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

[Interviewer: Check that you are at the right outlet before you begin entering information on a form. Once the Outlet 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 or that have changed. If you are at a sub-outlet that was not interviewed in round 1, then complete a new form with a new outlet ID. If you need to speak to someone at the outlet to get any of the identification information, then read the introductory script below before asking your questions.]

Hello, my name is _____. I work on behalf of Population Services Kenya. About 3-4 months ago, we visited your outlet and invited you to participate in a study about the availability of family planning products and services. The results of the study will be used to improve the availability of modern family planning methods in this local community. I am back today for a follow-up interview. I would like to ask some questions about your facility.

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)
05 = Pharmacy/ Chemist
06 = Dispensary
07 = Youth Friendly Centre
08 = Diagnostics Lab (*lab only*)
96 = Other (*specify*) [_____]

C8_pre. DON'T READ: Does this outlet have multiple departments?	1 = Yes
	0 = No -> **Skip to C9**

1

C8. Which departments or clinics exist within this outlet? [**SELECT ALL THAT APPLY**] **SurveyCTO Programing: sub-outlet code should be main outlet code with the appropriate sub-outlet suffix code (i.e., A though J) included at the end.** [*Interviewer: look around the outlet or ask the outlet staff to tell you which departments the outlet has. If there is no sub-outlet, then select 'Not applicable'. Select all that apply.*] A = Family Planning Clinic/Consultant/ RH clinic B = Pharmacy / Chemist C = Antenatal/Maternal Child Health Family Planning (MCHFP) D = Maternity postnatal ward/ Female 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	
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"]* [_____]	
C11b. Alternate name(s) of outlet *[Ask someone in the outlet to provide the names and descriptions often used by clients and others in the community to refer to the outlet.]* [_____]	
A2. DO NOT READ. Sub-outlet for which this audit is being completed. *[You should start with the Family Planning Clinic first. Interviews with the Pharmacy or Dispensary should only take place after all other departments have been visited].* *[Click the new suboutlet type below]* a = Family Planning Clinic/Consultant/ RH clinic b = Pharmacy / Chemist c = Antenatal/Maternal Child Health Family Planning (MCHFP) d = Maternity postnatal ward/ Female 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)* 2= Round 2	[____]
C15_interview. Was this outlet interviewed in Round 1?1 = Yes -> Go to Section 2a 0 = No -> Go to Section 2	[____]

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

Step 1: Proceed to the FP clinic or MCHFP clinic first and complete a full questionnaire there. If both of these clinic types exists, then complete a full questionnaire at each one. When interviewing each clinic, ask for information about that clinic specifically and not about the whole outlet. At the first clinic, ask what other departments in the outlet offer FP products and services to clients.

Step 2: Proceed to each of the other relevant sub-outlets (i.e., those selected in question C8 which are expected to offer FP products/services) except the pharmacy/chemist and complete only Sections 1, 2/2a, 3, and E. Please note that only sub-outlets determined to be eligible in Section 2 or 2a will proceed to Section 3. Section 2a should be completed only for Sub-outlets which were screened in Round 1. Section 2 should be completed only for sub-outlets which were not screened in Round 1.

Step 3: Proceed to the pharmacy/chemist. Without recording anything, ask someone there whether they dispense or distribute drugs or products directly to individual clients (this can be to either internal or external clients). If the pharmacy/chemist does not dispense directly to individual clients, then do not fill out a questionnaire. If they dispense directly to individual clients, then complete only Sections 1, 2/2a, 3, and E. Please note that the pharmacy/chemist will proceed to Section 3 only if it is determined to be eligible in Section 2 or 2a. Section 2a should be completed only if the pharmacy/ chemist was screened in Round 1. Section 2 should be completed only if the pharmacy/chemist was not screened in Round 1.

[**IMPORTANT NOTE: Each respondent in each sub-outlet must be consented. For sub-outlets screened in Round 1, a repeat consent is needed for each respondent. For sub-outlets which were not screened in Round 1, the owner/person in charge consent is needed in addition to consent for any respondent. There may be only one owner/ person in charge for the whole outlet.]

Section 2a: Re-screening for survey eligibility & consent for outlets interviewed in Round 1

[Interviewer completes this section for only outlets which were screened and interviewed in Round 1.]

[Interviewer: read the introductory script below. If the respondent refuses to speak to you or to answer any questions, then proceed to section E and record refusal as visit result.]

INTRODUCTION

Hello, my name is _____. I work on behalf of Population Services Kenya. About 3-4 months ago, we visited your facility and invited you to participate in a study about the availability of family planning products and services. We mentioned that the results of the study will be used to improve the availability of modern family planning methods in this local community. [**NAME OF RESPONDENT WHO GAVE CONSENT AS PERSON IN CHARGE**] agreed to take part in the study and we collected some information about your outlet and the products and services that it has available. We indicated that we would be back in a few 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 your outlet since we were here last.

scfo. 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* [____]
Scf. Do you have any family planning products or services available to clients at this location today or have you had them available anytime in the past 3 months? **PROBE**: these can be products or services that you provide to clients for free or for sale. Products include condoms, oral contraceptive pills, emergency contraceptive pills, injections, implants and IUDs. Services include giving contraceptive injections like depo, inserting implants and inserting IUDs. *[Interviewer: Select "yes" if the outlet has had FP products or services anytime in the past 3 months (including today), even if the outlet does not intend to continue providing FP products and services in the future.]*	1 = Yes -> **Continue to Cnf1_pre** 0 = No -> **Skip to Section E to end the interview** 88 = Don't know -> **Continue to Cnf1_pre** 99 = Refused/ No response -> **Continue to Cnf1_pre** [____]
Cnf1_pre. The last time we were here, we spoke to [**NAME OF STAFF MEMBER WHO CONSENTED AS MOST SENIOR STAFF MEMBER IN ROUND 1**]. I would like to speak to him/her again today. Is he/she available? **SurveyCTO Programming: pull name from Cn2_name.**	1 = Yes -> **ask to speak with the named respondent and seek consent from him/her, continue to Cnf1** 0 = No -> **Skip to Cnf2_pre** 88 = Don't know -> **Skip to Cnf2_pre** 99 = Refused/ No response -> **Skip to Cnf2_pre** [____]
Cnf1. **DO NOT READ**: Did the most senior staff member from Round 1 consent to be interviewed?	1 = Yes **-> Skip to Section 3** 0 = No -> **Continue to Cnf2_pre if the outlet provides services and sterilizations and if the person who completed the services and sterilizations interview is different from the most senior staff member interviewed in Round 1. Otherwise, skip to Cnf3_pre.** [____]

Cnf2_pre. We also spoke to [**NAME OF STAFF MEMBER WHO CAN PERFORM SERVICES or NAME OF STAFF MEMBER WHO CAN PERFORM STERILIZATIONS FROM ROUND 1**]. I would like to speak to him/her again today. Is he/she available? **SurveyCTO Programming: pull name from s2cn_name if the outlet provides services and the person who completed the Services Section in the Round 1 interview is not the person who consented as the most senior staff member. If the outlet doesn't provide services, then pull name from ST.Cn(name) if the outlet provides sterilizations and the person who completed the sterilization Section in the Round 1 interview is not the person who consented as the most senior staff member.**	1 = Yes -> **ask to speak with the named respondent and seek consent from him/her, continue to Cnf2** 0 = No -> **Skip to Cnf3_pre** 88 = Don't know -> **Skip to Cnf3_pre** 99 = Refused/ No response -> **Skip to Cnf3_pre** [____]
Cnf2. **DO NOT READ**: Did the service provider from Round 1 consent to be interviewed?	1 = Yes **-> Skip to Section 3** 0 = No -> **Continue to Cnf3_pre** [____]
[Continue speaking to the current respondent] Cnf3_pre. Is there another staff member, including yourself, 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 Cnf3** 0 = No **-> Proceed to Section E to end the interview and make a note of another time when you can come back, if applicable.** [____]
Cnf3. *DO NOT READ:* Did the other staff member who is knowledgeable about family planning products and services provide consent to be interviewed?	1 = Yes **-> Continue to Cnf3_name** 0 = No **-> Proceed to Section E to end the interview and make a note of another time when you can come back, if applicable.** [____]
Cnf3_name. **DO NOT READ:** Name of person who consented as other staff member *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]*	[_____] **Proceed to Cnf3_position**
Cnf3_position. **DO NOT READ:** Position of person who consented as other staff person *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 96 = Other [Specify____] 99 = Refused / No response [____] *Continue to Bf2*
Bf2. **_DON'T READ_**: Is respondent male or female? 0 = Male 1 = Female	[____]

Bf3. What age are you today? ***Write age in years*** 8888 = Don't know 9999= Refused/ No response	[___]
Bf4. 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	[___]
Bf6. What month and year did you first begin working at this outlet? a. Month began working at this outlet b. Year began working at this outlet 8888 = Don't know 9999 = Refused	|___|___\] [___|___|___|___\]
Bf20. Have you received any training on family planning in the last 12 months? **PROBE: this includes pre-service training, stand-alone workshops. And on-the-job training. Pre-service training is an educational training completed before receiving qualification.** 1= Yes 0 = No -> **Skip to Section 3** 88 = Don't know -> **Skip to Section 3** 99 = Refused/ No response -> **Skip to Section 3**	[___]
Bf20b. Please tell me briefly what type(s) of training you received. [_____]	**Skip to Section 3**

Section 2: Screening for Survey Eligibility and consent for outlets not interviewed in Round 1

[Interviewer completes this section for outlets which were not screened in Round 1 and those which were screened in Round 1 and found eligible but did not complete any other portion of the interview beyond screening.]

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

INTRODUCTORY SCRIPT FOR OUTLETS NOT SCREENED IN ROUND 1 (E.G., REFUSALS AND NOT REACHED):
Hello, my name is _____. I work on behalf of 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 outlet could be part of the survey. If this outlet is eligible for the survey, then I will take you through a consent process to provide you more information about the study.

sc0. Don't read: Did the respondent agree for you to ask screening questions? [If the respondent refuses to answer any questions, then proceed to section E and record refusal as visit result	1= Yes 2 = No/ No response / Refused -> Skip to section E 3 = Not reached / Not available -> Skip to section E [____]
Sc1. Do you have any male or female condoms available 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 knowto 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 -> ***Proceed to Cn1 to gain consent if responded yes to at least one*** 0 = No -> ***Skip to Sc7 if respond no to all*** 88 = Don't know -> ***Skip to Sc7 of respond no 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.*** *[For public hospitals/ health centers/nursing homes/ dispensaries only: when interviewing all sub-outlets except pharmacy/ chemist, note that products may be stocked out in the sub-outlet but be available in the pharmacy/chemist. Please only record products here which are stocked out in both places. You may ask the respondent to contact the pharmacy/ chemist to verify product availability.]*	1 = Yes. ***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. ***Record one product and number of days, weeks, and/or months per line*** a. Product name b. Months c. Weeks d. Days [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____] [_____][_____] [_____] [_____]	5c5a 88 = Don't know 99 = Refused 5c5b – 5c5d 8888 = Don't know 9999 = Refused
Sc7. Do you currently provide any of the following family planning services 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, outlet not eligible. Proceed to Section E, Question E6 to end the interview
	88 = Don't know -> *if responded don't know to all options, outlet not eligible. Proceed to Section E, Question E6 to end the interview*
	99 = Refused/ No response -> *if refused or gave no response to all options, outlet not eligible. Proceed to Section E, Question E6 to end the interview*
a. Administration of injectable contraceptives b. Insertion of contraceptive implants c. Removal of contraceptive implants d. Insertion of contraceptive IUDs e. Removal of contraceptive IUDs f. Female sterilizations g. Male sterilizations	[___] [___] [___] [___] [___] [___] [___]
[Interviewer: tell the respondent that the outlet or sub-outlet is eligible to participate in the study but that you must first get consent from the owner or person in charge before proceeding with the rest of the interview. If the respondent indicates that he or she is not the owner or person in charge, ask to speak with the owner or the person in charge. If the owner or person in charge is not present, ask the respondent whether he or she can be contacted by telephone. If the owner or person in charge is reached in person or on the phone, then introduce yourself, proceed with the informed consent procedure, and make note of whether consent was received or not in the next field/question. If the owner or person in charge cannot be reached, then ask the respondent the best time for you to come back for a second attempt and make note of this in Section E.] Cn1. **DO NOT READ:** Did the owner or person in charge provide consent for the outlet or sub-outlet to be included in this survey round?	1 = Yes -> **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 *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]*	[_____]
Cn1_position. **DO NOT READ:** Position of person who consented as owner or person in charge *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 99 = Refused / No response [___]
[Continue speaking to the owner/ person in charge]	1 = Yes *-> If responded YES to Sc2, then proceed to section 3. If responded YES to Sc3, then*

Cn2_pre1. Are you the most senior staff person who is knowledgeable about family planning products and services provided at this outlet?	*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 *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]*	[_____] **Proceed to Cn2_position**
Cn2_position. **DO NOT READ: Job title/**position of person who consented as senior staff person *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 96 = Other [Specify____] 99 = Refused / No response [____] *If responded YES to Sc2, then proceed to section 3. If responded YES to Sc3, then go to Sc4. If responded YES to Sc7, then proceed to Section 4*

Cn3_pre1: Is there another staff member that is knowledgeable about family planning products and services provided at this outlet who is available to speak with me today?	1 = 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. *DO NOT READ:* Name of person who consented as 'other staff member' *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]*	[_____] **Proceed to Cn3_position**
Cn3_position. *DO NOT READ:* Position of person who consented as other staff member *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 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 section for all outlets*]

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.

A0. Do you currently have any of the following?
[Interviewer, select no if the outlet has no product available]

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

1. 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 each audit sheet used in the spaces provided at the bottom of the page.

4. Read the following question to the respondent. A1. Do you keep facility-level records of family planning products sold and/or services provided? 1 = Yes -> *Interviewer see instructions below.* 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 "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.]* **SurveyCTO Programming / Interviewer: Continue to A6_pre if a pharmacy/chemist within an outlet, skip to A10 if a sub-outlet other than pharmacy/chemist; Skip to product audit section if not a sub-outlet.**	[___]
SurveyCTO Programming: For sub-outlet pharmacy/chemist only *A6_pre.* Do you dispense family planning products to individual clients? **(PROBE: this includes clients who are patients within this outlet and those who are not.)** 1 = Yes -> **continue to A10** 0 = No -> **Skip to Section E to end the interview** 88 = Don't know -> **Skip to Section E to end the interview** 99= Refused/ No response -> **Skip to Section E to end the interview**	[___]
A10. Do you report data to another department within this outlet about family planning products and services that you provide in your department? 1 = Yes -> **Continue to A11** 0 = No **-> Skip to A12** 88 = Don't know **-> Skip to A12** 99= Refused/ No response **-> Skip to A12**	

A11. To which department(s) do you report data? [**PROBE**: You may name multiple departments] [**SurveyCTO programming: show the list of Sub-outlets available in that outlet**] *[Interviewer: Do not read response options. Listen to the answer and select the appropriate response options.]* a = Family Planning Clinic /Consultant /RH clinic b = Pharmacy / chemist c = Antenatal/Maternal Child Health Family Planning (MCHFP) d = Maternity postnatal ward/ Female ward e = HIV Clinic (CCC) f = Youth Friendly Center g = Outpatient Department h = Laboratory J = Other (SurveyCTO: populate name)	1 = Yes 0 = No 88 = Don't know 95 = Not applicable [___] [___] [___] [___] [___] [___] [___] [___] [___]
A12. Does your department collect data about family planning products and services that are provided in other departments? 1 = Yes -> **Continue to A13** 0 = No -> **Skip to product audit** 88 = Don't know -> **Skip to product audit** 99= Refused/ No response -> **Skip to Product audit**	[___]
A13. From which department(s) do you collect data? [**PROBE**: You may name multiple departments] [**SurveyCTO programming: show the list of Sub-outlets available in the outlet**] *[Interviewer: Do not read response options. Listen to the answer and select the appropriate response options.]* a = Family Planning Clinic /Consultant /RH clinic b = Pharmacy / chemist c = Antenatal/Maternal Child Health Family Planning (MCHFP) d = Maternity postnatal ward/ Female ward e = HIV Clinic (CCC) f = Youth Friendly Center g = Outpatient Department h = Laboratory J = Other **(SurveyCTO: populate name)** *Continue to product audit*	1= Yes 0= No 88 = Don't know 95 = Not applicable [___] [___] [___] [___] [___] [___] [___] [___] [___]

[Important note: When completing product audit for a sub-outlet, please ask respondents to verify stockout information and wholesale purchase price directly with the pharmacy/chemist or other department that may distribute products to the sub-outlet being interviewed.]

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) ___ **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 number sold/distributed in the last 1 month to individual consumers. This outlet sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know _____ **ND6b. Total number sold/distributed in the last 1 month to others who are not individual consumers (this includes providers and distributors who may purchase/obtain large quantities of the product at once)** This outlet sold/distributed [___|___|___|___] **packages** in the last 1 month. 9999 = Refused 8888 = Don't know _____ **ND6c. Source of information** 0 = Provider recall 1 = Outlet records [___]	ND7. Stocked out at any point in the past 3 months? 1 = Yes 0 = No -> Skip to ND8 88 = Don't know -> Skip to ND8 99 – Refused / No response -> Skip to ND8 [___] _____ **ND7a-c. Duration of stockout** Enter number of months, weeks and/or days. *(Prompt: this is the combined total of all stockouts in past 3 months. 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 outlet's most recent wholesale purchase a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know **ND9c. Supplier** *(Ask provider)* From where did you get your most recent wholesale purchase/supply? [___] 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = Supermarket/ wholesale supermarket 7= Sales representative/ distributor 8= pharmaceutical company 9 = Outlet's Head office 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ no response	ND10a. Is the product expired? 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) [___] **ND10. Comments**

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

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

TAB1. Tablet type	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*	[___] 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 [___] *95= Not listed* *96 = Other (specify)* _____	TAB6a. Package size *(Record number per package)* There are a total of [___|___|___] Blisters (Cycles) of oral contraceptive pills per package **OR** Tablets of Emergency Pills/Patches/Foaming in each package.	TAB7a. Total number sold/distributed in the last 1 month <u>to individual consumers</u> This outlet sold/distributed [___|___|___|___] Blisters of OCP/ pills of Emergency contraceptive/ foaming tablets/ patches in the <u>last 1 month</u>. *9999 = Refused* *8888 = Don't know*
TAB5. Country of Manufacture [___] *9666 = Other (specify)* *8888 = Country not listed* *If country not listed, write: not listed*	**Tab6b. Cycle size** *For oral contraceptive pills only:* There are a total of [___|___] Oral contraceptive pills in each blister (cycle)	**TAB7b. Total number sold /distributed in the last 1 month <u>to others who are not individual clients</u> (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 <u>last 1 month</u>. *9999 = Refused* *8888 = Don't know*
TAB8. Stocked out at any point in the past <u>3 months</u>? [___] *1 = Yes* *0 = No -> **Skip to TAB9*** *88 = Don't know -> **Skip to TAB9*** *99 = Refused / No response -> **Skip to TAB9***	**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* [___]

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*	TAB9. Retail selling price *(Record lowest number of distribution described in* Tab6c*)(Record lowest number of distribution described in* Tab6c*)* a.[__|__|__]**Blisters/Emergency Pills/Patches/Foaming Tablets** b. cost an individual client [___|___|___|___] KES *0 = Free* *8888 = Don't know* *9999 = Refused*	TAB10. Wholesale purchase price for the outlet's most recent wholesale purchase *(Record # of packages described in* Tab6a*)* a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] KES *0 = Free* *8888 = Don't know* *9999 = Refused*	TAB10c. 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= Supermarket/ wholesale supermarket* *7 = Sales representative/ distributor* *8 = pharmaceutical company* *8 = Outlet's Head office* *96 = Other, specify: [_____]* *88 = Don't know* *99 = Refused / No response*	TAB11a. Is the product expired? [___] *1 = Yes* *0 = No* *88 = Don't know (expiration date not indicated on packaging)* **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.	INJ7a. Total number 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	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***	INJ9. Do you, or other staff, perform injection services for this brand of injectable at this outlet? [___] *1 = Yes* *0 = No -> **Go to INJ11*** *88 = Don't know -> **Go to INJ11***	INJ10. How many injection procedures have been conducted at this outlet 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.*) [___|___|___|___]
INJ6. Package contents *Does package with vial/ampoule contain disposable needle for injection?* *1 = Yes* *0 = No* [___]	INJ7b. Total number sold/distributed in the last 1 month **to others who are not individual consumers (this includes providers and distributers who may purchase/obtain large quantities of the product at once).** This outlet sold/distributed [___|___|___|___] **Vials/ampoules** in the last 1 month. 9999 = Refused 8888 = Don't know **INJ7c. Source of information** 0 = Provider recall 1 = Outlet records [___]	**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	**INJ9a. If yes, what is the total cost to have an injection, including product cost and service fee?** [___|___|___|___|___] KES 0 = Free 8888 = Don't know 9999 = Refused	9999 = Refused 8888 = Don't know **INJ10a. Source of information** 0 = Provider recall 1 = Outlet records [___]

INJ11. Does this outlet provide this brand of injectable for clients **to take away**? [___] 1 = Yes 0 = No **-> Go to INJ12** 88 = Don't know **-> Go to INJ12** 99 = Refused/ No response -> **Go to INJ12** _____ **INJ11b. If yes, what is cost of 1 vial for an individual client to take away?** [___|___|___|___] KES *0 = Free* *8888 = Don't know* *9999 = Refused*	INJ11c. If yes, total number sold/distributed in the last 1 month to individual consumers to take away [___][___][___] 8888 = Don't know 9999 = Refused	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 8888 = Don't know 9999 = Refused	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= Supermarket/ wholesale supermarket 7= Sales representative/ distributor 8= pharmaceutical company 9 = Outlet's Headquarter office 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 [___|___]

FP Insertion Audit Sheet (INS): Includes Implants, Rings, IUDs

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 outlet sold/distributed [___|___|___] **packages** in the last 1 month. 8888 = Don't know 9999 = Refused **INS8b. Total number sold/distributed in the last 1 month to others who are not individual consumers (this includes providers and distributers who may purchase/obtain large quantities of the product at once).** 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 -> Skip to INS10 88 = Don't know -> Skip to INS10 99 = Refused -> Skip to INS10 **INS9a-c. Duration of stockout.** Enter number of months, weeks and/or days. (Prompt: this is the combined total of all stockouts in past 3 months. If stocked out less than 1 day, record 1 day.) [___] a. Months [___] b. Weeks [___] c. Days 8888 = Don't know 9999 = Refused	INS10. Do you, or other staff, **perform insertion services for this brand at this outlet?**[___] 1 = Yes 0 = No -> **Go to INS12a** 88 = Don't know -> **Go to INS12a** **INS10a. If yes, what is the total cost to have this brand inserted, including product cost and service fee?** [___|___|___|___|___] KES 0 = Free 9999 = Refused 8888 = Don't know	INS11. How many insertion procedures have been conducted at this outlet 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 8888 = Don't know 9999 = Refused	INS12c. If yes, total number sold/distributed in the last 1 month to individual consumers **to take away?** [___][___][___] KES 8888 = Don't know 9999 = Refused	INS13. Wholesale purchase price for the outlet's most recent wholesale purchase a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___] KES 0 = Free 8888 = Don't know 9999 = Refused	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 = Supermarket/ wholesale supermarket 7 = Sales representative/ distributor 8 = Pharmaceutical company 9 = Outlet's Head office 96 = Other, specify: [_____] 88 = Don't know 99= Refused / No response	INS14a. Is the product expired? [___] 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on packaging) **INS14. Comments**

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

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 = FP clinic or MCHFP clinic.* *Skip to section E, if suboutlet ≠ FP clinic or MCHFP.* 88 = Don't know -> *Skip to section 4 if suboutlet type = FP clinic or MCHFP clinic.* *Skip to section E, if suboutlet ≠ FP clinic or MCHFP.* 99= Refused/ No response -> *Skip to section 4 if suboutlet type = FP clinic or MCHFP clinic.* *Skip to section E, if suboutlet ≠ FP clinic or MCHFP.* *E.* [___]
A9(pre). Do you know the names of the products that are out of stock today? Please list the names and tell me how many days, weeks and/or months each one has been out of stock for. If stocked out for less than 1 day, record 1 day. I will accept generic or brand names. *[Interviewer: record one product and number of days, weeks and or months per line.]*	1 = Yes -> Proceed to A9 0 = No 88 = Don't know/ Don't remember 99 = Refused/ No response [___] *Proceed to Section 4. If a suboutlet type other than FP clinic or MCHFP clinic, then Skip to Section E to end the interview.*
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. number of months] [c. number of weeks] [d. number of days] [_____]	8888 = Don't know 9999 = Refused / No Response

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

- Family Planning Clinic / Family Planning Consultant /Reproductive Health clinic -> **Continue to Section 4**
- Antenatal/Maternal Child Health Family Planning -> **Continue to Section 4**
- Maternity postnatal ward -> **Skip to Section E**
- HIV Clinic -> **Skip to Section E**
- Youth Friendly Center -> **Skip to Section E**
- Outpatient Department -> **Skip to Section E**
- Laboratory -> **Skip to Section E**
- Pharmacy/ Chemist -> **Skip to Section E**

- Other -> **Skip to Section E**

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

[Interviewer completes this section for all outlets, but some questions are relevant for only outlets which were not interviewed in Round 1.]

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. In an outlet with multiple departments, this section is to be completed only for the following clinic types: FP/RH/Antenatal/MCH/ICH.

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

SurveyCTO programming: For outlets interviewed in Round 1, ask only the following questions: B12, B13, B14, B15, B16, B17, B17a, B17b, B17c. Outlets being interviewed for the first time should be asked all questions.

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.]**	[___] 96 = Someone else
SurveyCTO Programming: For only outlets not interviewed in Round 1 B2. ***Don't read***: Is respondent male or female? 0 = Male 1 = Female	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B3. What age are you today? ***Write age in years*** 8888 = Don't know 9999 = Refused/ No response	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 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	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B5. What health qualifications do you have, if any?	

[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option from the list below. You may select more than one]	
1 = Medical doctor	[___]
2 = Clinical Officer	[___]
3 = Nurse / Midwife	[___]
4 = Medical Assistant/ Nursing Assistant/ Nurse Aid	[___]
5 = Pharmacist	[___]
6 = Pharmaceutical technologist/ technician	[___]
7 = Laboratory technologist/ technician	[___]
8 = Community Health Extension Worker/ Community health Volunteer	[___]
9 = Public Health Officer	[___]
96 = Other (specify_____)	[___]
0 = None	[___]
88 = Don't know	[___]
99 = Refused/ no response	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B6. What month and year did you first begin working at this outlet? a. Month began working at this outlet b. Year began working at this outlet ***Enter 8888 for don't know, 9999 for refused/no response***	|___|___| [___|___|___|___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B7. For how long has this outlet been providing family planning services or products other than condoms? **PROBE**: Think about how long it has been since the outlet 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	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B8. How many days in a week are family planning products/services, other than condoms, provided at this outlet? ***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.***	[___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B9. On average, how many FP clients does this outlet 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.*	
For the outlets/facilities which indicated that their managing authority is private in Question C9 B10. 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 [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B11. Does this outlet provide FP commodities to another outlet which provides FP services and products to clients? **[PROBE: The other outlet does not 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 outlet conduct family planning community outreach events? [**PROBE: Community outreach events include services that you provide in the community, outside of this outlet**] 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 outlet conduct family planning community outreach events? **Enter zero if no community outreach conducted in the last month.** 8888 = Don't know 9999 = Refused	[___]
B14 Does this outlet host family planning community outreach events? **[PROBE: this means that community outreach events are held within this outlet]** 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 outlet host family planning community outreach events? Enter **zero if no community outreach conducted in the last month.** 8888 = Don't know 9999 = Refused	[____]
B16. Does this outlet 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 outlet to provide family planning services? **PROBE**: Count only CHVs/CHEWs who receive supervision, support or supplies for family planning from this outlet. *[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 outlet. Record all of this information by hand on a separate piece of paper]* *Enter 8888 for don't know, 9999 for refused.*	[____]
B17a. Do the CHWs that are supported by this outlet report data about the family planning services that they provide in the community to this outlet? 1 = Yes 0 = No -> *Go to B18* 88 = Don't know -> *Go to B18* 99 = Refused/ No response -> *Go to B18*	[____]
B17b. Do you usually combine the data that you receive from CHWs with the data for this outlet in your records? **[PROBE: this includes when you report data about total number of FP products and services provided to clients]** 1 = Yes 0 = No -> *Go to B18* 88 = Don't know -> *Go to B18* 99 = Refused/ No response -> *Go to B18*	[____]
For all outlets where a product audit was completed B17c. When I asked about number of different FP products and services you have sold or distributed in the last one month, did you report data from this outlet only or data from this outlet combined with those from CHWs?	[____]

[*Interviewer: If the current respondent is not the same one who completed the product audit interview and this current respondent is not able to answer this question, then ask to speak with the previous respondent briefly to get an answer to this question*]. 1 = Data from this outlet alone 2 = Data from this outlet combined with those from CHWs 88 = Don't know 99 = Refused/ No response *95 =* Not Applicable. A product audit was not completed ***All continue to B18***	
SurveyCTO Programming: For only outlets not interviewed in Round 1 B18. Do you provide counseling to clients on which type of family planning methods to choose at this outlet? 1 = Yes 0 = No -> ***Go to B20*** 88 = Don't know -> ***Go to B20*** 99 = Refused/ No response -> ***Go to B20***	[____]
SurveyCTO Programming: For only outlets not interviewed in Round 1 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	[____]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B20. Have you received any training on family planning in the last 12 months? **PROBE: this includes pre-service training, stand-alone workshops. and on-the-job training. Pre-service training is an educational training completed before receiving qualification.** *[Interviewer: wait for response. If the response is yes, then ask]:* please tell me briefly what type(s) of training you received most recently. 1 = Yes (Specify_____) 0 = No 88 = Don't know 99 = Refused/ No response	[____]
SurveyCTO Programming: For only outlets not interviewed in Round 1 B21. Has any other current staff member at this outlet received any training on family planning in the last 12 months? *[Interviewer: select 'Not Applicable' if there is no other staff member at the outlet.]*	[____]

1 = Yes (Specify_____) 0 = No 88 = Don't know 95 = Not applicable 99 = Refused/ No response	
SurveyCTO Programming: For only outlets not interviewed in Round 1 B22. **DON'T READ**. Is there clear FP signage or branding showing availability of FP services and products, other than condoms, in the outlet? *This is an observation question, please look around in the outlet 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	[____] All continue to Section 5
SurveyCTO Programming: For only outlets not interviewed in Round 1 B23. Does this outlet 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 applies to both outlets which were interviewed in Round 1 and those which were not interviewed.]

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 possible. Completing the questions may require speaking with more than 1 staff member at the outlet. <u>In an outlet with multiple departments, this section is to be completed only for the following department types: FP clinic/consultant/ RH clinic and Antenatal/MCHFP clinic.]</u>

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 -> ***Skip to S8*** 0 = No -> ***Go to S2*** 88 = Don't know -> ***Go to S8*** 99 = Refused/ No response -> ***Skip to S8***	[___]
S2. Is the most senior staff member available today to speak with me? 1 = Yes -> **Ask to speak to the most senior staff member.** ***Obtain informed consent from the person if he or she is not a respondent from a previous section or from Round 1. 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.]**	[___] 96 = Someone else
S2Cn: Does 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. DO NOT READ. Name of person who consented *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name*	[_____] **Continue to s2cn_position**
s2cn_position. DO NOT READ. position of person who consented *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff

	99 = Refused / No response [___] **Continue to S3**
S3. What month and year did you first begin working at this outlet? a. Moth began working at this outlet *Enter 88 for don't know, 99 for refused* b. Year began working at this outlet *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. What health qualifications do you have, if any? *[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option from the list below. You may select more than one.]* 1 = Medical doctor 2 = Clinical Officer 3 = Nurse / Midwife 4 = Medical Assistant/ Nursing Assistant/ Nurse Aid 5 = Pharmacist 6 = Pharmaceutical Technologist/ Technician 7 = Laboratory technologist/ Technician 8 = Community Health Extension Worker / Community Health Volunteer 9= Public Health officer 96 = Other (specify_____) 0 = None 88 = Don't know 99 = Refused/ no response	 [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]
S7. **DON'T READ**: Is respondent male or female? 0 = Male 1 = Female	[___]

S8. Do your own responsibilities at this outlet include providing any of the following? ***Read each procedure from the following and record response***	1 = Yes 0 = No 88 = Don't know 99 = Refused / No response
S8a. Contraceptive injections S8b. Implant insertion procedures S8c. implant removal procedures S8d. IUD insertion procedures S8e. IUD removal procedures	[___] [___] [___] [___] [___]
S9. Have you received any training in the last **12 months** that included a component on performing contraceptive injections, implant insertions, implant removals, IUD insertions and/or IUD removals? **PROBE: this includes pre-service training, stand-alone workshops, and on-the-job training. Pre-service training is an educational training completed before receiving qualification.** ***Ask for and record response for each method. Enter 88 for don't know,* 99 for refused/ no response** S9a. Contraceptive Injections S9b. Implant insertions S9c. Implant removals S9d. IUD insertions S9e. IUD removals	1 = Yes 0 = No -> **Skip to s10** 88 = Don't know -> **Skip to s10** 99= Refused/ no response -> **Skip to s10** [___] [___] [___] [___] [___]
S9_2. Did you receive that training in the last 3 months? **[SurveyCTO Programming: show the service(s) for which the respondent answered "yes" in the previous question for probing here.]** *[Interviewer: Probe for and record response for each service type.]* S9a_2. Contraceptive Injections S9b_2. Implant insertions S9c_2. Implant removals S9d_2. IUD insertions S9e_2. 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 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.*** S10a. Contraceptive injections S10b. Implant insertions S10c. Implant removals S10d. IUD insertions S10e. IUD removals	1= Yes 0 = No -> **Skip to s11** 88= Don't know -> **Skip to S11** 99= Refused/ No response -> **Skip to s11** 95 = Not Applicable -> **Skip to s11** [___] [___] [___] [___] [___]
S10_2. Did they receive that training in the last 3 months? **[SurveyCTO Programming: show the service(s) for which the respondent answered "yes" in the previous question for probing here.]**	1= Yes 0 = No 88= Don't know 99= Refused/ No response

[Interviewer: Probe for and record response for each service type.]	[___]
S10a_2. Contraceptive injections	[___]
S10b_2. Implant insertions	[___]
S10c_2. Implant removals	[___]
S10d_2. IUD insertions	[___]
S10e_2. IUD removals	[___]
S11. Do FP clients need to pay any fees in order to be seen by a provider in this outlet even if they do not obtain a method of contraception? **PROBE: These may be consultation or registration fees**. 1 = Yes -> **Continue to S11a if the outlet was interviewed in Round 1. Otherwise, Skip to S12** 0 = No -> *Skip to S12* 88 = Don't know -> *Skip to S12* 99= Refused/ No response -> *Skip to S12*	[___]
S11a. Have these fees increased, decreased or stayed the same in the last 3 months? 1 = Yes, fees have increased 2 = Yes, fees have decreased 0 = No, fees have remained the same 88 = Don't know 99 = Refused/ No response	[___]
S12. Do clients receiving other health services need to pay any fee in order to be seen by a provider in this outlet, even if they do not obtain a product or service? [**PROBE**: think about whether clients seeking other health services besides FP need to pay any fees.] 1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response	[___]
S13a. *For those who indicated that they offer injectables in Question B23* Do you provide Sayana Press to clients for self-injection? 1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response	[___]
S13. *For those who indicated that they offer injectables in Question B23* If a woman came in today, could she receive a contraceptive injection at this outlet 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 at this outlet? *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 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 today at this outlet?
 	
  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 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 today at this outlet? *Record all that apply.* 1 = Service not offered today 2 = Trained provider not available today 4 = Equipment not available/non-functional today 5 = Room for removal of 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 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 at this outlet? *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 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 at this outlet? *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 both outlets which were interviewed in Round 1 and those which were not interviewed.*]

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. <u>In an outlet with multiple departments, this section is to be completed only for the following clinic types: FP/RH/Antenatal/MCH/ICH.</u>]

ST1. Does this outlet provide any of the following services? *Read each procedure from the following list and record response.* ST1a. Male sterilization procedures ST1b. Female Sterilization procedures	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response [____] [____] *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 -> *Skip to ST9* 0 = No -> *Continue to ST3* 88 = Don't know -> *Skip to ST9* 99 = Refused/ No response -> **Go to ST9**	[____]
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 from the person if he or she is not a respondent from a previous section or from Round 1, then go to STCn* 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. Did the most senior staff member who can perform male or female sterilizations give consent?	1 = Yes-> **Continue to stcn_name**

	0 = No -> **Continue speaking with the previous respondent and go to ST9.**
stcn_name. **DO NOT READ**. Name of person who consented *[Ask the respondent for his/her name, including any nicknames or alternate names that he or she is known by. Record all names and ask for spelling of the names where necessary. Enter 99 if the respondent refuses to provide name]*	[_____] **Continue to stcn_position**
stcn_position. **DO NOT READ.** position of person who consented *[Ask the respondent for his/her job role, if necessary, and select the appropriate option from the list here.]*	1 = Owner 2 = In charge 3 = Manager 4 = Staff 96 = Other (specify) [_____] 99 = Refused / No response [___] **Continue to ST4**
ST4. What month and year did you first begin working at this outlet? a. Month began working at this outlet b. Year began working at this outlet	|__|__| [__|__|__|__] 88 = Don't know 99 = 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. What health qualifications do you have, if any? *[DO NOT READ LIST. Wait for the respondent to respond and then select the appropriate response option from the list below. You may select more than one.]* 1 = Medical doctor 2 = Clinical Officer 3 = Nurse / Midwife 4 = Medical Assistant/ Nursing Assistant/ Nurse Aid 5 = Pharmacist 6 = Pharmaceutical Technologist/ Technician 7 = Laboratory technologist/ Technician 8 = Community Health Extension Worker / Community Health Volunteer 9 = Public Health Officer 0 = None 88 = Don't know 96 = Other (specify_____) 99 = Refused/ No response	 [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]
ST8. <u>**Don't read**</u>: Is respondent male or female? 0 = Male 1= Female	 [___]
ST9. Do your own responsibilities at this outlet include providing any of the following? *Read each procedure from the following and record response.* ST9a. Male sterilization ST9b. Female sterilization	1 = Yes 0 = No 88 = Don't know 99 = Refused/ No response [___] [___] *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, stand-alone workshops,* **and on-the-job training. Pre-service training is an educational training completed before receiving qualification.** ST10a. Male sterilization ST10b. Female sterilization	1 = Yes 0 = No -> S**kip to ST11** 88 = Don't know -> **Skip to ST11** 99 = Refused/ no response -> **Skip to ST11** [___] [___]
ST10_2. Did you receive that training in the last 3 months? **[SurveyCTO Programming: show the service(s) for which the respondent answered "yes" in the previous question for probing here.]** *[Interviewer: Probe for and record response for each service type.]* ST10a_2. Male sterilization ST10b_2. Female sterilization	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [___] [___]
ST11. **Not including yourself**, has any other current staff member at this outlet/facility received any training in the last **12 months** that included a component on performing male or female sterilizations?	1 = Yes 0 = No -> **Skip ST11_2** 88 = Don't know -> **Skip ST11_2**

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.** *Select "not applicable" if there is no other staff in the outlet.* ST11a. Male sterilization ST11b. Female sterilization	99= Refused/ No response -> **Skip ST11_2** 95 = Not applicable -> **Skip ST11_2** [___] [___]
ST11_2. Did they receive that training in the last 3 months? **[SurveyCTO Programming: show the service(s) for which the respondent answered "yes" in the previous question for probing here.]** *[Interviewer: Probe for and record response for each service type.]* ST11a_2. Male sterilization ST11b_2. Female sterilization	1 = Yes 0 = No 88 = Don't know 99= Refused/ No response [___] [___]
ST12. *For those who indicated that they offer Male Sterilization in Question ST1* If a man came in today, could he receive a male sterilization procedure at this outlet, if he 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 to ST14* 0 = No 88 = Don't know-> *Skip to ST14* 99 = Refused/ No response -> *Skip to ST14*	[___]
ST13. Why would a man be unable to receive a male sterilization procedure today at this outlet? *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 male sterilization not available 96 = Other, specify: [_____] 88 = Don't know 99 = Refused/ No response	[___] [___] [___] [___] [___] [___] [___] [___] [___]
ST14. What would be the total cost for a male sterilization procedure at this outlet? [___|___|___|___|___|___] KES *Free = 0; Refused= 9999; Don't know= 8888*	
ST15. How many male sterilization procedures have you performed at this outlet in the previous <u>1 month</u>? **[Ask the respondent to refer to any available service records.]** [___|___|___] **male sterilizations**	ST15a. Source of information 0 = Provider recall 1 = Outlet records

Refused = 9997; Don't know = 8888	[___]
ST16. What types of male sterilization procedures are performed at this outlet? ***Read list and record all responses.*** 1 = Scalpel vasectomy 2 = No-scalpel vasectomy 96 = Other***, specify:*** [_____] 88 = Don't know 99 = No response	 [___] [___] [___] [___] [___]
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, 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 to ST19*** 0 = No 88 = Don't know -> ***Skip to ST19*** 99 = Refused/ No response -> ***Skip to ST19***	 [___]
ST18. Why would a woman be unable to receive a female sterilization procedure today at this outlet? ***Record all that apply.*** 1 = Service not offered today 2 = Trained provider not available today 4 = Equipment not available/non-functional today 5 = Room for provision of female sterilization not available 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? [___|___|___|___|___|___] 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 <u>1 month</u>? **Ask the respondent to refer to any available service records.** [___|___|___] fe**male sterilizations** *Refused= 9999; Don't know=8888*	ST20a. Source of information 0 = Provider recall 1 = Outlet records [___]

ST21. What types of female sterilization procedures are performed at this outlet? ***Read list and record all responses. Enter 88 for don't know, 99 for refused/ no response.*** 1 = Minilaparatomy 2 = Laparascopy 3 = Transcervical 4 = Postpartum bilateral tubal ligation (BTL)/sterilization during Caesarian Section 96 = Other ***specify:*** [_____]	 [___] [___] [___] [___] [___]

Section E: Ending the interview

[Interviewer completes this section for all outlets]

E3. Telephone number used for the outlet, if any

[_____]

If no phone number, write "no phone"
If refused, write "refused"
Record multiple numbers, if available

E4. [***Ask Permission to take a photo of the entrance of the outlet.]*** 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 outlet 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 outlet.

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

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

E6. *Take a GPS point outside, near the entrance to the outlet. 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 primarily?

1 = English
2 = Kiswahili
3 = Kikuyu
4 = Luo
5 = Mijikenda

[____]

E9. Result of final visit
01 = Outlet ineligible/ no longer eligible -> **Go to E12**02 = Survey fully 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 ->G**o to E12**
99 = Refused ->G**o to E10**
96 = Other (*specify*): [_____]

E10. If the provider refused, why?	[___]
1 = Too busy with clients 2 = Thinks it's an inspection / audit/ nervous about license 3 = Not interested 96 = Other (specify): [_____] 88 = Don't know/ not sure/ reason is unclear	

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

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