Section 1: Census Information

[Interviewer completes this section for <u>all</u> CHWs interviewed in Round 1.]

[Interviewer: Check that you have identified the correct CHW before you begin entering information into this form. Once the CHW ID is entered, other identifying information collected in Round 1 will automatically populate on the device screen for your verification. Confirm details that are correct and change those that are not correct, that have changed and that need updating. Read the introductory script below before asking the CHW any questions.]

Hello, my name is _____. I am doing a study on behalf of Population Services Kenya. About 3-4 months ago, we invited you to participate in a study on the availability of family planning products and services. We mentioned that the results will be used to improve the availability of modern family planning methods in this local community. We indicated that we would be back in about 3 months for a follow-up survey. This is the reason for my visit today. I would like to ask some questions to see what may have changed about the FP services that you deliver to the community since we were here last. If you are eligible for the survey, then I will take you through a consent process to provide you more information about the study.

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

CHW ID
[_____]

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

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

C2. Interviewer's name

[_____]

C3. County

[_____]

C4. Sub-county

[_____]

C5. Ward

[_____]

C6. Village/ Estate where interview took place
[Please ask the CHW to confirm the name of the area where the interview took place.]

[_____]

C6a. Villages/Estates served by the CHW *[Please ask the CHW to confirm names of villages or estates where she usually provides FP products/services to women <u>in the community</u>. You may record more than one.]*

[_____]

C6b. Town/Market Center/Central Business District (CBD) *[Please ask the CHW to confirm if she provides FP products/services to women in town areas, market centers or CBDs. If so, confirm and write down the name of the towns/market centers/ CBDs here. You may record more than one.]*

[_____]

C7a. Type of CHW **Select only one** **[Please ask the CHW to confirm what type of CHW he or she is]** 01= Community Health Extension Worker (CHEW) 02= Community Health Volunteer (CHV) 88 = Don't know 96= Other (Specify_____)	[___]
C7b. Settings where CHW usually provides FP services [Select all that apply] *[Interviewer: ask the CHW to list the various settings where he or she provides family planning services and products to clients, including health facilities and in the community. You can probe on the specific options listed here.]* 01 = In the community- client's homes 02 = In the community- community venues/ outreach events 03 = Health facility 04 = In the CHW's home 96 = Other (specify_____) 88 = Don't know 99 = Refused/ No response	[___]
C9. Managing authority for CHW. **Select all that apply.** 01 = Government/ public → **Skip to C11** 02 = Private 88 = Don't know 99= Refused/ No response **--> Skip to C11**	[___|___]
C10. Private CHW type. **Select all that apply.** 1 = Non-governmental organization (NGO) 2 = Faith-based organization 3 = Community Based Organization (CBO) 4 = For-profit organization 96 = Other (**specify**) [_____] 88 = Don't know 99= Refused/ No response	[___|___]
C11. Name(s) of CHW, including alternate names *Ask the CHW to confirm his/her name and any other names that he or she is known by in the community. Read aloud the names listed here and ask the CHW if there are any others. If the CHW refuses to provide his/her name and no name was obtained in Round 1, then record "name unknown".]* [_____]	
B2. **DO NOT READ, confirm through observation**: Is respondent male or female? 0 = Male 1 = Female	[___]
E2a. DO NOT READ, confirm through observation: Physical description of the CHW *[Interviewer: if necessary, update description of the CHW based on your observation. Make notes about his/her appearance such as height, weight, facial features, etc.]*	
C13. Survey round *(captured automatically)* 2 = Round 2	[___]

C15. Name(s) of outlet with which CHW is affiliated
[Ask the CHW which outlet she/he is affiliated with and confirm this against the outlet(s) listed in Round 1. Multiple outlets may be recorded. Enter 'Not applicable' if the CHW is not affiliated with an outlet. if new outlets are added, ask and indicate whether each one is a change in affiliation since the last survey or whether it is a correction.]
[_____]

C15b. Location(s) of outlet with which CHW is affiliated *[Ask the CHW the name of the village, neighborhood or community that the outlet to which she/he is linked is located. If there are multiple outlets, specify the location of each one. Enter 'Not applicable' if the CHW is not affiliated with an outlet]*
[_____]

Scf. Do you provide family planning products or services to clients in the community? **PROBE**: these can be products or services that you provide to clients for free or for sale.	1 = Yes → **Continue to Cnf1a** 0 = No → **Skip to Section E to end the interview** 88 = Don't know à **Continue to Cnf1a** 99 = Refused/ no response à **Continue to Cnf1a** [_____]
[Interviewer: take the CHW through the informed consent procedure.] Cnf1a. Did the CHW provide consent to participate in the study?	1 = Yes → **Continue to Section 2** 0 = No → **Skip to section E to end the interview** [_____]

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

Section 2: Family Planning Product Audit [*Interviewer completes this only for CHWs with at least one FP method besides condom in stock today.*]

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* [___]

[*Interviewer 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. Please do not show me products which you have as samples used for providing FP counseling to clients.

A0. Do you currently have any of the following?

1 = Yes → **Continue to instructions below and then to A1**
0 = No → **Skip to A8**
88 = Don't know → **Skip to A8**
99= Refused/ No response → **Skip to A8**

Prompt entire list using family planning prompt card; No response to be recorded. If the CHW has no family planning products in stock, then go to Section 3.

- 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*

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

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

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

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

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

> - *The fourth pile should contain of one of each brand of all contraceptive implants and IUDs available with the CHW. If vaginal birth control rings are available, include in this pile. Use the FP Insertion Audit Sheet to record.*
>
> *2. Number <u>each family planning product</u> brand by assigning a Product Number (starting from 1 for FP Non-Drugs, again from 1 for Tablets and so on).*
>
> *3. IMPORTANT- FOR THOSE COMPLETING BY PAPER IN CASE OF MOBILE DEVICE FAILURE: If additional audit sheets are used, add these sheets after the ones provided and staple the questionnaire again. All pages should be in order before you move onto the next CHW. Number <u>each audit sheet used</u> in the spaces provided at the bottom of the page.*
>
> All Continue to A1.

Read the following question to the respondent. A1. Do you keep records of family planning products you sell and/or services you provide? 1 = Yes 0 = No 88 = Don't know 99= Refused/ No response *[Instruction to interviewer: If records are available, ask the respondent to obtain and refer to them during the audit interview. If allowed to view the records, cross-check answers given for "number sold/distributed" for all products and services. If figures for audit sheets given by the respondent and the records are not the same, ask the respondent the reasons for discrepancies and which is more accurate, then make a comment in the "comments" section for the relevant brand/product. Record the one indicated by the respondent as being more accurate.]* *[IMPORTANT NOTE: If the CHW works both in a facility and in the community, as determined earlier in the interview, ask her to provide data only for community services, if possible. Make some notes in the comments section about this.]*	[___]
SurveyCTO Programming: For outlets which said that they provide service in a health facility and in the community, based on C7b: *A1a.* Do you usually combine the data from FP services that you provide to clients in a health facility with the data from services that you provide in the community? **[PROBE: this includes when you report data about total number of FP products and services provided to clients or data about product stock-out.]** 1 = Yes, I combine the data 0 = No, I do not combine the data 88 = Don't know 99 = Refused/ No response	[___]
A1b. I will be asking you questions about number of different FP products and services you have sold or distributed to clients in the community in the last one month. Will you be reporting data from your services in the community only or data that combines your services in the community with those in a health facility? **PROBE**: Data from your community services only would be helpful but I can also accept combined data if that is what you have available. 1 = Data from community services alone 2 = Data combining community services and services provided in the facility 88 = Don't know 99 = Refused/ No response	

Continue to product audit section if there are products available today. Otherwise, skip to A8. **SurveyCTO Programming: Note relevance to A0. If the answer to A0 was "no", "don't know" or "no response", then skip to A8.**	

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

ND1. Non-drug type 1 = Male condom 2 = Female condom 3 = CycleBeads 4 = Diaphragm [___]	ND2. Brand name [___] *96 = Other (specify)* **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.	
ND6a. Total amount sold/distributed in the last 1 month **to individual consumers.** This CHW sold/distributed [___|___|___|___] **packages** in the last 1 month. *9999 = Refused* *8888 = Don't know* **ND6c. Source of information** [___] *0 = Provider recall* *1 = CHW records*	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 response à Skip to question ND8 [___] **ND7a-c. Duration of stockout** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. 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 a. [___|___] **packages** cost an individual client b. [___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*		ND9. Wholesale purchase price for the **most recent wholesale purchase** (*Refer to package size described in* ND5) a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___]KES *0 = Free* *9999 = Refused* *8888 = Don't know* **ND9c. Supplier** *(Ask provider)* **From where did you get your most recent wholesale purchase/supply?** [___] *1 = Wholesale pharmacy* *2 = Retail pharmacy/chemist* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = Sales representative/ distributor* *7 = CHEW* *8 = Supermarket/ wholesale supermarket* *9 = pharmaceutical company* *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 CHW 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 patches 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* [___]	*96 = Other (Specify)* **TAB2a. Number of different package sizes** [___]	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 number 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 in each package **OR** Tablets of Emergency Pills/Patches/Foaming in each package.		This CHW sold/distributed [___|___|___|___] Blisters (Cycles) of oral contraceptive pills / 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)		
	Tab6c. Lowest Distribution: *For all products:* CHW distributes/sells [___|___|___] as the lowest number of *Blisters, Emergency Pills,Patches, Foaming tablets* to individual consumers.		**TAB7c. Source of information** [___] *0 = Provider recall* *1 = CHW records*

TAB8. Stocked out at any point in the past 3 months? [___]	TAB9. Retail selling price	TAB10. Wholesale purchase price for the most recent wholesale purchase	TAB10c. Supplier	TAB11a. Is the product expired?
1 = Yes *0 = No → **Skip to TAB9*** *88 = Don't know → **Skip to TAB9*** *99 =Refused / No response → **Skip to TAB9***	*(Record lowest number of distribution described in* Tab6c) a.[__|__|__]**Blisters/Emergency Pills/Patches/Foaming Tablets**	*(Record # of packages described in Tab6a)* a. [___|___|___|___]	*(Ask provider)* **From where did you get your most recent wholesale purchase/ supply?** *1 = Wholesale pharmacy* *2 = Retail pharmacy/chemist*	*1 = Yes* *0 = No* *88 = Don't know (expiration date not indicated on packaging)* [___]
TAB8a-c. Duration of stockout. Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know* *9999 = Refused*	cost an individual client b. [___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	**packages** cost b. [___|___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	*3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = Sales representative/ distributor* *7 = CHEW* *8 = Supermarket/ wholesale supermarket* *9 = pharmaceutical company* *96 = Other, specify: [_____]* *88 = Don't know* *99 = Refused / No response* [___]	**TAB11. Comments**

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

INJ1. Brand name *96 = Other (specify)* [___]	INJ2. Generic name A. _____ B. _____	INJ2a. Strength mg /INJ2b.Strength mL [__|__|__].[__|__] mg / [__].[__] mL [__|__|__].[__|__] mg / [__].[__] mL *8888 = Not indicated*		INJ3. Manufacturer [___] *95 = Not listed* *96 = Other (specify)*	INJ4. Country of Manufacture [___] *9666 = Other (specify)* *8888 = Country not listed*
INJ5. Package size There are a total of [___|___|___].[___] **mL** in each vial/ampoule. _____ INJ6. Package contents *Does package with vial/ampoule contain disposable needle for injection?* *1 = Yes* *0 = No* [___]	INJ7a. Total number sold/distributed in the last 1 month to individual consumers (*Record # of vials/ampoules described in* INJ5) This CHW sold/distributed [___|___|___|___] **Vials/ampoules** in the last 1 month. _____ *9999 = Refused* *8888 = Don't know* _____ INJ7c. Source of information *0 = Provider recall* *1 = CHW records* [___]	INJ8. Stocked out at any point in the past **3 months**? [___] *1 = Yes* *0 = No → Skip to INJ9* *88 = Don't know → Skip to INJ9* *99 = Refused / No response → Skip to INJ9* _____ INJ8a-c. Duration of stockout. Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know* *9999 = Refused*		INJ9. Do you perform injection services for this brand of injectable? *1 = Yes* *0 = No → Go to INJ11* *88 = Don't know à Go to INJ11* [___] _____ INJ9a. If yes, what is the total cost to have an injection, including product cost and service fee? [___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INJ10. How many injection procedures have you conducted in the last 1 month? (*PROBE: include only procedures for which the CHW used its own stock of products, not those for which clients brought in the product from outside.*) [___|___|___|___] *9999 = Refused* *8888 = Don't know* _____ INJ10a. Source of information *0 = Provider recall* *1 = CHW records* [___]
INJ11. Does the CHW provide this brand of injectable for clients to take away? *1 = Yes* *0 = No à Go to INJ12* *88 = Don't know à Go to INJ12* *99 = Refused / No response à Go to INJ12* [___] _____ INJ11b. If yes, what is cost of 1 vial/l/ampoule for an individual client to take away? [___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INJ11c. If yes, total number sold/distributed in the last 1 month to individual consumers to take away (*Record # of vials/ampoules described in* INJ5) [___][___][___] *9999 = Refused* *8888 = Don't know*	INJ12. Wholesale purchase price for your most recent wholesale purchase (*Record # of individual vials/ampoules even if sold in bundles*) a. [___|___|___|___] **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/chemist* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = Sales representative/ distributor* *7 = CHEW* *8 = Supermarket/ wholesale supermarket* *9 = pharmaceutical company* *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) [___]	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 number sold/distributed in the last 1 month **to individual consumers** This CHW sold/distributed [___|___|___] **packages** in the last 1 month. *9999 = Refused* *8888 = Don't know* **INS8c. Source of information** (for sales) *0 = Provider recall* *1 = CHW records* [___][___]	INS9. Stocked out at any point in the **past 3 months?** 1 = Yes 0 = No à *Skip to INS10* 88 = Don't know → *Skip to INS10* 99 = Refused/ No response → *Skip to INS10* [___] **INS9a-c. Duration of stockout.** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *8888 = Don't know* *9999 = Refused*	INS10. Do you or other staff perform insertion services for this brand? *1 = Yes* *0 = No à Go to INS12a* *88 = Don't know → Go to INS12a* [___] **INS10a. If yes, what is the total cost to have this brand inserted, including product cost and service fee?** [___|___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INS11. How many insertion procedures have been conducted in the last 1 month? (*PROBE: include only procedures for which the CHW you're her own stock of products, not those for which clients brought in the product from outside.)* [___|___|___|___] *9999 = Refused* *8888 = Don't know* **INS11a. Source of information** *0 = Provider recall* *1 = CHW records* [___]

INS12a. Do you provide this brand of implant/IUD for clients **to take away** for insertion procedures **somewhere else?** [___] *1 = Yes* *0 = No → Go to INS13* *88 = Don't know → Go to INS13* *99 = Refused / No response → Go to INS13* **INS12b. If yes, what is cost of 1 implant/IUD for an individual client to take away?** [___|___|___|___] KES *0 = Free* *9999 = Refused* *8888 = Don't know*	INS12c. If yes, **total number 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 your most recent wholesale purchase/supply 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/chemist* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = Sales representative/ distributor* *7 = CHEW* *8 = Supermarket/ wholesale supermarket* *9 = pharmaceutical company* *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**

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

Section 4: Background Information about the CHW and Service Availability

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

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

B8. How many days in a week do you provide family planning products and services, other than condoms, to people in the community? *Enter a number between 1 and 7. Enter 1 if services are available less frequently than every week. Enter 8888 for don't know. Enter 9999 for refused.*	[___]
B9. On average, how many FP clients do you see each week, excluding those seeking only condoms? **[PROBE: this is inclusive of clients who only come FP counseling and leave without receiving any FP product or service.]** *Enter 8888 for don't know. Enter 9999 for refused.*	[___]
B12. Do you conduct family planning community outreach in which you provide FP services and products to community members? [**PROBE:** Community outreach events include services that you provide in the community to large groups of clients. I am interested in only those where you provide FP services or FP products to clients and not those where you provide only education or counseling.] 1 = Yes 0 = No → **Skip to B15a** 88 = Don't know → **Skip to B15a** 99 = Refused/ No response → **Skip to B15a**	[___]
B13. How many times in the last month did you conduct family planning community outreach events? **[PROBE: I am only interested in those where you provided FP products or services to clients]** 8888 = Don't know 9999 = Refused	[___]
B15a. Do you receive FP support, supervision, or supplies from any facility which provides FP services and products to clients? **PROBE: This could be receiving support, supervision or supplies directly from the facility or indirectly through a Community Health Officer- CHO** 1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response	[___]
B15b. Do you report data about the family planning services that you provide to clients in the community to any health facility? in the community to any health facility? 1 = Yes 0 = No → **Skip to B18** 88 = Don't know → **Skip to B18** 99 = Refused/ no response → **Skip to B18**	[___]
B15c. What is the name of the health facility to which you report these data? **[PROBE: If there is more than one facility, please provide the names of them all.]** i [_____]	

ii [_____]	
iii [_____]	
B20. Have you received any training on family planning in the last 3 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 of training you received most recently. 1 = Yes (Specify_____) 0 = No 88 = Don't know 99 = Refused/ No response	[___]

Section 5: Service Provider Module [*Interviewer completes this section for <u>all CHWs that provide injections; implant or IUD insertions; or implant or IUD removals</u>]* *This section is about provider training, credentials and equipment for all family planning services.*	
S8. Do your own responsibilities include providing any of the following? ***Read each procedure from the following and record response:***	1 = Yes 0 = No 88 = Don't know 99= Refused/ No response
S8a. Contraceptive injections S8b. Implant insertion procedures S8c. implant removal procedures S8d. IUD insertion procedures S8e. IUD removal procedures	[___] [___] [___] [___] [___]
S9. Have you received any training in the last 3 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.*** S9a. Contraceptive Injections S9b. Implant insertions S9c. Implant removals S9d. IUD insertions S9e. IUD removals	1= Yes 0 = No 88 = Don't know 99= Refused/ No response [___] [___] [___] [___] [___]
S11. Do FP clients need to pay any fees in order to see by you even if they do not obtain a method of contraception? **PROBE: These may be consultation or registration fees**. 1= Yes 0 = No → *Go to S12* 88 = Don't know → **Go to S12** 99= Refused/ No response → **Go to S12**	[___]
S11a. Have these fees increased, decreased or stayed the same in the last 3 months? 1 = Fees have increased 2 = Fees have decreased 0 = Fees have remained the same 88 = Don't know 99 = Refused/ no response	
S12. Do clients seeking other health services besides FP need to pay similar consultation or registration fees even if they do not obtain a product or service from you? 1 = Yes 0 = No 88 = Don't know	[___]

99 = Refused/ No response	
S13a. *For those who indicated that they offer injections in Question S8* 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 S8* If a woman came to you today, could she receive a contraceptive injection from you if she were eligible to receive the procedure? Interviewer: If the interview is being conducted late in the day, please clarify that the question is about ability to provide service earlier on that day 1 = Yes → *Skip* S14 0 = No 88 = Don't know → *Skip* S14 99 = Refused/ No response → *Skip* S14	[___]
S14. Why would a woman be unable to receive an injection today from you? *Record all that apply.* 88 **for don't know,** 99 **for refused/ no response.** ! = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 96 = Other, *specify:* [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___]
S15. **For those who indicated that they offer implant insertions in Question S8** If a woman came to you today, could she receive a contraceptive implant insertion procedure from you if she were eligible to receive the procedure? Interviewer: If the interview is being conducted late in the day, please clarify that the question is about ability to provide service earlier on that day 1 = Yes → **Skip S16** 0 = No 88 = Don't know → **Skip S16** 99= Refused/ No response → **Skip S16**	[___]
S16. Why would a woman be unable to receive an implant insertion procedure from you today? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response.** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for insertion of implants not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___] [___]
S17. **For those who indicated that they offer implant removals in Question S8** If a woman came to you today, could she receive an implant removal procedure from you if she were eligible to receive the procedure? Interviewer: If the interview is being conducted late in the day, please clarify that the question is about ability to provide service earlier on that day 1 = Yes → **Skip S18**	[___]

0 = No 88 = Don't know → **Skip S18** 99 = Refused/ No response → **Skip S18**	
S18. Why would a woman be unable to receive an implant removal procedure from you today? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response**. 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for removal of implants not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___]
S19. **For those who indicated that they offer IUD insertions in Question S8** If a woman came to you today, could she receive an IUD insertion procedure from you if she were eligible to receive the procedure? Interviewer: If the interview is being conducted late in the day, please clarify that the question is about ability to provide service earlier on that day 1 = Yes → **Skip S20** 0 = No 88 = Don't know → **Skip S20** 99 = Refused/ No response → **Skip S20**	[___]
S20. Why would a woman be unable to receive an IUD insertion procedure today from you? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for insertion of IUDs not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___]
S21. **For those who indicated that they offer IUD removals in Question S8** If a woman came to you today, could she receive an IUD removal procedure from you if she were eligible to receive the procedure? Interviewer: If the interview is being conducted late in the day, please clarify that the question is about ability to provide service earlier on that day 1 = Yes → **Skip S22** 0 = No 88 = Don't know → **Skip S22** 99 = Refused/ No response → **Skip S22**	[___]
S22. Why would a woman be unable to receive an IUD removal procedure today from you? **Record all that apply. Enter 88 for don't know, 99 for refused/ no response** 1 = Service not offered today 3 = Product not available today 4 = Equipment not available/non-functional today 5 = Room for removal of IUDs not available today 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___]

Interviewer: Proceed to Section E to end the interview

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

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

[_____]

If no phone number, write N/A
If refused, write 999
Record multiple numbers, if available

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

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

Latitude: [_____]

Longitude: [_____]

Accuracy: [_____]

E7. Is this the first, second or third visit to this CHW?	E8. In what language was this interview conducted primarily?
1= Visit 1 2 = Visit 2 3 = Visit 3 [_____]	0 = English 1 = Kiswahili 2 = Kikuyu 4 = Luo 5 = Mijikenda [_____]

E9. Result of final visit

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

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 = 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)**