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

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

Introduction

Hello, my name is _____ . I am doing a study for Population Services International Uganda. We are conducting a study on the availability of family planning products and services. The results will be used to improve the availability of modern family planning methods in this local community. I would like to ask a few questions to see if this facility could be part of the survey.

CHW ID (Interviewer-District-Sub-County-Parish-Village-Outlet code)

[_____]

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

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

C2. Interviewer's name

[_____]

C3. District

[_____]

C4. Subcounty

[_____]

C5. Parish

[_____]

C6. Village /Cell
[Please ask the CHW to confirm name of area where the interview is taking place]

[_____]

C6a. Villages/ communities/neighborhoods where CHW works
[PROBE: Please ask the CHW to confirm names of villages, communities or neighborhoods where she/he usually provides FP products/services to women in the community. You may record more than one.]

[_____]

C6b. Town/Market Center/Central Business District (CBD)
[PROBE: 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 one only. Please ask the CHW to confirm what type of CHW he or she is]** 01= Community Health Extension Worker (CHEW) 02= Village Health Teams (VHTs) 03 = Interpersonal communication Agents (IPCAs) 04 = Community Health Providers (CHPs) 05 = Community Drug Distributors (CDDs)/Community Medicine Distributors (CMDs)/Community Based Distributors(CBDs) 06 = Informal CHW (no official certification or qualification) 96= Other (Specify_____) 88 = Don't know	[____]
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 4 = In the CHWs home 96 = Other (specify_____) 88 = Don't know 99 = Refused/ no response	[____]
C9. Managing authority for CHW. **[Select all that apply. Please ask for confirmation from the CHW if you are unsure.]** 01 = Government/ public ⧠ **Skip to C11** 02 = Private 88 = Don't know ⧠ **Skip to C11** 99= Refused/ no response ⧠ **Skip to C11**	[____] [____] [____] [____]
C10. Private CHW type. **[Select one. Please ask for confirmation from someone in the outlet if you are unsure.]** 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 for his/her name and any other names that he or she is known by in the community and record them here. If the CHW refuses to provide his/her name, record the one previously obtained and written on the CHW contact information sheet. Record "name unknown" if no name was previously obtained.]* [_____]	
C13. Survey round *[captured automatically]* 1= Round 1	[____]
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 listed on the CHW contact sheet, if one is listed. <u>Multiple outlets may be recorded</u>. Enter 'Not applicable' if the CHW is not affiliated with an outlet.]* [_____]	

C15a. Code of outlet with which CHW is affiliated
Interviewer: copy outlet code for the confirmed outlet from the CHW contact sheet, if one is listed. Multiple outlet codes may be recorded. If there is no outlet recorded on the CHW contact sheet, or if the CHW is affiliated with an outlet that is not recorded on the information sheet, then record 888. Enter 995 if the CHW is not affiliated with an outlet.
[_____]
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]*
[_____]

Introduction

Hello, my name is _____. I am doing a study for Population Services International Uganda. We are conducting a study on the availability of family planning products and services. The results will be used to improve the availability of modern family planning methods in this local community. I would like to ask a few questions to see if you could be part of the survey. If 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. The respondent may want to see the consent information sheet first. If this is the case, provide him/her this form, explain it briefly and answer any questions that he/she has. Then, ask whether you may proceed with the screening questions. You will still need to obtain consent formally after the screening if the CHW is eligible.]

Section 2: Screening for Product Audit Eligibility

sc0. Don't read: Did the respondent agree for you to ask screening questions?	1 = Yes 2 = No / No response / Refused à *Skip to Section E* 3 = Not reached / Not available à *Skip to Section E* [____]
Sc1. Do you have any male or female condoms available today? *Verify with prompt cards*	1 = Yes 0 = No 88 = Don't know 99 = Refused/ no response [____]

Sc2. Do you have any of the following family planning products available *today*?
[**PROBE**: these can be products that you provide to clients for free or for sale. These do not include samples used for FP counseling only.] *Read and record a response for each option. Verify each option with prompt cards.*
 	
    A.   Oral contraceptive tablets
    B.   Emergency contraceptive tablets
    C.   Injectable contraceptives
    D.   Contraceptive implants
    E.   Contraceptive IUDs
	1 = Yes⏹ *Proceed to Cn1 to gain consent if responded yes to at least one*
	
	0 = No ⏹ **Continue to Sc3 if answer "no" to all**
	
	88 = Don't know ⏹ **Continue to Sc3 if answer "don't know" to all**
	
	99 = Refused/ no response ⏹ **Continue to Sc3 if refused/gave no response to all**
	[____]
	[____]
	[____]
	[____]
	[____]

Sc3. Are there any of the following family planning products that are out of stock today, but that you stocked in the *past 3 months*?
[**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 person or outlet that supplies you with the products has the product in stock.]
 	
Read and record a response for each option. Verify each option with prompt cards. <u>If the **CHW has never offered the product, select NO.**</u>
 	
    A.   Oral contraceptive tablets
    B.   Emergency contraceptive tablets
    C.   Injectable contraceptives
    D.   Contraceptive implants
    E.   Contraceptive IUDs
	1 = Yes ⏹ *Skip to Cn1 to gain consent if responded yes to at least one*
	
	0 = No ⏹ *Skip to Sc7 if respond no to all*
	
	88 = Don't know ⏹ *Skip to Sc7 of respond Don't know to all*
	
	99= Refused/ no response ⏹ *Skip to Sc7 if refused/gave no response to all*
	
	[____]
	[____]
	[____]
	[____]
	[____]

Sc4. Do you know the names of the products that are out of stock today.	1 = Yes. *Record product names, one product per line in Sc5.* *Proceed 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 the names of products that are out of stock today and tell me know many days the products have been out of stock. I will accept generic or brand names. *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.*** a. Product name b.Months c.Weeks d.Days [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] [_____] [_____][_____][_____] Sc5a.(other) Please specify the product name [_____]	88 = Don't know 99 = No response
Sc7. Do you currently provide any of the following family planning services to your clients? ***Read and record a response for each option.***	1 = Yes *Skip to Cn1 to gain consent if responded yes to at least one* 0 = No *if responded no to all options, CHW not eligible. Proceed to Section E, Question E6 to end the interview* 88 = Don't know *if responded don't know to all options, CHW not eligible. Skip to Section E, Question E6 to end the interview* 99 = Refused/ no response *if refused or gave no response to all options, CHW not eligible. Skip to Section E, Question E6*

	to end the interview

A.   Administration of injectable contraceptives
   B.   Insertion of contraceptive implants
   C.   Removal of contraceptive implants
   D.   Insertion of contraceptive IUDs
   E.   Removal of contraceptive IUDs
	[____]
	[____]
	[____]
	[____]
	[____]

[Interviewer: take the CHW through the informed consent procedure.] Cn1. **DO NOT READ:** Did the CHW provide consent to participate in the study?	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 ▢ Go to Section E, Question E6 to end the Interview [____]

Before proceeding to section 3 or 4, ensure you have <u>obtained informed consent</u> and given the respondent a copy of the consent form to keep.

6

Section 3: Family Planning Product Audit [*Interviewer completes this only for CHWs with at least one FP method besides condom in stock today.*]

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 CHW has no product available]*	1 = Yes 0 = No ▯ *Skip to Section 4*

- *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 NONOXYNOL-9, Cyclogest 400mg
- Male condoms such as *Durex, Fiesta,, , Rough Rider, , Skin2Skin, , Kiss,Trust, SKYN, Erotica, Wet N Wild, Power Play, Life Guard, Ulinzi, Number One, "O" Condoms, Protector*
- Female condoms such as *FC2, Pasante, Durex*
- Oral contraceptive tablets such as *Combination 3, Microgynon, Microgynon 30, Microgynon Fe, Microlut, Zinnia P, Softsure, , Yasmin,,*
- Emergency contraceptive tablets such as *Levonorgestrel, Postinor-2, P 2, , , Norlevo, I-Pill, , Back-up*
- Injectable contraceptives such as *Depo-Provera, Sayana Press, Medroxyprogesterone*
- Contraceptive implants such as *Implanon , Jadelle, Levoplan, Eloira*

Intrauterine Devices such as Smb Copper T380, Copper T model Tcu 380A

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 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).

4. Read the following question to the respondent. A1. Do you keep records of family planning products you sell and/or services you provide? 1 = Yes 0 = No 88 = Don't know 99= Refused/ no response *[Instructions to interviewer: If records are available, ask the respondent to obtain and refer to them during the audit interview. If allowed to view the records, cross-check answers given for "number sold/distributed" for all products and services. If figures for audit sheets given by the respondent and the records are not the same, ask the respondent the reasons for discrepancies and which is more accurate, then make a comment in the "comments" section for the relevant brand/product. Record the one indicated by the respondent as being more accurate.]* *[IMPORTANT NOTE: If the CHW works both in a facility and in the community, as determined earlier in the interview, ask her to provide data only for community services, if possible. Make some notes in the comments section about this.]*	[____]

ND1. Non-drug type 1 = Male condom 2 = Female condom 3 = CycleBeads 4 = Diaphragm [___]	ND2. Brand name 966 = Other (specify) **ND2a. Number of different package sizes** [___] *8888= Don't know* *9999 = Refused*	ND3. Manufacturer 95 = not indicated 96 = Other (specify)	ND4. Country of manufacture 9666 = Other (specify) 8888 = Country not indicated	ND5. Package size (*Record '1' if products individually sold.* There are a total of [___|___] **individual non-drug products** in each package. *8888 = Don't know* *9999 = Refused*
ND6a. Total amount sold/distributed in the last 1 month <u>to individual consumers</u>. (ie., for personal use). This CHW sold/distributed [___|___|___|___] **packages** in the <u>last 1 month</u>. Record number of packages of individual units *Refused = 9999* *Don't know = 8888* **ND6c. Source of information** *0 = Provider recall* *1 = CHW records* [___]	**ND7. Stocked out at any point in the past <u>3 months</u>?** 1 = Yes 0 = No à Skip to ND8 88 = Don't know à Skip to ND8 99 - Refused/ No response à Skip to ND8 [___] **ND7a-c. Duration of stockout** Enter number of days, weeks and/or months. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *88 = Don't know* *99 = Refused*	**ND8. Retail selling price per packages of individual units** *Record number of packages of individual units* **a.** [___|___] **packages** cost an individual client b. [___|___|___|___|___] UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	**ND9. Wholesale purchase price for your most recent wholesale purchase/supply** *Record number of packages of individual units* [___|___|___|___] **a. packages** cost [___|___|___|___|___|___] b. UGX *Free = 0* *Refused = 9999* *Don't know = 8888* **ND9c. Supplier** *(Ask provider)* **From where did you get your most recent wholesale purchase/supply?** 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = Sales Representative/ distributor 7 = CHW 8 = Supermarket/ wholesale supermarket 9 = pharmaceutical company 10 = CHW 11 = Joint Medical Stores (JMS) 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 TABLET AUDIT SHEET (TAB): INCLUDES OCPS, ECS, PATCHES, FOAMING TABLETS CHW ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___|___]-[___|___|___]

TAB1. Tablet type 1 = oral contraceptive pills 2 = emergency contraceptive pills 3 = birth control patch 4 = vaginal foaming tablets [___]	TAB1a. Tablet type-use *(Ask provider) Do you ever use this product for emergency contraception?* 1 = Yes 0 = No 88 = Don't know 95 = Not applicable [___]	TAB2. Brand name 966 = Other (specify) A. _____ **TAB2a. Number of different package sizes** [___] *8888= Don't know* *9999 = Refused*	TAB3. Generic name A. _____ B. _____ C. _____	TAB3a. Strength *If there is more than one strength for the same generic name, record the first strength here and record the other strengths in the Comments.* [__|__|__].[__|__] [__|__|__].[__|__] [__|__|__].[__|__] *8888= Not indicated*	TAB3b. Strength Units [__] [__] [__] 1= milligrams (mg) 2 = micrograms (µg) / mcg 3= % 95 = not indicated

TAB4. Manufacturer *95= not listed* *96 = Other (specify)* _____ **TAB5. Country of Manufacture** If Country not listed, write: not listed. If the name of the country does not appear, go back and check the spelling or enter only the first 3-4 letters9666 = Other (specify)8888 = Not indicated	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. **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.	**TAB7a. Total number sold/distributed in the last 1 month to individual consumers (i.e., for personal use)**This CHW sold/distributed [___|___|___|___] Blisters of OCP/ pills of Emergency contraceptive/ foaming tablets/ patches in the last 1 month. *Refused = 9999* *Don't know = 8888* **TAB7c. Source of information** 0 = Provider recall 1 = CHW records [___]

TAB8. Stocked out at any point in the past 3 months? [___] *1 = Yes* *0 = No → Skip to Tab9* *88 = Don't know → Skip to Tab9* *99 =Refused / no response → Skip to Tab9* **TAB8a-c. Duration of stockout.** Enter number of days, weeks and/or months. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *88 = Don't know* *99 = Refused*	TAB9. Retail selling price a. [__|__|__] **Blisters/Emergency Pills/Patches/Foaming Tablets** b. cost an individual client [___|___|___|___] UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	TAB10. Wholesale purchase price for your most recent wholesale purchase/supply a. [___|___|___|___] **packages** cost b. [___|___|___|___|___|___]UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	TAB10c. Supplier *(Ask provider)* From where did you get your most recent wholesale purchase/supply? 1 = Wholesale pharmacy 2 = Retail pharmacy 3 = Government medical stores 4 = Health facility 5 = NGO 6 = Sales Representative/ distributor 7 = CHW 8= Supermarket/ wholesale supermarket 9 = Pharmaceutical company 10 = CHW 11 = Joint Medical Stores (JMS) 96 = Other, specify: [_____] 88 = Don't know 99 = Refused [___]	TAB11a. Is the product expired? 1 = Yes 0 = No 88 = Don't know (expiration date not indicated on package) [___] **TAB11. Comments**

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

INJ1. Brand name 966 = Other (specify)	INJ2. Generic name A._____ B. _____ *95 = Not indicated* *96 = Other (specify)*	INJ2a. Strength mg /INJ2b Strength ml [__|__|__].[__|__] mg / [__].[__] mL [__|__|__].[__|__] mg / [__].[__] mL *8888 = Not indicated*	INJ3. Manufacturer *95 = not indicated* *96 = Other (specify)*	INJ4. Country of Manufacture *9666 = Other (specify)* *8888 = Country not indicated*

INJ5. Package size
 	
There are a total of [___|___|___].[___]
mL in each vial/ampoule.
INJ6. Package contents
Does package with vial/ampoule contain disposable needle for injection?
 	
1 = Yes
0 = No
 	
[___]
	INJ7a. Total number sold/distributed in the last 1 month to individual consumers (ie., for personal use)
	This CHW sold/distributed [___|___|___|___]
	Vials/ampoules in the last 1 month.
	
	Refused = 9999
	Don't know = 8888
	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
		88 = Don't know
		99 = Refused / no response [___]
		INJ8a-c. Duration of stockout. Enter number of days, weeks and/or months. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)*
		  [___] a. Months
		  [___] b. Weeks
		  [___] c. Days
		88 = Don't know; 99 = Refused
			INJ9. Do you perform injection services for this brand of injectable?
			1 = Yes
			0 = No ⮕ Go to INJ11
			88 = Don't know ⮕ Go to INJ11
			[___]
			INJ9a. What is the total cost to have an injection, including product cost and service fee?
			[___|___|___|___|___] UGX
			
			Free = 0
			Refused = 9999
			Don't know = 8888
				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.)*
				
				[___|___|___|___]
				
				Refused = 9999
				Don't know = 8888
				INJ10a. Source of information
				0 = Provider recall
				1 = CHW records
				[___]

INJ11. Does this CHW 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 = Refuse / No response ⮕ Go to INJ12* [___] **INJ11b. If yes, what is cost of 1 vial/ampoule for an individual client to take away?** [___|___|___|___] UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	**INJ11c. Total number sold/distributed in the last 1 month to individual consumers to take away** *(Record # of vials/ampoules)* [___][___][___] *Refused = 9999* *Don't know = 8888*	**INJ12. Wholesale purchase price for your most recent wholesale purchase/ supply** *(Record # of individual vials/ampoules even if sold in bundles)* **a.** [___|___|___|___] **Vials/ampoules** cost b. [___|___|___|___|___|___]UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	**INJ12c. Supplier** **(Ask provider) From where did you get your most recent wholesale purchase/ supply?** *1 = Wholesale pharmacy* *2 = Retail pharmacy* *3 = Government medical stores* *4 = Health facility* *5 = NGO* *6 = Sales Representative/ distributor* *7 = CHW* *8 = Supermarket/ wholesale supermarket* *9 = pharmaceutical company* *10 = CHW* *11 = Joint Medical Stores (JMS)* *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 INSERTION AUDIT SHEET (INS): INCLUDES IMPLANTS, RINGS, IUDs

CHW ID: [___|___]-[___|___|___]-[___|___|___]-[___|___|___|___]-[___|___|___]

INS1. Brand name	INS2. Type	INS3. Generic name	INS3a. Strength	INS4. Manufacturer	INS5. Country of Manufacture
966 = Other (specify)	*1 = Contraceptive implant* *2 = Vaginal birth control ring* *3 = Hormonal-based IUD* *4 = Copper-based IUD* [___]	A. _____ B. _____ 95 = Not indicated 96 = Other (specify)	[__|__|__].[__] mg [__|__|__].[__] mg *8888 = Not indicated* ***INS3b.*** *For* <u>*implants only*</u> **Strength for** [___] **number** of rods	*95 = not indicated* *96 = Other (specify)*	*9666 = Other (specify)* *8888 = Country not indicated*

INS6. Package size	INS7. Package contents	INS8a. Total number sold/distributed in the last 1 month **to individual consumers (i.e., for personal use)**	INS9. Stocked out at any point in the past <u>3</u> months?	INS10. Do you perform insertion services for this brand?	INS11. How many insertion procedures have been conducted in the <u>last 1</u> month? (*PROBE: include only procedures for which you used your own stock of products, not those for which clients brought in the product from outside.*)
In each package, there are a total of [___|___] **number** of 1 = Rod(s) 2 = IUD(s) ▢ ***Go to INS8a*** 3 = Ring(s) ▢ ***Go to INS8a*** [___]	*Does package come with disposable applicator or trocar?* *1 = Yes* *0 = No* [___]	*Record number of packages.* This CHW sold/distributed [___|___|___] **packages** in the <u>last 1 month</u>. *Refused = 9999* *Don't know = 8888* **INS8c. Source of information** (for sales) *0 = Provider recall* *1 = CHW records* [___][___]	*1 = Yes* *0 = No à Skip to INS10* *88 = Don't know à Skip to INS10* *99 = refused à Skip to INS10* [___] **INS9a-c. Duration of stockout.** Enter number of days, weeks and/or months. *(Prompt: this is the combined total of all stockouts in past 3 months. If stocked out for less than 1 day, record 1 day.)* [___] a. Months [___] b. Weeks [___] c. Days *88 = Don't know* *99 = Refused*	*1 = Yes* *0 = No* ▢ ***Go to INS12a*** *88 = Don't know* ▢ ***Go to INS12a*** [___] **INS10a. If yes, what is the** <u>total cost</u> **to have this brand inserted, including product cost and service fee?** [___|___|___|___|___] UGX *Free = 0* *Refused = 9999* *Don't know = 8888*	[___|___|___|___] *Refused = 9999* *Don't know = 8888* **INS11a. Source of information** *0 = Provider recall* *1 = CHW records* [___]

| INS12a. Do you provide this brand of implant/IUD for clients <u>to take away</u> for insertion procedures <u>somewhere else</u>?
 1 = Yes
 0 = No ▢ ***Go to INS13***
 88 = Don't know ▢ ***Go to INS13***
 99 = Refused / no response ▢ ***Go to INS13***
 [___]

 INS12b. What is cost <u>of 1 implant/IUD</u> **for an individual client to take away?**
 [___\|___\|___\|___]UGX
 Free = 0
 Refused = 9999
 Don't know= 8888 | INS12c. Total number sold/distributed in the last 1 month to individual consumers <u>to take away?</u> *Record number of contraceptive implant/IUD.*

 [___][___][___]

 Refused = 9999
 Don't know = 8888 | INS13. Wholesale purchase price for your most recent wholesale purchase/supply

 a. [___\|___\|___\|___] **packages** cost

 b. [___\|___\|___\|___\|___\|___] UGX
 Free = 0
 Refused = 9999
 Don't know = 8888 | INS13c. Supplier *(Ask provider)* **From where did you get your most recent wholesale purchase/supply?**
 1 = Wholesale pharmacy
 2 = Retail pharmacy
 3 = Government medical stores
 4 = Health facility
 5 = NGO
 6 = Sales Representative/ distributor
 7 = CHW
 8 = supermarket/ wholesale supermarket
 9 = pharmaceutical company
 10 = CHW
 11 = Join Medical Stores (JMS)
 96 = Other, specify: [_____]
 88 = Don't know
 99= Refused/ no response [___] | INS14a. Is the product expired?
 1 = Yes
 0 = No
 88 = Don't know (expiration date not indicated on packaging) [___]

 INS14. Comments |

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

A8. Are there any family planning products that are out of stock today but that you stocked in the _past 3 months_? [**PROBE**: out of stock means that you no longer have the product(s) available for clients on a temporary basis and will have them again at some point in the future. This is even if the person or outlet that supplies you with the products has the product in stock]	1 = Yes *Continue to A9 Pre* 0 = No *Skip to section 4* 88 = Don't know *Skip to section 4* 99= Refused/ no response *Skip to section 4* [____]
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. If stocked out for less than 1 day, record 1 day]**	1 = Yes *à Proceed to 9* 0 = No 88 = Don't know/ don't remember 99 = Refused/ no response [____] **Proceed to Section 4.**
A9. List the name of product 1 that is out of stock today and tell me for how many days, weeks and months the product has been out of stock. I will accept generic or brand names. a. Product name b.Months c.Weeks d.Days [_____]	Product name _966 = Other (specify)_ _888 = Don't know_ Months, weeks, days _88 = Don't know_ _99 = Refused_

Section 4: Background Information about the CHW and Service Availability

This section is focused on general information about the CHW and what services are available through her.

B2. ***Don't read***: Is respondent male or female? 0 = Male 1 = Female	[___]
B3. What age are you today? ***Write age in years*** 8888 = Don't know 9999= Refused/ no response	[___]

B4. What is the highest level of education you completed?
[Interviewer: if completed only Koranic school, then select, no formal education.]
 	
  1 = No formal education
  2 = Some primary school
  3 = Completed primary school
  4 = Some secondary school
  5 = Completed secondary school
  6 = Some tertiary institution (e.g., university, polytechnic or college)
  7 = Completed a tertiary institution
  88 = Don't know
  99 = Refused/ no response
	[___]

B5. What health qualifications do you have,? *[DO NOT Read list. Wait for the respondent to respond and then select the appropriate response option(s) from the list below..]* 1 = Dispenser (diploma in Pharmacy) 2 = Pharmacist (Degree in Pharmacy) 3 = Medical doctor 4 = Clinical Officer/Medical Assistant 5 = Nurse / Nursing Officer 6 = Midwife 7 = Laboratory technician / Lab assistant 8 = Pharmaceutical technologist 9 = Pharmacy technician 10 = Public Health Technician/Officer 11 = Health Assistant 12 = Nursing Assistant / Nursing Aid 13 = Community Medicine Distributor/Village Health Team 14 = Community Health Worker [Specify Type:_____] 0 = None 88 = Don't know 99 = Refused 96 = Other specify [_____]	[___]
B6. What month and year did you first begin working as a CHW? [**Probe**: This is not referring to when you first started working in Family Planning specifically] a. Month *Enter 88 for don't know,* **99 for refused** b. Year *Enter 8888 for don't know,* **9999 for refused**	|___|___| [___|___|___|___]
B7. For how long have you been providing family planning services or products other than condoms as a community health worker?	|___|

PROBE: **Think about how long it has been since you first started selling or giving away FP products or services. Condoms do not count. You can say if you don't know this information or if you are not sure**. *[Interviewer: read the response options]* 1 = Less than 3 months 2 = 3 – 6 months 3 = greater than 6 months - 12 months 4 = More than one year 88 = Don't know/ not sure 99 = Refused/ no response	
B8. How many days in a week 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/ no response.*	[___]
B8a. What time does this outlet typically open and close on those days when family planning products and services (other than condoms) are available? *[Interviewer: select opening and closing time. If the hours are different across days, ask for typical or average hours or the hours used on most days. If the respondent indicates that s/he is not sure, enter 00:00 for opening and closing time.]* B8a_1. Opening time B8a_2. Closing time	 [___] [___]
B9. On average, how many FP clients do you see each week, excluding those seeking only condoms? **[PROBE: this is inclusive of clients who see you for FP counseling and leave without receiving any FP product or service.]** *Enter 8888 for don't know. Enter 9999 for refused.*	[___]
B12. Do you <u>conduct</u> family planning community outreach in which you provide FP services and products to community members? [**PROBE:** Community outreach events include services that you provide in the community to large groups of clients. I am interested in only those where you provide FP services or FP products to clients and not those where you provide only education or counseling.] 1 = Yes 0 = No ☐*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 <u>conduct</u> family planning community outreach events? Enter zero if no community outreach in the last month. 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? 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? 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? Facility i [_____] Facility ii [_____] Facility iii [_____]	
B18. Do you provide counseling to clients on which types of family planning methods to choose? 1 = Yes 0 = No ⯈ *Go to B20* 88 = Don't know ⯈ *Go to B20* 99 = Refused/ no response ⯈ *Go to B20*	[___]
B19. Do you have any job aids for counseling clients on which type of family planning method to choose? *(Ask the respondent to show you the job aids.)* 1 = Yes, observed 2 = Yes, not observed 0 = No 88 = Don't know 99 = Refused/ no response	[___]
B20. Have you received any training on family planning in the last 12 months? **PROBE: this includes pre-service training, stand-alone workshops. and on-the-job training. Pre-service training is an educational training completed before receiving qualification.** *[Interviewer: wait for response. If the response is yes, then ask]:* please tell me briefly what type(s) of training you received most recently. 1 = Yes (Specify_____) 0 = No 88 = Don't know 99 = Refused/ no response	[___]

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 except sterilizations.

S8. Do your own responsibilities at this outlet/facility include providing any of the following? ***Read each procedure from the following and record response:***	1 = Yes 0 = No 88 = Don't know 99= 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 88 = Don't know 99= Refused/ no response [___] [___] [___] [___] [___] **Skip to Section E if the response is "no" for all options in S8.**
S11. Do FP clients need to pay any fees in order to see 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 S13a* 88 = Don't know ⮕ *Go to S13a* 99= Refused/ no response ⮕ *Go to S13a*	[___]
S12. Do clients receiving other health services need to pay any any fees? [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 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.* *If the respondent indicates that she/he provides the service within the outlet but independently of the outlet (i.e., as a side business that the outlet owner/ in-charge may or may not know about), select "yes" as the response and make a comment about this at the end of the survey"]* 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.* 1 = 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 in 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.* *If the respondent indicates that she/he provides the service within the outlet but independently of the outlet (i.e., as a side business that the outlet owner/ in-charge may or may not know about), select "yes" as the response and make a comment about this at the end of the survey"]* 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.** 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 in 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.* *If the respondent indicates that she/he provides the service within the outlet but independently of the outlet (i.e., as a side business that the outlet owner/ in-charge may or may not know about), select "yes" as the response and make a comment about this at the end of the survey"]* 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.** 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 in 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.* *If the respondent indicates that she/he provides the service within the outlet but independently of the outlet (i.e., as a side business that the outlet owner/ in-charge may or may not know about), select "yes" as the response and make a comment about this at the end of the survey"]* 1 = Yes ⮕ *Skip S20* 0 = No 88 = Don't know ⮕ *Skip S20* 99 = Refuse / no response ⮕ *Skip S20*	[___]
S20. Why would a woman be unable to receive an IUD insertion procedure today from you? **Record all that apply.** 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 in 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.* *If the respondent indicates that she/he provides the service within the outlet but independently of the outlet (i.e., as a side business that the outlet owner/ in-charge may or may not know about), select "yes" as the response and make a comment about this at the end of the survey"]* 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.** 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.*]

E2a. DO NOT READ: Physical description of the CHW *[Interviewer: Write a description of the CHW based on your observation. Make notes about his/her appearance such as height, weight, facial features, etc.]*	E3. Telephone number of the CHW for future contact, if any [_____] *If no phone number, write N/A* *If refused, write 9999* *Record multiple numbers, if available*

[Thank the respondent for her/his time and end the interview. Now, it's time to give out the incentive. The name of the respondent who should be given the incentive will appear on the screen. Select the name and provide the incentive. Confirm whether or not the respondent received the incentive by responding to the statement below. Then, provide your signature on the line shown.

.[enumerator name] I attest that I have given the respondent 20,000 USh as gratitude for his/her participation in the survey, as outlined in the informed consent form.	1 = Yes à Skip to instruction before E6 0 = No

Reason for not giving the incentive (Specify:_____)

Remind the respondent 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? 1= Visit 1 2 = Visit 2 [____] 3 = Visit 3	E8. In what language was this interview conducted primarily? 1 = English [____] 2 =Luo 3 Ateso 4 =Luganda 5 =Runyankole

E9. Result of visit

01 = CHW ineligible ⬚ *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*
05 = 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 = Don't know/ not sure/ reason unclear **All -> Skip to E12**	
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)**	