner or person in charge is not present,** ask the respondent whether he or she can be contacted by telephone. **If the owner or person in charge is reached in person or on the phone,** then introduce yourself, proceed with the informed consent procedure, and make note of whether consent was received or not in the next field/question. **If the owner or person in charge cannot be reached**, then ask the respondent the best time for you to come back for a second attempt and make note of this in Section E.] Cn1***. DO NOT READ***: Did the owner or person in charge provide consent for the outlet or sub-outlet to be included in this survey round?	1 = Yes à ***Proceed to Cn1_name*** 0 = No à ***Go to Section E, Question E6 to end the Interview*** [___]

Cn1_name. **DO NOT READ:** Name of person who consented as owner or person in charge *[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]*	[_____]
Cn1_position. **DO NOT READ:** Position of person who consented as owner or person in charge *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 99 = Refused / No response [____]
Interviewer: After obtaining consent from owner or person in charge, ask whether he/she is the most senior staff person to answer questions about family planning products and services provided at the outlet. If s/he indicates that someone else or other people could answer the questions better, then ask to speak with the most senior staff member who knows about the family planning products and services provided at the outlet. If that person is available, introduce yourself ask if she or she is willing to be interviewed, and then proceed with obtaining informed consent from that person. **IMPORTANT NOTE: If the most senior person is not available or if they indicate an unwillingness to be interviewed, then proceed to interview the owner / person in charge if he or she is there in person.** Cn2_pre1. Are you the most senior staff person who is knowledgeable about family planning products and services provided at this outlet?	1 = Yes *à* *If responded YES to Sc2, then proceed to section 3.* *If responded YES to Sc3, then go to Sc4.* *If responded YES to Sc7, then proceed to Section 4* 0 = No *à Continue to Cn2_pre2* *88 = Don't know à Continue to Cn2_pre2* *99 = Refuse / No response à Continue to Cn2_pre2* [____]
Cn2_pre2. Is the most senior staff member available today to speak with me?	1= Yes → *Ask to speak with that person and gain consent, continue to Cn2* 0 = No → *Skip to Cn3_pre1* 88 = Don't know → *Skip to Cn3_pre1* 99 = Refuse / No response → *Skip to Cn3_pre1* [____]
Cn2. **DO NOT READ:** Did the most senior staff member who is knowledgeable about family planning products/services provide consent to be interviewed?	1 = Yes *à Continue to Cn2_name* 0 = No *à Skip to Cn3_pre1* [____]
Cn2_name. **DO NOT READ:** Name of person who consented as senior staff person *[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]*	[_____] *Proceed to Cn2_position*

Cn2_position. *DO NOT READ: Job title/* Position of person who consented as senior staff person *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 99 = Refused / No response [____] *If responded YES to Sc2, then proceed to section 3.* *If responded YES to Sc3, then go to Sc4.* *If responded YES to Sc7, then proceed to Section 4*
Cn3_pre1: Is there another staff member that is knowledgeable about family planning products and services provided at this outlet who is available to speak with me today?	1 = Yesà *Ask to speak with that person and gain consent, continue to Cn3* 0 = No à *Skip to Cn1_x* 88 = Don't know à *Skip to Cn1_x* 99 = Refuse / No response à *Skip to Cn1_x* [____]
Cn3: **DO NOT READ**: did the other staff member who is knowledgeable about family planning products/services provide consent to be interviewed?	1= Yes → *Continue to Cn3_name* 0= No → *Skip to Cn1_x*
Cn3_name. *DO NOT READ:* Name of person who consented other staff member *[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]*	[_____] *Proceed to Cn3_position*
Cn3_position. *DO NOT READ:* Position of person who consented other staff member *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 99 = Refused / No response [____] *If responded YES to Sc2, then proceed to section 3.* *If responded YES to Sc3, then go to Sc4.*

	If responded YES to Sc7, then proceed to Section 4
[Continue speaking to the owner/ person in charge if he or she is present in person. If not present in person, ask when you can come back to speak to him/her or another staff who was not available today.] Cn1_x: Are you willing to be interviewed today about family planning products and services provided at this outlet?	1 = Yes → *If responded YES to Sc2, then proceed to section 3.* *If responded YES to Sc3, then go to Sc4.* *If responded YES to Sc7, then proceed to Section 4* 0 = No → *Proceed to Section E to end the interview and make a note of another time when you can come back, if applicable.*

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 outlets 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 outlet have any family planning products in stock?	1 = Yes 0 = No à *Skip to section 4* [____]

4. Read the following question to the respondent. A1. Do you keep facility-level records of family planning products sold and/or services provided? 1 = Yes 0 = No 88 = Don't know 99= Refused/ no response **SurveyCTO Programming / Interviewer: Continue to A3 if a Pharmacy, Chemist/Drug Store or Dispensary within an outlet, skip to product audit if sub-outlet other than Pharmacy, Chemist/Drug Store or Dispensary or if not a sub-outlet.** *[Instructions to Interviewer: If records are available, ask 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: When completing product audit for sub-outlets, please ask respondents to verify stockout information and wholesale purchase price directly with the pharmacy/chemist, if the pharmacy/chemist distributes products to the sub-outlets being interviewed]* **then proceed to A3**	[___]
A3. Do you dispense or distribute family planning products to other departments within this facility? *[PROBE: this refers to bulk distribution to other departments and not individual distribution to clients of those departments]*	[___]

1 = Yes 0 = No → *Skip to A6_pre* 88 = Don't know → *Skip to A6_pre* 99 = Refused/ no response → *Skip to A6_pre*	
A4. Which of the following department(s) within this facility do you dispense or distribute family planning products to? *[READ EACH DEPARTMENT NAME AND WAIT FOR AN ANSWER. SELECT ALL THAT APPLY]* *[Interviewer: If the pharmacy/chemist does not distribute to any of these sub-outlets, then skip to A6. Ensure that you have visited all of the departments which the pharmacy/chemist indicates that it dispenses or distributes family planning products to. If not, visit the remaining departments after interviewing the pharmacy/chemist.]* **[SurveyCTO programming: show the list of <u>other</u> Sub-outlets selected in question C8. Pharmacy, chemist/drug store and dispensary should be excluded.]** a = Family Planning Clinic/ Family Planning Consultant /Reproductive Health clinic b = Antenatal/Maternal Child Health (MCH)/ Institute of Child Health (ICH) clinic c = Maternity postnatal ward d = HIV Clinic e = Youth Friendly Center f = Outpatient Department 95 = Not applicable à *Skip to A6_pre* 88 = Don't know à *Skip to A6_pre*	[___] [___] [___] [___] [___] [___] [___] [___] [___] [___]
A5. Do you keep facility-level records of family planning products dispensed or distributed to each department separately? 1 = Yes 0 = No 88 = Don't know 99= Refused/ no response	[___]
A6_pre. Do you dispense family planning products to individual clients? *[PROBE: this includes clients who are patients within this facility and those who are not.]* 1 = Yes 0 = No à *Skip to Section E to end the interview* 88 = Don't know à *Skip to Section E to end the interview* 99= Refused/ no response à *Skip to Section E to end the interview* **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.	[___]
A6. Do you dispense or distribute family planning products to individual clients outside of this facility? *[PROBE: this means that you dispense products to individual clients who have not received services or a prescription from providers in this facility.]* 1 = Yes 0 = No à *Skip to* **product audit** 88 = Don't know à *Skip to* **product audit** 99= Refused/ no response à *Skip to* **product audit**	[___]

A7. Do you keep <u>separate</u> facility-level records of family planning products distributed to clients outside the facility? 1 = Yes à **Continue to product audit** 0 = No **à Continue to product audit** 88 = Don't know **à Continue to product audit** 99= Refused/ no response **à Continue to product audit**	[___]

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.

ND1. Non-drug type 1 = Male condom 2 = Female condom 3 = CycleBeads 4 = Diaphragm [___]	ND2. Brand name 96 = Other (specify) 88 = Don't know 99 = Refused / No response **ND2a. Number of different package sizes** [___] 8888 = Don't know 9999 = Refused	ND3. Manufacturer 95 = not indicated 96 = Other (specify)	ND4. Country of manufacture 9666 = Other (specify) 8888 = country not indicated	ND5. Package size (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 number sold/distributed in the last 1 month to individual consumers. This outlet sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know _____ **ND6b. Total number sold/distributed in the last 1 month to others who are not individual consumers (this includes providers and distributers who may purchase/obtain large quantities of the product at once)** This outlet sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know _____ **ND6c. Source of information** 0 = Provider recall 1 = Outlet records [___]	ND7. Stocked out at any point in the past 3 months? 1 = Yes 0 = No à Skip to ND8 88 = Don't know à Skip to ND8 99 = Refused / No Responseà Skip to ND8 [___] **ND7a-c. Duration of stockout** 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	ND8. Retail selling price [___|___] **a. packages** cost an individual customer [___|___|___|___|___] b. NGN 0 = Free 9999 = Refused 8888 = Don't know	ND9. Wholesale purchase price for the outlet's most recent wholesale purchase a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] NGN 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 = Sales Representative 96 = Other, specify: [_____] 88 = Don't know 99 = Refused / no response [___]	ND10a. Is the product expired? 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) [___] **ND10. Comments**

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

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

TAB1. Tablet type *1 = Oral contraceptive pills* *2 = Emergency contraceptive pills* *3 = Birth control patch* *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.	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= milligrams (mg)* *2 =micrograms (µg/mcg)* *3= %* *95 = Not indicated*

TAB4. Manufacturer *95= not listed* *96 = Other (specify)* **TAB5. Country of Manufacture** 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 indicated*	TAB6a. Package size *(Record number per package)* a. There are a total of [___|___|___] Blisters (Cycles) of oral contraceptive pills per package. **OR** Tablets of Emergency Pills/Patches/Foaming in each package. **Tab6b. Cycle size** There are a total of [___|___] Oral contraceptive pills in each blister (cycle) **Tab6c. Lowest Distribution:** Outlet distributes/sells [___|___|___] as the lowest number of *Blisters(Cycles), Emergency Pills,Patches, Foaming tablets* to individual consumers.	TAB7a. Total number sold/distributed in the last 1 month <u>to individual consumers</u> This outlet 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* **TAB7b. Total number sold /distributed in the last 1 month <u>to others who are not individual clients (this includes providers and distributers who may purchase/obtain large quantities of the product at once)</u>.** This outlet sold/distributed [___|___|___|___] number of **Blisters of oral contraceptive pills / Pills/Patches/ Foaming tablets** in the <u>last 1 month.</u> *9999 = Refused* *8888 = Don't know* **TAB7c. Source of information** *0 = Provider recall* *1 = Outlet 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 days, weeks and/or months. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *88 = Don't know; 99 = Refused*	TAB9. Retail selling price a. [__|__|__] **Blisters/Emergency Pills/Patches/Foaming Tablets** cost an individual client **b.** [___|___|___|___]NGN *0 = Free* *9999 = Refused* *8888 = Don't know*	TAB10. Wholesale purchase price for the outlet's most recent wholesale purchase *For the outlet's most recent wholesale purchase of packages of [tablet type]* **a.**[___|___|___|___]**packages** cost b.[___|___|___|___|___|___] NGN *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* *6 = Sales Representative* *96 = Other, specify: [_____]* *88 = Don't know* *99 = Refused / no response* [___]	TAB11a. Is the product expired? *1 = Yes* *0 = No* *88 = Don't know (expiration date not indicated on packaing)* [___] **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. _____ *95 = Not indicated* *96 = Other (specify)*	INJ2a. Strength mg / INJ2b.Strength mL [__|__|__].[__|__] mg / [__].[__] mL [__|__|__].[__|__] mg / [__].[__] mL *Not indicated = 8888*	INJ3. Manufacturer *95 = not listed* *96 = Other (specify)*	INJ4. Country of Manufacture *9666 = Other (specify)* *8888 =Country not indicated*

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 number sold/distributed in the last 1 month <u>to</u> <u>individual consumers</u>** (*Record # of vials/ampoules*) This outlet sold/distributed[___|___|___|___] **Vials/ampoules** in the <u>last 1 month</u>. *Refused = 9999; Don't know = 8888* **INJ7b. Total number sold/distributed in the last 1 month <u>to others who are not individual consumers</u> (this includes providers and distributers who may purchase/obtain large quantities of the product at once).** *Record number of vials/ampoules.* This outlet sold/distributed [___|___|___|___] **Vials/ampoules** in the <u>last 1 month</u>. *Refused = 9999; Don't know = 8888* **INJ7c. Source of information** *0 = Provider recall* *1 = Outlet records* [___]	**INJ8. Stocked out at any point in the past <u>3</u> <u>months</u>?** [___] *1 = Yes* *0 = No à Skip to INJ9* *88 = Don't know à Skip to INJ9* *99 = Refused / no response à Skip to INJ9* **INJ8a-c. Duration of stockout.** 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*	**INJ9. Do you, or other staff, perform injection services for this brand of injectable at this outlet/facility?** [___] *1 = Yes* *0 = No à Go to INJ11* *88 = Don't know à Go to INJ11* **INJ9a. What is the <u>total cost</u> to have an injection, including product cost and service fee?** [___|___|___|___|___] NGN *Free = 0* *Refused = 9999* *Don't know = 8888*	**INJ10. How many injection procedures have been conducted at this outlet/facility in the <u>last 1 month</u>? (***PROBE: include only procedures for which the outlet used its own stock of products, not those for which clients brought in the product from outside.)* [___|___|___|___] *Refused = 9999* *Don't know = 8888* **INJ10a. Source of information** *0 = Provider recall* *1 = Outlet records* [___]

INJ11. Does this outlet provide this brand of injectable for clients <u>to take away</u>? 1 = Yes 0 = No **à Go to INJ12** 88 = Don't know **à Go to INJ12** **99 =** Refuse / No response **à Go to INJ12** [___] **INJ11b. What is cost <u>of 1 vial/ampoule</u> for an individual client to take away?** [___|___|___|___] NGN *Free = 0* *Refused = 9999* *Don't know = 8888*	INJ11c. Total number sold/distributed in the last 1 month to individual consumers to take away *Record number of vials/ampoules.* [___][___][___] *Refused = 9999* *Don't know = 8888*	INJ12. Wholesale purchase price for the outlet's most recent wholesale purchase (*Record # of individual vials/ampoules even if sold in bundles*) **a.** [___|___|___|___] **Vials/ampoules** cost b. [___|___|___|___|___|___] NGN *Free = 0* *Refused = 9999* *Don't know = 8888*	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 = Sales Representative* *96 = Other, specify: [_____]* *88 = Don't know* *99= Refused / no response* [___]	INJ13a. Is the product expired? [___] 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) **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
[__|__|__].[__] mg

[__|__|__].[__] mg

8888 = Not indicated | *INS3b.* Strength for [___] **number** of rods

INS4. Manufacturer
95 = not indicated
96 = Other (specify) | INS5. Country of Manufacture

8888 = Country not indicated
9666 = Other (specify) |
|---|---|---|---|---|---|
| INS6. Package size

In each package, there are a total of [___|___] **number** of
1 = Rod(s) → **Go to INS8a**
2 = IUD(s) → **Go to INS8a**
3 = Ring(s) → **Go to INS8a**
[___]

INS7. Package contents
Does package come with disposable applicator or trocar?
1 = Yes
0 = No
[___] | **INS8a. Total number sold/distributed in the last 1 month to individual consumers**
Record number of packages of individual [rods, rings, IUD]. This outlet sold/distributed [___|___|___] **packages** in the last 1 month.
Refused = 9999
Don't know = 8888

INS8b. Total number sold/distributed in the last 1 month to others who are not individual consumers (this includes providers and distributers who may purchase/obtain large quantities of the product at once).
Record number of packages of individual [rods, rings, IUD]. This outlet sold/distributed [___|___|___] **packages** in the last 1 month.
Refused = 9999 ; Don't know 8888

INS8c. Source of information (for sales)
0 = Provider recall
1 = Outlet 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 less than 1 day, record 1 day.)*
[___] a. Months
[___] b. Weeks
[___] c. Days
88 = Don't know
99 = Refused | **INS10. Do you, or other staff, perform insertion services for this brand at this outlet/facility?** [___]
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?
[___|___|___|___|___] **NGN**
Free = 0
Refused = 9999
Don't know = 8888 | **INS11. How many insertion procedures have been conducted at this outlet/facility in the last 1 month? (***PROBE: include only procedures for which the outlet used its own stock of products, not those for which clients brought in the product from outside.***)**

[___|___|___|___]
Refused = 9999
Don't know = 8888

INS11a. Source of information
0 = Provider recall
1 = Outlet 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. What is cost of 1 implant/IUD for an individual client to take away?
[___|___|___|___] NGN
Free = 0
Refused = 9999
Don't know= 8888

INS12c. Total number sold/distributed in the last 1 month to individual consumers to take away [___][___][___]
Record number of [INS type].
Refused = 9999
Don't know = 8888 | | **INS13. Wholesale purchase price for the outlet's most recent wholesale purchase**
a. [___|___|___|___] **packages** cost

b. [___|___|___|___|___|___] NGN

Free = 0
Refused = 9999
Don't know = 8888 | **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
6 = Sales Representative
96 = Other, specify: [_____]
88 = Don't know
99= Refused / no response [___] | **INS14a. Is the product expired?** [___]
1 = Yes
0 = No
88 = Don't know (expiration date not indicated on packaging)

INS14. Comments |

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

A8. Are there any family planning products that are out of stock today, but that you stocked in the _past 3 months_ at this facility? [**PROBE**: _this can be for sale or for service provision_]	1 = Yes à **Continue to A9_pre** 0 = No à _skip to section 4 if suboutlet type is FP clinic or MCH clinic. If a suboutlet type other than FP clinic or MCH clinic, Skip to Section E_ 88 = Don't know à _skip to section 4if suboutlet type is FP clinic or MCHFP clinic. If a suboutlet type other than FP clinic or MCH clinic Skip to Section E_ 99= Refused/ no response à _skip to section 4 if suboutlet type is FP clinic or MCH clinic. If a suboutlet type other than FP clinic or MCH then Skip to Section E_ [___]
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._ **[Interviewer: record one product and number of days, weeks, and/or months per line.]**	1 = Yes --> Proceed to A9 0 = No 88 = Don't know 99 = Refused/ no response [___] **Proceed to Section 4.**
A9. List the name of products that are out of stock today and tell me know for how many days, weeks and months the products have been out of stock. I will accept generic or brand names. a. Product name b.Months c.Weeks d.Days [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____]	96 = Other (specify) 88 = Don't know 99 = Refused / No response

INTERVIEWER: WHERE TO GO NEXT FOR SUB-OUTLETS AFTER PRODUCT AUDIT IF A2 =

- Family Planning Clinic / Family Planning Consultant /Reproductive Health clinic à *Continue to Section 4*
- Antenatal/Maternal Child Health (MCH)/ Institute of Child Health (ICH) clinic à *Continue to Section 4*
- Maternity postnatal ward à *Skip to Section E*
- HIV Clinic à *Skip to Section E*
- Youth Friendly Center à *Skip to Section E*
- Outpatient Department à *Skip to Section E*
- Pharmacy à *Skip to Section E*
- Chemist/Drug store à *Skip to Section E*
- Dispensary store à *Skip to Section E*

Section 4: Background Information about the Outlet, Providers and Service Availability

[Interviewer: this section is focused on general information about the outlet, its providers, and what services are available. Completing the questions may require speaking with more than 1 staff member. If the respondent does not know the answer to a question in this section, ask to speak with another staff member who may have the information.]

I Would like to ask you about this health facility, the people that work here, and about the services that you provide. But first, I want to ask you a few questions about yourself.

respondent_s4. Who is the intended respondent of Section 4? 96 = Someone else **[SurveyCTO programming: enable selection of any respondent(s) (e.g. most qualified staff) that agreed to answer questions in section 2.]**	[___]
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? *[Interviewer: if completed only Koranic school, then select, no formal education.]* 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	[___]

B5. What **health qualifications** do you or any other people working in this outlet/facility have?
 	
[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option(s) from the list below.]
 	
  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_____)	

B6. What month and year did you first begin working at this facility?
 	
    a.   Month
***Enter 88 for don't know,* 99 for refused**
 	
    b.   Year
***Enter 8888 for don't know,* 9999 for refused**
	|___|___|
	
	[___|___|___|____]

B7. For how long has this facility been providing family planning services or products other than condoms? ***PROBE****: Think about how long it has been since the facility 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 99 = Refused/ no response	|___|
B8. How many days in a week are family planning products/services, other than condoms, provided at this outlet/facility? ***Enter a number between 1 and 7. Enter 1 if services are not available every week (for example, if they are available one day every two weeks).*** *Enter 8888 for don't know.* *Enter 9999 for refused/ no response.*	[___]
B9. On average, how many FP clients does this facility 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/ no response.*	[___]
B11. Does this facility provide FP commodities to another facility which provides FP services and products to clients? ***[PROBE: The other facility does <u>not</u> include wholesalers or other entities that may deliver or sell family planning commodity to other facilities.]*** 1 = Yes 0 = No	[___]

88 = Don't know 99 = Refused/ no response	
B12. Does this facility <u>conduct</u> 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 or FP products to clients and not those where you provide only education or counseling.]* 1 = Yes 0 = No à**Skip to B14** 88 = Don't know à**Skip to B14** 99 = Refused/ no response à**Skip to B14**	[___]
B13. How many times in the last month did this facility <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	[___]
B14 Does this facility <u>host</u> family planning community outreach events? *[PROBE: this means that community outreach events are held within this facility]* 1 = Yes 0 = No à**Skip to B16** 88 = Don't know à**Skip to B16** 99 = Refused/ no response à**Skip to B16**	[___]
B15. How many times in the last month did this facility <u>host</u> family planning community outreach events? *Enter zero if no community outreach hosted in the last month.* 8888 = Don't know 9999 = Refused	[___]
B16. Does this facility provide family planning supervision, support, or supplies to community health workers? 1 = Yes 0 = No à *Go to B18* 88 = Don't know à *Go to B18* 99 = Refused/ no response à *Go to B18*	[___]
B17. How many community health workers are supported by this facility to provide family planning services? *PROBE: Count only CHWs that work in the community who receive supervision, support or supplies for family planning from this facility.* *[IMPORTANT NOTE FOR INTERVIEWER: Explain to the respondent that we are including CHWs in our survey, then ask politely whether it is possible to obtain the name and contact details of each community CHW who works in the community. Also inquire which days of the week and times the CHW(s) usually visit(s) the facility. Record all of this information by hand on the CHW Contact Information Form]* *Enter 8888 for don't know, 9999 for refused/no response.*	[___]

B17a. Do the CHWs that are supported by this facility report data about the family planning services that they provide in the community to this outlet? 1 = Yes 0 = No à *Go to B18* 88 = Don't know à *Go to B18* 99 = Refused/ no response à *Go to B18*	[___]
B17b. Do you usually combine the data that you receive from CHWs with the data for this facility in your records? *[PROBE: this includes when you report data about total number of FP products and services provided to clients]* 1 = Yes 0 = No à *Go to B18* 88 = Don't know à *Go to B18* 99 = Refused/ no response à *Go to B18*	[___]
[SurveyCTO Programming & Interviewer: For only outlets where a product audit was completed]: B17c. Did the data that you gave me when I was reviewing your FP products include the data that CHWs reported to you from their community services? [*Interviewer: If the current respondent is not the same one who completed the product audit interview and this current respondent is not able to answer this question, then ask to speak with the previous respondent briefly to get an answer to this question*]. 1 = Yes à *Go to B18* 0 = Noà *Go to B18* 88 = Don't know à *Go to B18* 99 = Refused/ no response à *Go to B18* *95 =* Not Applicable. A product audit was not completed à *Go to B18*	[___]
B18. Do you provide counseling to clients on which type of family planning methods to choose ? 1 = Yes 0 = No à *Go to B20* 88 = Don't know à *Go to B20* 99 = Refused/ no response à *Go to B20*	[___]
B19. Does this facility have any job aids for counseling clients 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? *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.*	[___]

[Interviewer: wait for response. If the response is yes, then ask]: 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	
B21. Has any other current staff member at this outlet/facility received any training on family planning in the last 12 months? *[Interviewer: select 'Not Applicable' if there is no other staff member at the facility.]* 1 = Yes (Specify_____) 0 = No 88 = Don't know 95 = Not applicable 99 = Refused/ no response	[___]
B22. **DON'T READ**. Is there clear FP signage or branding showing availability of FP services and products, other than condoms, in the facility? *This is an observation question, please look around in the facility and determine this.* 1 = Yes, there is clear signage showing Family Planning (FP) services and products available 2 = Signage only shows that Family Planning (FP) room is available 3 = No signage visible	[___]
B23. Does this outlet/facility provide any of the following services? *Read each procedure from the following list and record response.* B23a. Contraceptive injections B23b. Implant insertion procedures B23c. Implant removal procedures B23d. IUD insertion procedures B23e. IUD removal procedures	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [___] [___] [___] [___] [___] *If 'no', 'don't know' or "refused/no response" for all, Go to Section 6: Service Provider module- Sterilizations*

Section 5: Service Provider Module—Injectables, Implants and IUDs [*Interviewer completes this section for <u>all outlets that provide injections, implant or IUD insertions, and/or implant or IUD removals. In an outlet with multiple departments, this section is to be completed only for the following clinic types: FP/RH/Antenatal/MCH/ICH.</u>]* ***This section is about provider training, credentials and equipment for all family planning services except sterilizations. The most senior staff member who can perform any of the available services should be interviewed. If the most senior staff member is not available, then proceed with the current respondent. Completing the questions may require speaking with more than 1 staff member at the outlet.***	

S1. Are you the most senior staff member available today that can perform any of the following services: contraceptive injections, contraceptive implant insertion, contraceptive implant removal, IUD insertion and IUD removal? 1 = Yes à *Go to S8 if a previous respondent.* 0 = No *à Go to S2* 88 = Don't know à *Go to S8 if a previous respondent.* 99 = Refused/ no responseà *Go to S8 if a previous respondent.*	[___]
S2. Is the most senior staff member available today to speak with me? 1 = Yes à Ask to speak to the most senior staff member and ***obtain informed consent from him or her. Go to S2Cn.*** 0 = No*à Continue speaking with current respondent, skip to S8* 88 = Don't know à ***Continue speaking with current respondent, skip to S8*** 99= Refused/ no response à ***Continue speaking with current respondent, skip to S8***	[___]
S2a. Who is the most senior staff member available today to speak with me? **[SurveyCTO programming: enable selection of any respondent(s) (e.g. most qualified staff) that agreed to answer questions in section 2.]**	[___]
S2Cn: Did the most senior staff member who can perform services give consent?	1= Yes à **Continue to s2cn_name** 0 = Noà **continue speaking with the previous respondent and skip to S8.**
s2cn_name. ***DO NOT READ***. Name of person who consented *[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*	[_____] **Continue to s2cn_position**
s2cn_position. ***DO NOT READ.*** position of person who consented *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff

	99 = Refused / No response [___] **Continue to S3**
S3. What month and year did you first begin working at this facility? a. Moth began working at this facility ***Enter 88 for don't know, 99 for refused/ no response*** b. Year began working at this facility ***Enter 8888 for don't know, 9999 for refused/ no response***	|___|___\] [___|___|___|___]
S4. What age are you today? **Write age in years** 8888 = Don't know 9999 = Refused/ no response	[___|___]
S5. What is the highest level of education you completed? *[Interviewer: if completed only Koranic school, then select, no formal education.]* 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	[___]
S6. *What* **health qualifications do you have**? *[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option(s) from the list below.]* 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 98 = Other (specify_____)	[___]
S7. ***DON'T READ***: Is respondent male or female? 0 = = Male 1 = Female	[___]
S8. Do your own responsibilities at this outlet/facility include providing any of the following? ***Read each procedure from the following and record response***	1 = Yes 0 = No

	88 = Don't know 99 = Refuse / 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, and on-the-job training. Pre-service training is an educational training completed before receiving qualification.* ***Ask for and record response for each method. Enter 88 for don't know, 99 for refused/ no response*** 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 [___] [___] [___] [___] [___]
S10. **Not including yourself**, has any other current staff member at this outlet/facility 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, and on-the-job training. Pre-service training is an educational training completed before receiving qualification.* ***Ask for and record response for each method. Enter 88 for don't know, 99 for refused/no response and 95 ('Not Applicable') if there is no other staff member at the facility.*** S10a. Contraceptive injections S10b. Implant insertions S10c. Implant removals S10d. IUD insertions S10e. IUD removals	1= Yes 0 = No 88= Don't know 99= Refused/ no response 95 = Not Applicable [___] [___] [___] [___] [___]
S11. Do FP clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception? **PROBE: These may be consultation or registration fees**. 1 = Yes 0 = No *à Go to S13a* 88 = Don't know *à Go to S13a* 99= Refused/ no response *à Go to S13a*	[___]
S12. Do clients receiving other health services need to pay any fee in order to be seen by a provider in this facility even if they do not obtain a product or service? *[PROBE: think about whether clients seeking other health services besides FP need to pay any fees.]* 1 = Yes 0 = No 88 = Don't know	[___]

99 = Refused/ no response	
S13a. *For those who indicated that they offer injectables in Question B23* Do you provide Sayana Press to clients for self-injection? 1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response	[___]
S13. *For those who indicated that they offer injectables in Question B23* If a woman came in today, could she receive a contraceptive injection at this outlet/facility if she were eligible to receive the procedure? 1 = Yes à *Skip to S15* 0 = No 88 = Don't know à *Skip to S15* 99 = Refused/ no response à *Skip to S15*	[___]
S14. Why would a woman be unable to receive an injection today at this outlet/facility? *Record all that apply.* 1 = Service not offered today 2 = Trained provider not available 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 B23* If a woman came in today, could she receive a contraceptive implant insertion procedure at this outlet/facility if she were eligible to receive the procedure? 1 = Yes à *Skip to S17* 0 = No 88 = Don't know à *Skip to S17* 99= Refused/ no response à *Skip to S17*	[___]
S16. Why would a woman be unable to receive an implant insertion procedure today at this outlet/facility? *Record all that apply.* 1 = Service not offered today 2 = Trained provider not available 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 B23* If a woman came in today, could she receive an implant removal procedure at this outlet/facility if she were eligible to receive the procedure? 1 = Yes à*Skip to S19* 0 = No	[___]

88 = Don't know à *Skip to S19* 99 = Refused/ no response à *Skip to S19*	
S18. Why would a woman be unable to receive an implant removal procedure today at this outlet/facility? *Record all that apply.* 1 = Service not offered today 2 = Trained provider not available 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 B23* If a woman came in today, could she receive an IUD insertion procedure at this outlet/facility if she were eligible to receive the procedure? 1 = Yes à *Skip to S21* 0 = No 88 = Don't know à *Skip to S21* 99 = Refused/ no response à *Skip to S21*	[___]
S20. Why would a woman be unable to receive an IUD insertion procedure today at this outlet/facility? *Record all that apply.* 1 = Service not offered today 2 = Trained provider not available 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 B23* If a woman came in today, could she receive an IUD removal procedure at this outlet/facility if she were eligible to receive the procedure? 1 = Yes à *Skip to section 6* 0 = No 88 = Don't know à *Skip to section 6* 99 = Refused/ no response à *Skip to section 6*	[___]
S22. Why would a woman be unable to receive an IUD removal procedure today at this outlet/facility? *Record all that apply.* 1 = Service not offered today 2 = Trained provider 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	[___] [___] [___] [___] [___] [___] [___]

**Section 6: Family Planning Provider Module—Sterilizations [*Interviewer completes this section for <u>all</u> <u>outlets that provide male or female sterilization. In an outlet with multiple departments, this section is to be completed only for the following clinic types: FP/RH/Antenatal/MCH/ICH.]]</u>*

This section is about provider training, credentials and equipment for outlets that provide male and/or female sterilizations. The most senior staff member who can perform sterilization services should be interviewed. Completing the questions may require speaking with more than 1 staff member at the outlet.

ST1. Does this outlet/facility provide any of the following services? *Read each procedure from the following list and record response.*	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response
ST1a. Male sterilization procedures	[____]
ST1b. Female Sterilization procedures	[____]
	If 'no', 'don't know' or 'refused/no response' for both à Go to Section E: ending the Interview
ST2. Are you the most senior staff member available today that can perform any of the following services: male sterilization and/or female sterilization procedures? 1 = Yes à *Go to ST9 if previous respondent.* 0 = No à *Go to ST3* 88 = Don't know à *Go to ST3.* 99 = Refused/ no response à *Go to ST3.*	[____]
ST3. Is the most senior staff member that can perform male or female sterilizations available today to speak with me? 1 = Yes à **Ask to** *speak with the most senior staff member. Go to ST3.cn to obtain consent and* **then go to STCn.** 0 = No *à* **Continue speaking with current respondent, Go to ST9.** 88 = Don't know à*Continue speaking with current respondent, Go to ST9* 99 = Refused/ no response à *Continue speaking with current respondent, Go to ST9*	[____]
E1.3a. Who is the most senior staff member that can perform male or female sterilizations who is available today to speak with me? **[SurveyCTO programming: enable selection of any respondent(s) (e.g. most qualified staff) that agreed to answer questions in section 2.]**	[____]
ST3Cn. Does the most senior staff member consent to be interviewed?	1 = Yesà **Continue to stcn_name**

	0 = No à *continue speaking with the previous respondent and go to ST9.*
stcn_name. DO NOT READ. Name of person who consented *[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]*	[_____] **Continue to stcn_position**
stcn_position . DO NOT READ. position of person who consented *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 -= In charge 3 = Manager 4 = Staff 99 = Refused / No response [____] **Continue to ST4**
ST4. What month and year did you first begin working at this facility? a. Month began working at this facility *Enter 88 for don't know,* **99 for refused/ no response** b.Year began working at this facility *Enter 8888 for don't know, 9999= refused*	|___|___| [___|___|___|___]
ST5. What age are you today? ***Write age in years*** 8888 = Don't know 9999 = Refused/no response	[___|___]
ST6. What is the highest level of education you completed? *[Interviewer: if completed only Koranic school, then select, no formal education.]* 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	[____]
ST7. **What health qualifications do you have**? *[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option(s) from the list below.]* 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_____)	[___]
ST8. ***Don't read***: Is respondent male or female? 0 = Male 1 = Female	[___]
ST9. Do your own responsibilities at this outlet/facility include providing any of the following? ST9a. Male sterilization ST9b. Female sterilization	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [___] [___] ***If answered "no", don't know or refuse/no response to both, skip to ST11***
ST10. Have you received any training in the last 12 months that included a component on performing male or female sterilizations? **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.** ***Ask for and record each method.*** ST10a. Male sterilization ST10b. Female sterilization	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [___] [___]
ST11. **Not including yourself**, has any other current staff member at this outlet/facility received any training in the last 12 months that included a component on performing male or female sterilizations? ***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.*** ***Ask for and record each method. Select "not applicable" if there is no other staff in the facility.*** ST11a. Male sterilization ST11b. Female sterilization	1 = Yes 0 = No 95 = Not applicable 88 = Don't know 99= Refused/ no response [___] [___]
ST12. ***For those who indicated that they offer Male Sterilization in Question ST1*** If a man came in today, could he receive a male sterilization procedure at this outlet/facility, if he were eligible to receive the procedure?	[___]

1 = Yes à *Go to ST14* 0 = No 88 = Don't know à *Go to ST14* 99 = Refused/ no response à *Go to ST14*	
ST13. Why would a man be unable to receive a male sterilization procedure today at this outlet/facility? ***Record all that apply.*** 1 = Service not offered today 2 = Trained provider not available today 4 = Equipment not available/non-functional today 5 = Room for provision of male sterilization not available 96 = Other*, specify*: [_____] 88 = Don't know 99 = Refused / No response	[___] [___] [___] [___] [___] [___]
ST14. What would be the total cost for a male sterilization procedure at this outlet/facility? [___|___|___|___|___|___] NGN *Free = 0; Refused = 9999; Don't know= 8888*	

ST15. How many male sterilization procedures have you performed at this outlet/facility in the previous 1 month? ***Ask the respondent to refer to any available service records.*** [___|___|___] **male sterilizations** *Refused = 9999; Don't know = 8888*	ST15a. Source of information 0 = Provider recall 1 = Outlet records [___]

ST16. What types of male sterilization procedures are performed at this outlet/facility? ***Read list and record all responses.*** 1 = Scalpel vasectomy 2 = No-scalpel vasectomy 96 = Other *specify:* [_____]	[___] [___] [___]
ST17. ***For those who indicated that they offer Female Sterilization in Question ST1*** If a woman came in today, could she receive a female sterilization procedure at this outlet/facility, if she were eligible to receive the procedure? 1 = Yes à *Go to ST19* 0 = No 88 = Don't know à *Go to ST19* 99 = Refused/ no response à *Go to ST19*	[___]
ST18. Why would a woman be unable to receive a female sterilization procedure today at this outlet/facility? ***Record all that apply.*** 1 = Service not offered today 2 = Trained provider not available today 4 = Equipment not available/non-functional today 5 = Room for provision of female sterilization not available 96 = Other *specify:* [_____] 88 = Don't know 99 = Refused / No response	[___] [___] [___] [___] [___] [___]

ST19. What would be the total cost for a female sterilization procedure at this outlet/facility? [___|___|___|___|___|___] NGN *Free = 0; Refused = 9999; Don't know= 8888*	

ST20. How many female sterilization procedures have you performed at this outlet/facility in the previous <u>1 month</u>? ***Ask the respondent to refer to any available service records.*** [___|___|___] fe**male sterilizations** *Refused = 9999; Don't know= 8888*	ST20a. Source of information 0 = Provider recall 1 = Outlet records [___]

ST21. What types of female sterilization procedures are performed at this outlet/facility? ***Read list and record all responses.*** 1 = Minilaparatomy 2 = Laparascopy 3 = Transcervical 96 = Other ***specify:*** [_____]	[___] [___] [___] [___]

Section E: Ending the interview [*Interviewer completes this section for <u>all outlets</u>.*]

E3. Telephone number of the outlet for future contact , if any

[_____]

If no phone number, write N/A
If refused, write 9999
Record multiple numbers, if available

E4. Ask Permission to take a photo of the entrance of the facility. Did you get consent to take the photo? 1 = Yes 0 = No	[___]

Thank the respondent for her/his time and end the interview. Provide the main respondent the study incentive and remind him/her that another visit would be made to the facility in 3 months. If the interview could not be completed, ask for another time when you can return.

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

E5. **Take and store a photo.**

Ensure that no people can be seen in the photo. You can retake a photo multiple times until you obtain a suitable one. For Sub-outlet interviews, please go outside and take a picture of the main building, not a picture of the sub-outlet.

E6. *Take a GPS point outside, near the entrance to the facility. Record location when the accuracy is smaller than 6m.*

Latitude: [___]

Longitude: [___]

Accuracy: [___]

E7. Is this the first, second or third visit to this outlet? 1= Visit 1 2 = Visit 2 3 = Visit 3	[___]
E8. In what language was this interview conducted? 1 = English 2 = Pidgin English 3 = Hausa 4 = Igbo 5 = Yoruba	[___]

E9. Result of final visit

01 = Outlet ineligible → *go to E12*

02 = Survey fully completed → *go to E12*
03 = Survey partly completed *à go to E11*
04 = Respondent not available/time not convenient *à go to E11*
05 = Outlet not open at the time visited *à go to E11*
06 = Outlet closed permanently *à go to E12*
99 = Refused *à go to E10*
96 = Other (*specify*): [_____]

E10. If the provider refused, why? 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 is unclear	[___]

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)**