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

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

Outlet ID

[_____]

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

[___|___]-[___|___]-[___|___|___|___]

C2. Interviewer's name

[_____]

C3. County

[_____]

C4. Sub-county

[_____]

C5. Ward

[_____]

C6. Village/Estate where the interview took place
[Please ask someone to confirm name of village or estate where the outlet is located]

[_____]

C6b. Town/Market Center/Central Business District (CBD)
[Please ask someone to confirm if the area in which the outlet is located is considered a town, market center or CBD. If so, confirm and write down the name of the town/market center/ CBD here]

[_____]

C7. Type of Outlet [**SELECT ONE ONLY**]	[___|___]
01 = Hospital (e.g. general hospital, maternity hospital) 02 = Health Centre/ Medical Centre 03 = Nursing Home 04 = Medical Clinic/ Consultancy (e.g. FP clinic, MCHFP clinic, RH clinic, HIV clinic) -> **Skip to c9** 05 = Pharmacy / Chemist -> **Skip to c9** 06 = Dispensary 07 = Youth Friendly Centre -> **Skip to c9** 08 = Diagnostics Lab (*lab only*) -> **Skip to c9** 96 = Other (*specify*) [_____] -> **Skip to c9**	

C8_pre. DON'T READ: Does this outlet have sub-outlets?	1 = Yes 0 = No-> **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.*] A = Family Planning Clinic/Consultant/ RH clinic B = Pharmacy / chemist C = Antenatal/Maternal Child Health Family Planning (MCHFP) D = Maternity postnatal ward E = HIV Clinic (CCC) F = Youth Friendly Center G = Outpatient Department (OPD) H = Laboratory 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 -> **Skip to C11** 2 = Private 88 = Don't know 99= Refused/ No response -> **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. If there is no name, record "no name"]* [_____]	

[Survey CTO programming notes: Display this question if selected "yes" to C8_pre] **A2. DO NOT READ:** Sub-outlet for which this audit is being completed *[Interviewer: you should start with the Family Planning Clinic first.* [SurveyCTO programming: show the list of Sub-outlets selected in question C8. For public hospitals, health centers and nursing homes, do not show the pharmacy/chemist option.] a = Family Planning Clinic /Consultant /RH clinic b = Pharmacy / Chemist c = Antenatal/Maternal Child Health Family Planning (MCHFP) d = Maternity postnatal ward e = HIV Clinic (CCC) f = Youth Friendly Center g = Outpatient Department (OPD) h = Laboratory **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 HOSPITALS, HEALTH CENTERS, NURSING HOMES AND DISPENSARIES WHERE MULTIPLE SUB-OUTLETS (I.E., CLINICS OR DEPARTMENTS) ARE EXPECTED. FOLLOW THESE STEPS:

Step 1: Proceed to the FP clinic and/or MCHFP clinic first, if one or both exists, and complete a full interview and audit there.

Step 2: FOR <u>PUBLIC</u> HOSPITAL/ HEALTH CENTER / NURSING HOME/ DISPENSARY: 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 pharmacy/ chemist and complete only Sections 2, 3 and E.

FOR <u>PRIVATE</u> HOSPITAL/ HEALTH CENTER / NURSING HOME/DISPENSARY: Proceed to each of the other relevant sub-outlets (i.e., those selected in question C8 which are expected to offer FP products/services) <u>including</u> pharmacy/ chemist and complete only Sections 2, 3 and E.

**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 work for IPSOS and I am doing a study for Population Services Kenya. 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. *[If the respondent refuses to answer any questions, then proceed to section E and record refusal as visit result*

Section 2: Screening for Product Audit Eligibility [Interviewer completes this section for all outlets.]	
Sc0. Don't read: Did the respondent agree for you to ask screening questions?	1= Yes -> **continue to Section 2** 2 = No/ No response / Refused -> **Skip to section E** 3 = Not reached / Not available -> **Skip to section E** [____]
Sc1. Do you have any male or female condoms available at this location today? *Verify with prompt cards, go to Sc2*	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response [____]
Sc2. Do you have any of the following family planning products available at this location *today*? [**PROBE**: these can be products that you provide to clients for free or for sale. These do not include samples used for FP counseling only.] *Read and record a response for each option. Verify each option with prompt cards.* A. Oral contraceptive tablets B. Emergency contraceptive tablets C. Injectable contraceptives D. Contraceptive implants E. Contraceptive IUDs	1 = Yes -> *Proceed to Cn1 to gain consent if responded yes to at least one* 0 = No -> **Continue to Sc3 if answer "no" to all** 88 = Don't know -> **Continue to Sc3 if answer "don't know" to all** 99 = Refused/ No response -> **Continue to Sc3 if refused/gave no response to all** [____] [____] [____] [____] [____]

Sc3. Are there any of the following family planning products that are out of stock today, but that you stocked in the *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. <u>If the outlet has never offered the product, select NO</u>.*]	1 = Yes -> *Skip to Cn1 to gain consent if responded yes to at least one* 0 = No -> *Skip to Sc7 if respond no to all* 88 = Don't know -> *Skip to Sc7 of respond Don't know to all* 99= Refused/ No response -> *Skip to Sc7 if refused/gave no response to all*
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].* *[<u>For public hospitals/ health centers/nursing homes/ dispensaries only</u>: 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/ dispensary to verify product availability.]*	1 = Yes. *Record product names, one product per line in sc5 -> Skip to Section 4* 0 = No -> *Skip to Section 4.* 88 = Don't know/ Don't remember -> *Skip to Section 4* 99 = Refused/ No response -> *Skip to Section 4* [___]

Sc5. List name of product that is out of stock today and tell me for how many days the product has been out of stock. I will accept generic or brand names.	5c5a 88 = Don't know 99 = Refused
Record one product and number of days, weeks, and/or months per line. For product name, record 88 for don't know and 99 for refused. For other product details, record 888 for don't know and 999 for refused.	5c5b – 5c5d 8888 = Don't know 9999 = Refused

a. Product name   b. Months   c. Weeks   d. Days

[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]
[_____][_____] [_____] [_____]

Sc5a.(other) Please specify the product name [_____]

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 -> ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No -> **if responded no to all options, o***utlet not eligible. Proceed to* <u>***Section E, Question E6***</u> ***to end the interview*** 88 = Don't know -> ***if responded don't know to all options, outlet not eligible. Proceed to*** <u>***Section E, Question E6***</u> ***to end the interview*** 99 = Refused/ No response -> **if refused or gave no response to all options,** *outlet not eligible. Proceed to* <u>*Section E, Question E6*</u> *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 to the owner/ person in charge, 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 -> **Proceed to Cn1_name** 0 = No -> **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 *[Please ask the respondent for his or her name]*	[_____]
Cn1_position. ***DO NOT READ.*** Position of person who consented as owner or person in charge *[Ask the respondent for his/her job title]*	1 = Owner 2 = In charge 3 = Manager 99 = Refused / No response [___]
[Continue speaking to the owner/ person in charge] Cn2_pre1. Are you the most senior staff person who is knowledgeable 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 proceed to Sc4. If responded YES to Sc7, then proceed to Section 4*** 0 = No **-> *Continue to Cn2_pre2*** 88 = Don't know -> ***Continue to Cn2_pre2*** 99 = Refused / No response -> ***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 = Refused / No response **-> Skip to Cn3_pre1**
	[___]
Cn2. **DO NOT READ***: Did the most senior staff person who is knowledgeable about family planning products/services provide consent to be interviewed?	1 = Yes *-> Continue to Cn2_name* 0 = No *-> Skip to Cn3_pre1* [___]
Cn2_name.**DO NOT READ:** Name of person who consented as senior staff person or other staff *[Please ask the respondent to spell his or her name.]*	[_____] **Proceed to Cn2_position**
Cn2_position. **DO NOT READ:** Job title/position of person who consented as senior staff person or other staff **[Ask the respondent for his/her job title]**	1 = Owner 2 = In charge 3 = Manager 4 = Staff 5 = Other [Specify_____] 99 = Refused / No response [___] *If responded YES to Sc2, then proceed to section 3. If responded YES to Sc3, then proceed to Sc4. If responded YES to Sc7, then proceed go 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 = Yes -> **Ask to speak with that person and gain consent, continue to Cn3** 0 = No -> **Skip to Cn1_x** 88 = Don't know -> **Skip to Cn1_x** 99 = Refused / No response -> **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. Name of person who consented *Please ask respondent to spell his or her name*	[_____]
Cn3_position. Job title/position of person who consented	1 = Owner 2 = In Charge 3 = Manager 4 = Staff 96 = Other (specify) 99 = Refused / No response *If responded YES to Sc2, then proceed to section 3. If responded YES to Sc3, then proceed 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 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 proceed 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.*]

respondent_s3. Who is the intended respondent of the Family Planning Product Audit? [SurveyCTO programming: enable selection of any respondent(s) (e.g. most qualified staff) that agreed to answer questions in section 2.]	[_____]

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; No response to be recorded. If the outlet has no family planning products in stock, then go to Section 4.
- Birth control patches such as *Evra*
- Vaginal birth control rings such as *Nuvaring*
- *CycleBeads*
- Diaphragms
- Vaginal foaming tablets such as *Today*
- Male condoms such as *Trust, Salama,Sure, KamaSutra, Wet N Wild,Durex, Rough Rider, Delux, Kings Size, Kiss, Erotica, Spike, Leo, UNFPA Latex, Flavours, Bareback, One Touch*
- Female condoms such as *FC2, Pasante*
- Oral contraceptive tablets such as *Microgynon, Chaguo Langu (My Choice), Microlut, Femipill, Femiplan, Exluton, Diane-35, Yasmin, Mercilon*
- Emergency contraceptive tablets such as *Levonorgestrel, Postinor-2, Postpill, ECee2, Emcon, Lenor-72, P-2, Lydia Postpil*
- Injectable contraceptives such as *Depo-Provera, Femiject, Sayana Press, Manstogan, Famy-Depo*
- Contraceptive implants such as *Implanon NXT, Jadelle*
- Contraceptive IUDs such as *Optima, Lydia, Mirena, Femiplan, Pregna, Eves Copper T, SMB Copper T*

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

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

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

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

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

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

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

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

4. Read the following question to the respondent. A1. Do you keep facility-level records of family planning products sold and/or services provided? 1 = Yes 0 = No 88 = Don't know 99= Refused/ No response *[Interviewer: If records are available, ask respondent to obtain and reference them during the audit interview. If allowed to view, cross-check answers given for "amount sold/distributed" for all products and services. If figures for audit sheets given by the respondent and the records are not the same, ask the respondent the reasons for discrepancies and which is more accurate, then make a comment in the "comments" section for the relevant brand/product. Record the one indicated by the respondent as being more accurate.]* **If a sub-outlet within a hospital, health/medical center, nursing home or dispensary, continue to A3. Otherwise, proceed to product audit.** <u>*[Important note for PUBLIC hospitals, health centers, nursing homes and dispensaries: When completing product audit for sub-outlets, please ask respondent to verify stockout information and wholesale purchase price directly with the pharmacy/chemist.]*</u>	[___]
A3. Do you dispense or distribute family planning products to other departments within this hospital/ health center/nursing home? **[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** 88 = Don't know-> **Skip to A6** 99= Refused/ No response-> **Skip to A6**	[___]

A4. Which of the following department(s) within this hospital/health center/nursing home do you dispense or distribute family planning products to? **[READ EACH DEPARTMENT NAME AND WAIT FOR AN ANSWER. SELECT ALL THAT APPLY]** **[SurveyCTO programming: show the list of <u>other</u> Sub-outlets selected in question C8. Pharmacy and chemist should be excluded]** a = Family Planning Clinic/Consultant /RH clinic c = Antenatal/Maternal Child Health Family Planning (MCHFP) d = Maternity postnatal ward e = HIV Clinic (CCC) f = Youth Friendly Center g = Outpatient Department h = Laboratory 95 = Not applicable --> **Skip to A6** 88 = Don't know *If the pharmacy/dispensary does not distribute to any of these sub-outlets, then skip to A6*	[___] [___] [___] [___] [___] [___] [___] [___]
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. Do you dispense or distribute family planning products to clients outside of the hospital/ health center/nursing home? **(PROBE: this means that you dispense products to individual clients who have not received services or a prescription from providers in this hospital/health center/nursing home.)** 1 = Yes 0 = No -> **Skip next question and continue to audit questions** 88 = Don't know-> **Skip next question and continue to questions** 99= Refused/ No response --> **Skip next question and continue to questions**	[___]
A7. Do you keep <u>separate</u> facility-level records of family planning products distributed to clients outside the hospital/health center/ nursing home? 1 = Yes -> **Continue to product audit questions. <u>Important Note: the product audit should collect information for external clients only, using the facility records for external clients only</u>** 0 = No **-> Continue to product audit questions. Note: the product audit should collect information for all clients (external and internal)** 88 = Don't know 99= Refused/ No response	[___]

FP Non-Drug Audit Sheet (ND): includes condoms, CycleBeads, diaphragms Outlet ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___|___]-[___|___|___]

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 listed 96 = Other (specify)	ND4. Country of manufacture [___] 9666 = Other (specify) 8888 = Country not listed	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 amount sold/distributed in the last 1 month to individual consumers. (*Refer to package size described in* ND5) This outlet sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know **ND6b. Total amount 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)** (*Refer to package size described in* ND5) 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 -> Skip to ND8 88 = Don't know -> Skip to ND8 99 - Refused/ No response -> Skip to ND8 [___] **ND7-c. Duration of stockout** Enter number of months, weeks and/or days. (*Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.*) [___] a. Months [___] b. Weeks [___] c. Days 8888 = Don't know 9999 = Refused	**ND8. Retail selling price** (*Refer to package size described in* ND5) a.[___|___] packages b. cost an individual customer[___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know		**ND9. Wholesale purchase price for the outlet's most recent wholesale purchase** (*Refer to package size described in* ND5) a. [___|___|___|___] **packages** b. cost [___|___|___|___|___|___]KES 0 = Free 9999 = Refused 8888 = Don't know **ND9c. Supplier** (*Ask provider*) **From where did you get your most recent wholesale purchase/supply?** [___] 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 96 = Other, specify: [_____] 88 = Don't know 99 = Refused / No response	**ND10. Comments**

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

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

TAB1. Tablet type	TAB1a. Tablet type-use	TAB2. Brand name	TAB3. Generic name	TAB3a. Strength	TAB3b. Strength Units
1 = oral contraceptive pills 2 = emergency contraceptive pills 3 = birth control patch 4 = vaginal foaming tablets [___]	*(Ask provider) Do you ever use this product for emergency contraception?* [___] 1 = Yes 0 = No 88 = Don't know 95 = Not applicable	[___] **TAB2a. Number of different package sizes** [___] 8888=Don't know 9999= Refused	A. [__|__] B. [__|__] C. [__|__] 95 = Not indicated 96 = Other (specify)	*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	[___] [___] [___] 1= mg 2 = µg, mcg 3= % 95 = not indicated

TAB4. Manufacturer	TAB6a. Package size *(Record number per package)*	TAB7a. Total amount sold/distributed in the last 1 month to individual consumers
[___]95= Not listed 96 = Other (specify)	There are a total of [___|___|___] Blisters (Cycles) of oral contraceptive pills per package **OR** Tablets of Emergency Pills/Patches/Foaming in each package.	This outlet sold/distributed [___|___|___|___] Blisters of OCP/ pills of Emergency contraceptive/ foaming tablets/ patches in the last 1 month. 9999 = Refused 8888 = Don't know
TAB5. Country of Manufacture [___] 9666 = Other (specify) 8888 = Country not listed	**Tab6b. Cycle size** *For oral contraceptive pills only:* There are a total of [___|___] Oral contraceptive pills in each blister (cycle)	**TAB7b. Total amount sold /distributed in the last 1 month to others who are not individual clients (this includes providers and distributers who may purchase/obtain large quantities of the product at once).** This outlet sold/distributed [___|___|___|___] number of **Blisters of OCP/ Pills/Patches/ Foaming tablets** in the last 1 month. 9999 = Refused 8888 = Don't know
	Tab6c. Lowest Distribution: *For all products:* Outlet distributes/sells [___|___|___] as the lowest number of *Blisters, Emergency Pills,Patches, Foaming tablets* to individual consumers.	**TAB7c. Source of information** 0 = Provider recall 1 = Outlet records [___]

TAB8. Stocked out at any point in the past 3 months? [___]	TAB9. Retail selling price	TAB10. Wholesale purchase price for the outlet's most recent wholesale purchase	TAB10c. Supplier *(Ask provider)* **From where did you get your most recent wholesale purchase/supply?**	TAB11. Comments
1 = Yes 0 = No -> **Skip to TAB9** 88 = Don't know -> **Skip to TAB9** 99 = Refused -> **Skip to TAB9** **TAB8a-c. Duration of stockout.** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days 8888 = Don't know 9999 = Refused	*(Record lowest number of distribution described in* Tab6c) a.[__|__|__]**Blisters/Emergency Pills/Patches/Foaming Tablets** cost an individual customer b.[___|___|___|___] KES 0 = Free 9999= Refused 8888 = Don't know	*(Record # of packages described in Tab*6a) a.[___|___|___|___] **packages** cost b.[___|___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know	[___] 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 96 = Other, specify: [_____] 88 = Don't know 99 = Refused / No Response	

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

FP INJECTION AUDIT SHEET (INJ): INCLUDES INJECTABLES; SELF-INJECTIONS FOR SAYANA PRESS   OUTLET ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___]-[___|___|___]

INJ1. Brand name [___] *96 = Other (specify)* *88=Don't know* *99= Refused*	INJ2. Generic name A. ___ B. ___	INJ2a. Strength mg/ INJ2b.Strength mL [__|__|__].[__|__] mg / [__].[__] mL [__|__|__].[__|__] mg / [__].[__] mL *8888 = Not indicated*	INJ3. Manufacturer [___] *95 = not listed* *96 = Other (specify)*	INJ4. Country of Manufacture [___] *9666 = Other (specify)* *8888 = Country not listed*

INJ5. Package size / INJ6. Package contents	INJ7a/b/c	INJ8 / INJ8a-c	INJ9 / INJ9a	INJ10 / INJ10a
INJ5. Package size There are a total of [___|___|___].[___] **mL** in each vial/ampoule. _____ **INJ6. Package contents** *Does package with vial/ampoule contain disposable needle for injection?* *1 = Yes* *0 = No* [___]	**INJ7a. Total amount sold/distributed in the last 1 month to individual consumers** (*Record # of vials/ampoules described in* INJ5) This outlet sold/distributed [___|___|___|___] **Vials/ampoules** in the last 1 month. *9999 = Refused 8888 = Don't know* **INJ7b. Total amount 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 # of vials/ampoules described in* INJ5) This outlet sold/distributed [___|___|___|___] **Vials/ampoules** in the last 1 month. *9999 = Refused* *8888 = Don't know* **INJ7c. Source of information** [___] *0 = Provider recall 1 = Outlet records*	**INJ8. Stocked out at any point in the past 3 months?** *1 = Yes* *0 = No* *88 = Don't know* *99 = Refused* [___] **INJ8a-c. Duration of stockout.** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know* *9999 = Refused*	**INJ9. Do you, or other staff, perform injection services for this brand of injectable at this outlet/facility?** *1 = Yes* *0 = No -> Go to INJ11* *88 = Don't know -> Go to INJ11* [___] **INJ9a. If yes, what is the total cost to have an injection, including product cost and service fee?** [___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	**INJ10. How many injection procedures have 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.***)** [___|___|___|___] *9999 = Refused* *8888 = Don't know* _____ **INJ10a. Source of information** *0 = Provider recall* *1 = Outlet records* [___]

INJ11 / INJ11b	INJ11c	INJ12	INJ12c	INJ13
INJ11. Does this outlet/facility provide this brand of injectable for clients to take away? *1 = Yes* [___] *0 = No -> Go to INJ12* *88 = Don't know -> Go to INJ12* *9997 = Refused / No Response* *9998 = Don't know -> Go to INJ12* **INJ11b. If yes, what is cost of 1 vial for an individual customer to take away?** [___|___|___|___] KES *0 = Free* *999 = Refused* *8888 = Don't know*	**INJ11c. If yes, total number sold/distributed in the last 1 month to individual consumers to take away** (Record # of vials described in INJ5) [___][___][___] *9999 = Refused* *8888 = Don't know*	**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.[___|___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	**INJ12c. Supplier** *(Ask provider)* **From where did you get your most recent wholesale purchase/supply?** [___] *1 = Wholesale pharmacy* *2 = Retail pharmacy* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *96 = Other, specify: [_____]* *88 = Don't know* *99= Refused / No response*	**INJ13. Comment**

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

FP Insertion Audit Sheet (INS): Includes Implants, Rings, IUDs   OUTLET ID: [___|___]- [___]-[___|___]-[___|___|___]-[___|___|___]

INS1. Brand name [___] 96 = Other (specify) 88= Don't know 99= Refused	INS2. Type [___] *1 = Contraceptive implant* *2 = Vaginal birth control ring* *3 = Hormonal-based IUD* *4 = Copper-based IUD*	INS3. Generic name A. _____ B. _____ *95 = Not indicated* *96 = Other (specify)*	INS3a. Strength (*Do not record for copper IUD*) [__|__|__].[__] mg [__|__|__].[__] mg *8888 = Not indicated* _____ ***INS3b.** For implants only **Strength** for [___] **number** of rods	INS4. Manufacturer[___] *95 = not listed* *96 = Other (specify)*	INS5. Country of **Manufacture** [__|__|__] *9666 = Other (specify)* *8888 = Country not listed*
INS6. Package size In each package, there are a total of [___|___] **number** of Rod(s) IUD(s) -> ***Go to INS8a*** Ring(s) -> ***Go to INS8a*** [___] **INS7. Package contents** *Does package come with disposable applicator or trocar?* *1 = Yes* *0 = No* [___]	**INS8a. Total amount sold/distributed in the last 1 month to individual consumers** (*Record # of packages described in* INS6) This outlet sold/distributed [___|___|___] **packages** in the last 1 month. *9999 = Refused* *8888 = Don't know* **INS8b. Total amount 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 # of packages described in* INS6) This outlet sold/distributed [___|___|___] **packages** in the last 1 month. *9999 = Refused* *8888 = Don't know*	**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* *88 = Don't know* *99 = Refused* **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. Day s *8888 = Don't know* *9999 = Refused*	**INS10. Do you, or other staff, perform insertion services for this brand at this outlet/facility?** [___] *1 = Yes* *0 = No -> **INS12a*** *88 = Don't know -> **Go to INS12a*** **INS10a. If yes, what is the total cost to have this brand inserted, including product cost and service fee?** [___|___|___|___|___] KES *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.)** [___|___|___|___] *9999 = Refused* *8888 = Don't know* **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. If yes, what is cost of 1 implant/IUD for an individual customer to take away?** [___|___|___|___] KES *0 = Free* *9999 = Refused* *8888= Don't know*	**INS12c. If yes, total amount sold/distributed in the last 1 month to individual consumers to take away?** [___][___][___] KES *9999 = Refused* *8888 = Don't know*	**INS13. Wholesale purchase price for the outlet's most recent wholesale purchase** (*Record # of packages described in INS6*) a.[___|___|___|___] **packages** cost b.[___|___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	**INS13c. Supplier** (*Ask provider*) **From where did you get your most recent wholesale purchase/supply?** [___] *1 = Wholesale pharmacy* *2 = Retail pharmacy* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *96 = Other, specify: [_____]* *88 = Don't know* *99= Refused / No response*	**INS14. Comments**

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

Read the following question to the respondent. A8. Are there any family planning products that are out of stock today but that you stocked in the *past 3 months* at this location? [**PROBE**: this can be for sale or for service provision]	1 = Yes -> **Continue to A9** 0 = No -> *Skip to section 4 if suboutlet type is FP clinic or MCHFP clinic. Skip to section E otherwise* 88 = Don't know *-> Skip to section 4 if suboutlet type is FP clinic or MCHFP clinic. Skip to section E otherwise. ≠ FP clinic or MCHFP. .* 99= Refused/ no response ->*Skip to section 4 if suboutlet type is FP clinic or MCHFP clinic. Skip to section E otherwise. ≠ FP clinic or MCHFP.* [____]
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/ Don't remember 99 = Refused/ No response [____] *Proceed to Section 4.*
A9. List the name of product that is out of stock today and tell me for how many days, weeks and months the product has been out of stock. I will accept generic or brand names. a. Product name b.Months c.Weeks d.Days [_____]	Product name 88 = Don't know 99 = Refused Months, weeks, days 8888 = Don't know 9999 = Refused

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

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? **[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? 1 = No formal education 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Some university/college 7 = Completed a university/college degree 88 = Don't know 99 = Refused/ No response	[___]
B5. Do you or any other people working in this outlet/ facility have the following **health qualifications**? ***Read list***. *For each one, record 1 for yes, 0 for no, 88 for don't know, 99 for refused/ no response.* I. Medical doctor II. Clinical Officer III. Nurse / Midwife IV. Medical Assistant/ Nursing Assistant/ Nurse Aid V. Pharmacist VI. Pharmaceutical technologist VII. Laboratory technologist VIII. Community Health Extension Worker/ Community health Volunteer IX. Other (specify_____)	[___] [___] [___] [___] [___] [___] [___] [___] [___]
B6. What month and year did you first begin working at this facility? a. Month began working at this facility	|___|___|

Enter 88 for don't know, 99 for refused b. Year began working at this facility *Enter 8888 for don't know,* **9999 for refused/no response**	[___|___|___|___]

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/ not sure
 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 available less frequently than every week. 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.*	[___]
B10. *For the outlets/facilities which indicated that their managing authority is private in Question C9* Which family planning commodities do you receive from the public sector, if any? A = Pills B = Implants C = Injectables D = Male condoms E = Female condoms F = IUCD/Coil G = Diaphragm H = Emergency contraception J = Cycle beads I = Other (specify)	1 = Yes 0 = No 88 = Don't know 99 = 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 (such as injections or insertions) or FP products to clients]** 1 = Yes 0 = No -> **Skip to B14** 88 = Don't know -> **Skip to B14** 99 = Refused/ No response -> **Skip to B14**	[___]
B13. How many times in the last month did this facility conduct family planning community outreach events? Enter number of times from 0 8888 = Don't know 9999 = Refused	[___]
B14 Does this facility <u>host</u> family planning community outreach events? 1 = Yes 0 = No -> **Skip to B16** 88 = Don't know -> **Skip to B16** 99 = Refused/ No response -> **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 volunteers/workers? 1 = Yes 0 = No -> *Go to B18* 88 = Don't know -> *Go to B18* 99 = Refused/ No response -> *Go to B18*	[___]
B17. How many community health workers are supported by this facility to provide family planning services? **PROBE**: Count only CHVs/CHEWs who receive supervision, support or supplies for family planning from this facility. *[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 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 a separate piece of paper]* *Enter 8888 for don't know, 9999 for refused/no response.*	[___]

B18. Do you provide counseling to clients on which type of family planning methods to choose? 1 = Yes 0 = No -> *Go to B20* 88 = Don't know -> *Go to B20* 99 = Refused/ No response -> *Go to B20*	[___]
B19. Does this facility have any job aids for counseling customers on which type of family planning method to choose? *(Ask the respondent to show you the job aids.)* 1 = Yes, observed 2 = Yes, not observed 0 = No 88 = Don't know 99 = Refused/ No response	[___]
B20. Have you received any training on family planning in the last 12 months? ***Wait for response. If the response is yes, then ask:*** If so, please tell me briefly what type(s) of training you received most recently. 1 = Yes (Specify_____) 0 = No 88 = Don't know 99 = Refused/ No response	[___]
B21. Has any other current staff member at this outlet/facility received any training on family planning in the last 12 months? 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 FP services and products available 2 = Signage only shows that 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; or implant or IUD removals</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 -> ***Go to S8*** 0 = No -> ***Go to S2*** 88 = Don't know -> ***Go to S2*** 99 = Refused/ No response -> ***Go to S2***	[___]
S2. Is the most senior staff member available today to speak with me? 1 = Yes -> ***obtain informed consent from the most senior staff member if she/he is a new respondent and go to S2Cn.*** 0 = No -> ***Continue speaking with current respondent, skip to S8*** 88 = Don't know -> ***Continue speaking with current respondent, skip to S8*** 99= Refused/ No response -> ***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 (that can perform any of the following services: contraceptive injections, contraceptive implant insertion, contraceptive implant removal, IUD insertion and IUD removal) consent to be interviewed?	1= Yes -> **Continue to s2cn_name** 0 = No -> **continue speaking with the previous respondent and skip to S8.**
s2cn_name. Name of person who consented [ask for spelling of the name.]	[_____] **Continue to S2.Cn,(position)**
s2cn_position. Job title/position of person who consented	1 = Owner 2 = In charge 3 = Manager 4 = Staff 5 = Other (specify) 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 88 = Don't know 99 = Refused	 [___|___]
S5. What is the highest level of education you completed? 1 = No formal education 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Some university/college 7 = Completed a university/college degree 88 = Don't know 99 = Refused / No response	[___]

S6. *D*o you have any of the following **health qualifications**? *Read list*.
For each one, record 1 for yes, 0 for no, 88 for don't know, 99 for refused/ no response
 	
  I. Medical doctor
  II. Clinical Officer
  III. Nurse / Midwife
  IV. Medical Assistant/ Nursing Assistant/ Nurse Aid
  V. Pharmacist
  VI. Pharmaceutical Technologist
 VII. Laboratory technologist
VIII. Community Health Extension Worker / Community Health Volunteer
  IX. Other (specify_____)
	
	[___]
	[___]
	[___]
	[___]
	[___]
	[___]
	[___]
	[___]
	[___]
	[___]

S7. **DON'T READ**: Is respondent male or female? 0 = Male 1 = Female	 [___]
S8. Do your own responsibilities include providing any of the following? *Read each procedure from the following and record response:* S8a. Contraceptive injections S8b. Implant insertion procedures S8c. implant removal procedures S8d. IUD insertion procedures S8e. IUD removal procedures	1 = Yes 0 = No 88 = Don't know 99 = Refused / No response [___] [___] [___] [___] [___]

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 and stand-alone workshops.** *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 and stand-alone workshops.** *Enter 88 for don't know,* **99 for refused/no response** 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 *-> Go to S13* 88 = Don't know *-> Go to S13* 99= Refused/ No response *-> Go to S13*	[___]
S12. Do all clients need to pay this fee or is the fee only for FP clients? [PROBE: think about what fees clients seeking other health services besides FP need to pay, if any.] 1 = FP clients only 0 = All clients 88 = Don't know 99 = Refused/ No response	[___]
S13. *For those who indicated that they offer injectables in Question 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 -> *Skip S14* 0 = No 88 = Don't know -> *Skip S14* 99 = Refused/ No response -> *Skip S14*	[___]
S14. Why would a woman be unable to receive an injection today 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 -> *Skip S16* 0 = No 88 = Don't know -> *Skip S16* 99= Refused/ No response -> *Skip S16*	[___]
S16. Why would a woman be unable to receive an implant insertion procedure today at this outlet/facility? 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 -> *Skip S18* 0 = No 88 = Don't know -> *Skip S18* 99 = Refused/ No response -> *Skip S18*	[___]
S18. Why would a woman be unable to receive an implant removal procedure 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 -> *Skip S20* 0 = No 88 = Don't know -> *Skip S20* 99 = Refused / No response -> *Skip S20*	[___]

S20. Why would a woman be unable to receive an IUD insertion procedure today 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 -> *Skip S22* 0 = No 88 = Don't know -> *Skip S22* 99 = Refused/ No response -> *Skip S22*	[___]
S22. Why would a woman be unable to receive an IUD removal procedure today 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 IUDs not available today 96 = Other*, specify:* [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___] [___]

Interviewer: Go to <u>Section 6: Family Planning Provider Module—Sterilizations</u>.

Section 6: Family Planning Provider Module—Sterilizations [*Interviewer completes this section for all outlets that provide male or female sterilization.*]

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 -> 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 -> ***Go to ST9*** 0 = No -> ***Go to ST3*** 88 = Don't know -> ***Go to ST3*** 99 = Refused/ No response -> ***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 -> **Ask to *speak with the most senior staff member. Obtain consent if that person is a new respondent and then go to STCn. Go to ST9 if it is a previous respondent.*** 0 = No **-> *Continue speaking with current respondent, Go to ST9*** 88 = Don't know -> ***Continue speaking with current respondent, Go to ST9*** 99 = Refused/ no response -> ***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 = Yes -> **Continue to stcn_name** 0= No -> ***Continue speaking with the previous respondent and go to ST9.***
stcn_name. Name of person who consented [Ask for spelling of the name.]	[_____] **Continue to stcn_position**

stcn_position. Job title/position of person who consented	1 = Owner
	2 = In charge
	3 = Manager
	4 = Staff
	96 = Other (specify)
	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? 1 = No formal education 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Some university/college 7 = Completed a university/college degree 88 = Don't know 99 = Refused/No response	[___]
ST7. *D*o you have any of the following **health qualifications**? *Read list*. *For each one, record 1 for yes, 0 for no, 88 for don't know, 99 for refused/no response* I.Medical doctor II.Clinical Officer III.Nurse / Midwife IV.Medical Assistant/ Nursing Assistant/ Nurse Aid V.Pharmacist VI.Pharmaceutical Technologist VII.Laboratory technologist VIII.Community Health Extension Worker / Community Health Volunteer IX.Other (specify_____)	 [___] [___] [___] [___] [___] [___] [___] [___] [___]
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? *Read each procedure from the following and record response.*	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response
ST9a. Male sterilization ST9b. Female sterilization	[___] [___] *If answered "no" 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 and stand-alone workshops.*	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response
ST10a. Male sterilization ST10b. Female sterilization	[___] [___]
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 and stand-alone workshops.*	1 = Yes 0 = No 88 = Don't know 99= Refused/ No response 95 = Not applicable
ST11a. Male sterilization ST11b. Female sterilization	[___] [___]
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 -> *Go to ST14* 0 = No 88 = Don't know -> *Go to ST14* 99 = Refused/ No response -> *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. Enter 88 for don't know,* **99 for refused/ no response** 1 = Service not offered today 2 = Trained provider not available today 3 = Equipment not available/non-functional today 4 = Room for provision of male sterilization not available 98 = 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? [___|___|___|___|___|___] KES *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 -> *Go to ST19* 0 = No 88 = Don't know -> *Go to ST19* 99 = Refused/ No response -> *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 3 = Equipment not available/non-functional today 4 = Room for provision of female sterilization not available 98 = 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? [___|___|___|___|___|___] KES *Free = 0; Refused = 9999; Don't know=8888*	

ST20. How many female sterilization procedures have you performed at this outlet/facility in the previous 1 month? **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. Enter 88 for don't know,* **99 for refused/ no response.** 1 = Minilaparatomy 2 = Laparascopy 3 = Transcervical 96 = Other, *specify:* [_____]	 [___] [___] [___] [___]

Interviewer: Go to Section E: Ending the interview

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

E2. Alternate name(s) of outlet *(Ask the respondent to provide the names and descriptions often used by clients and others in the community to refer to the outlet.)*	E3. Telephone number used for the facility, if any Record phone number as 7xx xx xx xx [___|___|___|___|___|___|___|___|___|___] *Record phone number as 7xx xx xx xx* *If no phone number, write N/A* *If refused, write 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. *[For Sub-outlet interviews, please go outside and take a picture of the 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 = Kiswahili 3 = Kikuyu 4 = Luo 5 = Mijikenda	[___]
E9. Result of final visit 01 = Outlet ineligible *-> go to E12*	

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

E10. If the provider refused, why? 1 = Client load 2 = Thinks it's an inspection / nervous about license 3 = Not interested 96 = Other (specify): [_____] 99 = Refused to give reason	[___]

E11. *Use this space to record call back details. Note if it is not possible to complete the interview at another time.*

E12. **Additional observations by interviewer (if any)**