

IDENTIFICATION

BACKGROUND INFORMATION			
Source	Questions	Coding	Skip
Q1.	RECORD THE TIME (IN 24 HOUR FORMAT)	Hour <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>	
Q2.	SEX OF PROVIDER INTERVIEWED	MALE.....1 FEMALE.....2	
Q3.	How long have you been working here at this facility?	YEARS... <input type="text"/> <input type="text"/> LESS THAN ONE YEAR =00 DON'T KNOW = 98	
Q4.	What cadre of staff are you?	OBSTETRICIAN/GYNECOLOGIST.....01 GENERAL SURGEON.....02 PEDIATRICIAN.....03 GENERAL PHYSICIAN.....04 THEATRE NURSE.....05 NURSE/MIDWIFE.....06 NURSE.....07 MIDWIFE.....08 COMMUNITY HEALTH EXTENSION WORKER (CHEW)...09 COMMUNITY HEALTH OFFICER (CHO).....10 VCT COUNSELOR.....11 OTHER96 (SPECIFY)	
Q5.	How old were you at your last birthday?	YEARS..... <input type="text"/> <input type="text"/>	
Q6.	What is your religion?	CHRISTIAN-CATHOLIC.....1 CHRISTIAN-PROTESTANT/OTHER CHRISTIAN.....2 ISLAM.....3 TRADITIONAL.....4 NO RELIGION5 OTHER6 (SPECIFY)	
Q7.	In which department or unit do you work?	GENERAL OUTPATIENT DEPARTMENT (GOPD) ... 01 OBSTETRICS AND GYNECOLOGY02 SURGERY03 PEDIATRICS04 FAMILY PLANNING DEPARTMENT05 INFANT AND CHILD CARE06 ANC.....07 HIV TESTING OR STI/HIV TREATMENT.....08 Other96 (SPECIFY)	
Q7a	Has your salary payment ever been delayed by more than one week?	YES.....1 NO.....2	
Q7b	How many times in the last year has your salary payment been delayed?	NUMBER OF DELAYED PAYMENTS <input type="text"/> <input type="text"/> EVERY PAY PERIOD.....00 NEVER.....97	
Q7c	When was the last time your salary payment was delayed?	WITHIN THE PAST MONTH.....1 WITHIN THE PAST 2-6 MONTHS.....2 WITHIN THE PAST 7-11 MONTHS.....3 WITHIN THE PAST 1- 3 YEARS.....4 WITHIN THE PAST 4-5 YEARS.....5 MORE THAN 5 YEARS AGO.....6 DON'T REMEMBER.....8 NEVER.....97	
Q8.	How many years have you been working as a health care provider?	NUMBER OF YEARS: <input type="text"/> <input type="text"/>	

IDENTIFICATION

Q9.	How many years ago did you finish your pre-service training?	YEARS AGO..... [][] LESS THAN ONE YEAR = 00 NO PRE-SERVICE TRAINING=97	
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Q10.	Have you received any in-service training on family planning?	YES.....1 NO.....2	→ Q13a
Q11.	Who provided this training? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NURHI/FPPNA UNFPAB WHOC SFHD JPIEGOE MARIE STOPESF PATHG PPFNH STATE/ MOHI ISHIPJ OTHERX (SPECIFY)	
Q12.	What types of in-service trainings did you receive? PROBE – Anything else? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	FP INTERPERSONAL COMMUNICATION AND COUNSELLING.....A INITIAL FP TRAININGSB REFRESHER FP TRAININGC LONG-ACTING AND PERMANENT FP METHODS....D TRAINING OF TRAINERS OF FP PROVIDERSE CONTRACEPTIVE LOGISTICS AND MANAGEMENT SYSTEM (CLMS) TRAININGF SUPERVISORY SKILLS TRAINING.....G OTHERX (SPECIFY)	
Q13.	How long ago was the last in-service family planning training that you attended?	DAYS AGO.....1 [][] WEEKS AGO.....2 [][] MONTHS AGO.....3 [][] YEARS AGO.....4 [][] DON'T REMEMBER.....998	
Q13a	Has this facility ever participated in a Whole Site Orientation?	YES.....1 NO.....2 DON'T KNOW.....8	→ → → → Q14 Q14
Q13b	When was the last Whole Site Orientation?	2017.....1 2016.....2 2015.....3 2014.....4 2013.....5 2012.....6 BEFORE 2012.....7 DON'T KNOW.....8	
Q13c	Which organization coordinated the Whole Site Orientation? MULTIPLE RESPONSES POSSIBLE	NURHIA MOHB MARIE STOPESC PPFN.....D SFH.....E OTHERX	
Q14.	Are you a member of the NURHI supported Family Planning Provider Network (FPPN)?	YES.....1 NO.....2	→ Q22
Q15.	Have you attended any of the FPPN meetings?	YES.....1 NO.....2 DON'T KNOW.....8	

Q19.	Do you discuss family planning with other providers who are NOT FPPN members?	YES.....1 NO.....2 DON'T KNOW NON-FPPN PROVIDERS8	→ Q22a → Q22a → Q22a
Q22.	Have you interacted with providers who are members of the FPPN?	YES.....1 NO.....2 DON'T KNOW/DON'T KNOW FPPN MEMBERS8	
Q22a	Have you participated in the quarterly Facility Committee Meetings/ NURHI QIT?	YES 1 NO 2	
Q22b	Have you ever connected with the NURHI WhatsApp FP forum?	YES 1 NO 2	→ Q22d
Q22c	When was the last time you connected with the NURHI WhatsApp FP forum?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 DON'T REMEMBER/DON'T KNOW.....998	
Q22d	Have you ever done community mobilization activities with a NURHI social mobilizer?	YES 1 NO 2 DON'T KNOW.....8	
Q22e	Have you ever traveled outside your usual duty station with a NURHI social mobilizer to provide clinical services?	YES 1 NO 2	
Q22f	In the last year, have you made a family planning health referral in the community while working alongside a NURHI social mobilizer?	YES 1 NO 2	
Q22g	Do you have the NURHI movie downloaded on your smartphone or on a CD? CIRCLE ALL THAT APPLY	YES, APP OBSERVED.....A YES, APP REPORTED, NOT SEEN.....B YES, CD OBSERVED.....C YES, CD REPORTED, NOT SEEN.....D NO, HAS NEITHER APP NOR CD.....Y DON'T KNOW.....Z	→ Q28 → Q28
Q22h	How often do you watch the NURHI movie by app or CD?	EVERY DAY 1 WEEKLY 2 MONTHLY.....3 QUARTERLY.....4 NEVER.....5 OTHER.....6 DON'T KNOW.....8	

TRAINING ON FAMILY PLANNING

Now, I will ask you few questions related to training on FP.

Q28. CHECK Q09 AND Q10 ON PRE-SERVICE AND IN-SERVICE TRAINING:

HAS HAD BOTH PRE AND IN-SERVICE TRAINING
 (Q9=00 OR HIGHER AND Q10=1)
THEN ANSWER Q28a-Q28d

HAS HAD IN-SERVICE TRAINING ONLY → Q28b
 (Q9=97 AND Q10=1)

HAS HAD PRE-SERVICE TRAINING ONLY
 (Q9=00 OR GREATER AND Q10=2)
THEN ANSWER 28a ONLY

HAS NOT HAD ANY PRE OR IN SERVICE TRAINING → Q29a
 (Q9=97 AND Q10=2)

TOPICS		Q28a. Did your pre-service training cover TOPIC?	Q28b. Have you ever attended an in-service training on TOPIC?	Q28c. What year was your most recent in-service training on TOPIC?	Q28d. Which organization or government ministry conducted this training?
(01)	Contraceptive technology update	YES1 NO2 DK.....8	YES1 NO2 →(02)	[] [] [] [] [] DK=9998	_____
(02)	Exclusive breastfeeding counseling/LAM	YES1 NO2 DK.....8	YES1 NO2 →(03)	[] [] [] [] [] DK=9998	_____
(03)	Natural family planning (rhythm method, etc.)	YES1 NO2 DK.....8	YES1 NO2 →(04)	[] [] [] [] [] DK=9998	_____
(04)	SDM/Cycle beads	YES1 NO2 DK.....8	YES1 NO2 →(05)	[] [] [] [] [] DK=9998	_____
(05)	Emergency Contraceptive	YES1 NO2 DK.....8	YES1 NO2 →(06)	[] [] [] [] [] DK=9998	_____
(06)	Oral pills	YES1 NO2 DK.....8	YES1 NO2 →(07)	[] [] [] [] [] DK=9998	_____
(07)	FP counseling skills	YES1 NO2 DK.....8	YES1 NO2 →(08)	[] [] [] [] [] DK=9998	_____
(08)	Clinical skills on IUD	YES1 NO2 DK.....8	YES1 NO2 →(09)	[] [] [] [] [] DK=9998	_____
(09)	Clinical skills on injectable contraceptive	YES1 NO2 DK.....8	YES1 NO2 →(10)	[] [] [] [] [] DK=9998	_____
(10)	Clinical skills on implant	YES1 NO2 DK.....8	YES1 NO2 →(11)	[] [] [] [] [] DK=9998	_____
(11)	Clinical skills on Female Sterilization	YES1 NO2 DK.....8	YES1 NO2 →(12)	[] [] [] [] [] DK=9998	_____
(12)	Clinical skills on male sterilization	YES1 NO2 DK.....8	YES1 NO2 →(13)	[] [] [] [] [] DK=9998	_____
(13)	Management of incomplete abortion (Post-Abortion Care)	YES1 NO2 DK.....8	YES1 NO2 →(14)	[] [] [] [] [] DK=9998	_____
(14)	Manual vacuum aspiration (MVA)	YES1 NO2 DK.....8	YES1 NO2 →(Q29a)	[] [] [] [] [] DK=9998	_____

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
METHOD	29a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You do not know METHOD at all	29b. Have you provided (assisted with) [METHOD] to clients at this facility?	29c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	29d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	29e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	29f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(01) Combined oral pill	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (02)	YES.....1 NO.....2 → (02)	YES.....1 NO.....2 → (02) PRESCRIPTION ONLY.....3 → (02)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(02) Progestin-only pill	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (03)	YES.....1 NO.....2 → (03)	YES.....1 NO.....2 → (03) PRESCRIPTION ONLY.....3 → (03)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(03) Injectables	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (04)	YES.....1 NO.....2 → (04)	YES.....1 NO.....2 → (04) PRESCRIPTION ONLY.....3 → (04)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
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(04) Male condom	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (05) DO NOT KNOW.....8	YES.....1 NO.....2 → (05)	YES.....1 NO.....2 → (05) PRESCRIPTION ONLY.....3 → (05)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(05) Female condom	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (06) DO NOT KNOW.....8	YES.....1 NO.....2 → (06)	YES.....1 NO.....2 → (06) PRESCRIPTION ONLY.....3 → (06)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(06) Emergency contraception	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (07) DO NOT KNOW.....8	YES.....1 NO.....2 → (07)	YES.....1 NO.....2 → (07) PRESCRIPTION ONLY.....3 → (07)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
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(07) Spermicide	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (08) DO NOT KNOW.....8	YES.....1 NO.....2 → (08)	YES.....1 NO.....2 → (08) PRESCRIPTION ONLY.....3 → (08)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(08) Diaphragm	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (09) DO NOT KNOW.....8	YES.....1 NO.....2 → (09)	YES.....1 NO.....2 → (09) PRESCRIPTION ONLY.....3 → (09)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(09) SDM/Cycle beads	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (10) DO NOT KNOW.....8	YES.....1 NO.....2 → (10)	YES.....1 NO.....2 → (10) PRESCRIPTION ONLY.....3 → (10)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
METHOD	29a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You do not know METHOD at all	29b. Have you provided (assisted with) [METHOD] to clients at this facility?	29c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	29d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	29e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	29f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(10) IUD	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (11)	YES.....1 NO.....2 → (11)	YES.....1 NO.....2 → (29e) PRESCRIPTION ONLY.....3 → (11)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998	YES.....1 NO.....2 → (11)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998
(11) Implants	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (12)	YES.....1 NO.....2 → (12)	YES.....1 NO.....2 → (29e) PRESCRIPTION ONLY.....3 → (12)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998	YES.....1 NO.....2 → (12)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998
(12) Female sterilization	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (13)	YES.....1 NO.....2 → (13)			YES.....1 NO.....2 → (13)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998
(13) Male sterilization	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 DO NOT KNOW.....8 } (14)	YES.....1 NO.....2 → (14)			YES.....1 NO.....2 → (14)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998

	29a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. Know the method sufficiently well to counsel and recommend to client 2. Know little about the method and would not feel comfortable counseling or recommending 8. Do not know method	29b. Have you ever recommended [METHOD] to clients at this facility?
(14) Natural methods (Rhythm, periodic abstinence, withdrawal)	COUNSEL & RECOMMEND.....1 KNOW LITTLE ABOUT.....2 DO NOT KNOW.....8 } → (15)	Yes.....1 No.....2
(15) Exclusive breastfeeding method (LAM)	COUNSEL & RECOMMEND.....1 KNOW LITTLE ABOUT.....2 DO NOT KNOW.....8 } → Q30	Yes.....1 No.....2

Q30. CHECK Q29A:

PROVIDES AND/OR COUNSELS ANY FP METHOD (ANY Q29A(1-13) = 1 OR 2; Q29A(14-15)=1) →

DOES NOT PROVIDE AND DOES NOT COUNSEL ANY FP METHOD (ALL Q29A(1-13) = 3 OR 8 AND Q29A(14-15)= 2 OR 8) → **Q36**

Now I would like to ask you specifically about the contraceptive methods that you provide. (ASK ONLY ABOUT THE FAMILY PLANNING METHODS THE RESPONDENT IS PROVIDING – Q29b)

METHOD	Q31a. What is the minimum age that you would offer this [METHOD]?	Q31b. What is the maximum age that you would offer this [METHOD]?	Q31c. Is there a minimum number of children a person must have before you will offer [METHOD]?	Q31d. What is that minimum number of children?	Q31e. Do you require a partner's consent before you will provide [METHOD]?	Q31f. Would you offer METHOD to an unmarried person?
(1) Combined oral pills	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(2) Progestin-only pill	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(3) Injectables	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(4) Male condom	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(5) Female condom	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(6) Emergency contraceptive	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(7) Spermicide	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2

(8) Diaphragm	<input type="checkbox"/> NO MIN.....93 DK.....98	<input type="checkbox"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q30e DK.....8 → Q30e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(9) SDM/Cycle beads	<input type="checkbox"/> NO MIN.....93 DK.....98	<input type="checkbox"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(10) IUD	<input type="checkbox"/> NO MIN.....93 DK.....98	<input type="checkbox"/> NO MAX.....93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(11) Implants	<input type="checkbox"/> NO MIN.....93 DK.....98	<input type="checkbox"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(12) Female sterilization	<input type="checkbox"/> NO MIN.....93 DK.....98	<input type="checkbox"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
(13) Male sterilization	<input type="checkbox"/> NO MIN....93 DK.....98	<input type="checkbox"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q31e DK.....8 → Q31e	<input type="checkbox"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2

Q32.	<p>What do you do/tell the client when talking about FP to clients?</p> <p>PROBE – Anything else? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>IDENTIFY REPRODUCTIVE GOALS OF CLIENT.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP CLIENT SELECT A SUITABLE METHOD.....D EXPLAIN THE WAY TO USE THE SELECTED METHOD.....E EXPLAIN THE SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G REQUEST FOR PARTNER'S CONSENT.....H OTHERS _____ X (SPECIFY)</p>
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Q33.	<p>CHECK Q29B:</p> <p>PROVIDES HORMONAL METHODS (PILL OF ANY TYPE, INJECTABLE, IUD, OR IMPLANTS: Q29B(1)=1 OR Q29B(2)=1 OR Q29B(3)=1 OR Q29B(10)=1 OR Q29B(11)=1) <input type="checkbox"/></p>	<p>DOES NOT PROVIDE HORMONAL METHODS (ALL OF THE FOLLOWING EQUAL "2" OR ARE SKIPPED: Q29B(1), Q29B(2), Q29B(3), Q29B(10), Q29B(11)) <input type="checkbox"/> → Q35</p>
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Q34.	<p>What do you do for a new client who wants the pill or another hormonal method but is not having her menses?</p> <p>DO NOT READ OPTIONS</p> <p>PROBE WITH "Anything else?"</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>QUESTION TO EXCLUDE PREGNANCY.....A EXAMINE TO EXCLUDE PREGNANCY.....B TEST TO EXCLUDE PREGNANCY.....C TELL HER TO COME BACK AT NEXT MENSES....D TRY TO INDUCE MENSES.....E SUPPLY CONDOMS UNTIL NEXT MENSES.....F SUPPLY HORMONAL METHOD IF REASONABLY CERTAIN SHE IS NOT PREGNANT.....G SUPPLY HORMONAL METHOD AND CONDOMS, ASK HER TO USE CONDOMS UNTIL NEXT MENSES.....H JUST GIVE HORMONAL METHOD.....J REQUEST FOR PARTNER'S CONSENT.....K OTHER _____ X (SPECIFY)</p>
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Q35.	Which kind of personal and financial records do you complete each time you provide a client with family planning services? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	A CLIENT RECORD CARD/FORM.....A AN ENTRY IN THE FP REGISTER.....B AN ENTRY IN THE FACILITY LOGBOOK/ REGISTER.....C INFORMAL NOTES IN A NOTEBOOK.....D A PAYMENT RECEIPT IF A FEE IS INVOLVED.....E OTHER _____X (SPECIFY) NO RECORD KEPT.....Y	
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INTEGRATION OF FAMILY PLANNING WITH OTHER SERVICES

Q36.	Which are the other services that you yourself provide to clients at this health facility? READ THE OPTIONS. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ANTE-NATAL CARE.....A DELIVERY SERVICES.....B POST-NATAL CARE.....C POST-ABORTION CARE.....D CHILD IMMUNIZATION.....E CHILD GROWTH MONITORING.....F OTHER CURATIVE SERVICES FOR WOMEN.....G OTHER CURATIVE SERVICES FOR CHILDREN.....H HIV/AIDS MANAGEMENT.....I PMTCT.....J VCT.....K NONE OF THESE.....Y →	Q89
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Q37.	CHECK Q36: IF OPTION A (ANTENATAL CARE) IS CIRCLED <input type="checkbox"/> → IF OPTION A (ANTENATAL CARE) IS NOT CIRCLED <input type="checkbox"/> →		Q46
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

Q38.	During Antenatal care, do you provide information about FP routinely?	YES.....1 NO.....2 →	Q44
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Q39.	What do you do/tell the client when talking about FP during antenatal care? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	HELP THE WOMAN SELECT A SUITABLE METHOD FOR POST-DELIVERY.....A INFORM ABOUT THE IMPORTANCE OF USING FP BY 40 DAYS POSTPARTUM.....B PROVIDE INFORMATION ON LAM.....C EXPLAIN SIDE-EFFECTS.....D ENCOURAGE WOMEN TO WAIT FOR SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHERS: _____X (SPECIFY)	
Q40.	Do you tell women where they can obtain an FP method after delivery?	YES.....1 NO.....2	
Q41.	Do you use counseling job aids to provide FP services during antenatal care?	YES.....1 NO.....2 →	Q46
Q42.	Which job aids do you use? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NATIONAL STANDARD OF PRACTICE (SOP) FOR FP SERVICESA FMOH FP SERVICES PERFORMANCE STANDARDS.....B WHO MEDICAL ELIGIBILITY CRITERIA (MERC).....C NURHI FP COUNSELING FLIP CHARTS.....D GATHER CHART.....E FP METHOD CHART (WALL TYPE)F NURHI SMS FP COMMODITY TRACKING JOB AIDG OJT MANUALS (THREE COURSES).....H OTHER _____X (SPECIFY)	

Q43.	Who provided these job aids? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NURHI/FPPNA UNFPAB WHOC SFHD JHPIEGOE MARIE STOPESF PATHG PPFNH STATE/ MOHI MCHIPJ TSHIPK UNICEFL OTHER _____ X DON" T KNOWZ	ALLL SKIP TO Q46
Q44.	Why are you not able to provide FP information routinely during antenatal care visits? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS...H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERS _____ X (SPECIFY)	
Q45.	Would you be willing to include family planning information routinely in your antenatal care services/visits?	YES.....1 NO.....2	
Q46. CHECK Q36: IF OPTION B (DELIVERY CARE) IS CIRCLED <input type="checkbox"/> IF OPTION B (DELIVERY CARE) IS NOT CIRCLED <input type="checkbox"/> → Q53			
Q47.	During <u>delivery care</u> (anytime before they are discharged from your facility), do you provide information about FP routinely?	YES.....1 NO.....2 → Q51	
Q48.	What do you do/tell the client when talking about FP during delivery care? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	HELP SELECT SUITABLE FP METHOD BY 40 DAYS POSTPARTUM.....A PROVIDE INFORMATION ON LAM.....B EXPLAIN SIDE-EFFECTS.....C EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....D ENCOURAGE WOMEN TO WAIT SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHER _____ X (SPECIFY)	
Q49.	Do you tell women where they can obtain an FP method during delivery care?	YES.....1 NO.....2	
Q50.	Do you counsel women on LAM during delivery care?	YES.....1 NO.....2 } → All skip to Q53	

Q51.	Why are you not able to provide FP information routinely during delivery care? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS...H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERS _____X (SPECIFY)	
Q52.	Would you be willing to include family planning information routinely in your delivery care services?	YES.....1 NO.....2	
Q53. CHECK Q36: IF OPTION C (POST-NATAL CARE) IS CIRCLED <input type="checkbox"/> IF OPTION C (POST-NATAL CARE) IS <u>NOT</u> CIRCLED <input type="checkbox"/> → Q62			
Q54.	During <u>post-natal care</u> visits, do you provide information about FP routinely?	YES.....1 NO.....2 → Q60	
Q55.	What do you do/tell the client when talking about FP during post-natal care visits? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	HELP SELECT SUITABLE FP METHOD BY 40 DAYS POSTPARTUM.....A PROVIDE INFORMATION ON LAM.....B EXPLAIN SIDE-EFFECTS.....C EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....D ENCOURAGE WOMEN TO WAIT SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHER _____X (SPECIFY)	
Q56.	Do you tell women where they can obtain an FP method during post-natal care visits?	YES.....1 NO.....2	
Q57.	Do you use counseling job aids to provide FP services during postnatal care visits?	YES.....1 NO.....2 → Q62	
Q58.	Which job aids do you use? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NATIONAL STANDARD OF PRACTICE (SOP) FOR FP SERVICESA FMOH FP SERVICES PERFORMANCE STANDARDS.....B WHO MEDICAL ELIGIBILITY CRITERIA (MERC).....C NURHI FP COUNSELING FLIP CHARTS.....D GATHER CHART.....E FP METHOD CHART (WALL TYPE)F NURHI SMS FP COMMODITY TRACKING JOB AIDG OJT MANUALS (THREE COURSES).....H NURHI MOBILE APP/CD.....I OTHER _____X (SPECIFY)	
Q59.	Who provided these job aids?	NURHIA MOBILE DL SIMB TSHIP.....C UNICEF.....D SMOH.....E SFH.....F OTHER _____X (SPECIFY) DON'T KNOWZ	} → ALL SKIP TO Q62

Q68.	Who provided these job aids?	NURHI A MOBILE DL SIM B TSHIP C UNICEF D SMOH E SFH F OTHER X (SPECIFY) DON'T KNOW Z	} → ALL SKIP TO Q71
Q69.	Why are you not able to provide FP information routinely during post abortion care visits? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING D NO INTEREST IN PROVIDING FP INFORMATION E LACK KNOWLEDGE ABOUT FP F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION G NO INTEREST IN FP ON THE PART OF THE PATIENTS H OVERLOAD OF WORK/NO TIME TO DISCUSS I NO NEED TO K NOT A PROFITABLE SERVICE TO PROVIDE L OTHERS X (SPECIFY)	
Q70.	Would you be willing to include family planning information routinely in your post abortion care services/visits?	YES 1 NO 2	
Q71. CHECK Q36: IF EITHER OPTION E (CHILD IMMUNIZATION) OR OPTION F (CHILD GROWTH MONITORING) IS CIRCLED <input type="checkbox"/> IF NEITHER OPTION E (CHILD IMMUNIZATION) NOR OPTION F (CHILD GROWTH MONITORING) IS CIRCLED <input type="checkbox"/> → Q77			
Q72.	During <u>child immunization/child growth monitoring</u> , do you provide information about FP routinely?	YES 1 NO 2	} → Q75
Q73.	What do you do/tell clients when talking about FP during child immunization or child growth monitoring visits? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	IDENTIFY REPRODUCTIVE GOALS OF WOMAN A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS B DISCUSS THE CLIENT'S FP PREFERENCES C HELP WOMEN SELECT A SUITABLE METHOD D EDUCATE WOMEN TO USE THE SELECTED METHOD E EXPLAIN SIDE-EFFECTS F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN G REQUEST FOR PARTNER'S CONSENT H OTHERS: X (SPECIFY)	
Q74.	Do you tell women where they can obtain an FP method?	Yes 1 No 2	} → All skip to Q77

Q75.	Why are you not able to provide FP information routinely? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERS _____ X (SPECIFY)	
Q76.	Would you be willing to include family planning information routinely in your child immunization or child growth monitoring visits?	YES.....1 NO.....2	
Q77. CHECK Q36: IF EITHER OPTION G (CURATIVE SERVICES FOR WOMEN) OR H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED <input type="checkbox"/>  <input type="checkbox"/>  Q83 IF NEITHER OPTION G (CURATIVE SERVICES FOR WOMEN) NOR H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED			
Q78.	While providing curative services to women or children, do you provide information on FP routinely?	YES.....1 NO.....2  Q81	
Q79.	What are the main activities you follow when talking about FP to clients? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	IDENTIFY REPRODUCTIVE GOALS OF WOMAN.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES...C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E EXPLAIN SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G OTHERS: _____ X (SPECIFY)	
Q80.	Do you tell women where they can obtain an FP method?	YES.....1 NO.....2  All skip to Q83	
Q81.	Why are you not able to provide FP information routinely? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERS _____ X (SPECIFY)	

Q82.	Would you be willing to include family planning information routinely in your curative care services/visits for women or children?	YES.....1 NO.....2	
Q83.	CHECK Q36: IF ANY OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED <input type="checkbox"/> ↓ IF NONE OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED <input type="checkbox"/> → Q89		
Q84.	While providing HIV-related services (HIV/AIDS management, PMTCT, and/or VCT) to women and men, do you provide information on FP routinely?	YES.....1 NO.....2 →	Q87
Q85.	What are the main activities you follow when talking about FP to clients? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	IDENTIFY REPRODUCTIVE GOALS OF WOMAN...A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E EXPLAIN SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G DISCUSS HIV/AIDS PREVENTION METHODS.....H DISCUSS METHODS NOT RECOMMENDED FOR HIV POSITIVE (LAM, IUD).....I RECOMMEND ALWAYS USE CONDOM IN ADDITION TO OTHER FP METHODS.....J REQUEST FOR PARTNER'S CONSENT.....K OTHERS:X (SPECIFY)	
Q86.	Do you tell women where they can obtain an FP method?	YES.....1 NO.....2 } →	All skip to Q89
Q87.	Why are you not able to provide FP information routinely? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERSX (SPECIFY)	
Q88.	Would you be willing to include family planning information routinely in your HIV-related services/visits for women and men?	YES.....1 NO.....2	

Integrated Supportive Supervision (ISS)			
Q89.	Have you received an integrated supportive supervision visit in the last three months?	YES.....1 NO.....2 →	Q93
Q90.	Which organization/group visited you?	NURHI.....1 STATE GOVERNMENT.....2 FEDERAL GOVERNMENT.....3 OTHER6 (SPECIFY) DON'T KNOW.....8	

Q91.	What type of feedback did you receive?	RECEIVED VERBAL/WRITTEN FEEDBACK.....A RECEIVED HANDS ON/PRACTICAL TRAINING...B RECEIVED DEMONSTRATION.....C OTHER _____ X (SPECIFY) RECEIVED NO FEEDBACK.....Y	A-X SKIP TO Q93
Q92.	Would you like to receive feedback?	YES.....1 NO.....2	
Q93.	Is this facility linked with another organization that provides family planning methods and materials at a discounted rate or for free (for example PPFN or SFH)?	YES.....1 NO.....2 → DON'T KNOW.....8 →	Q94c Q94c

Q94a.	What is the name of the organization?	Q94b. What year did this facility begin to associate with each organization named?	
	1.	YEAR [] [] [] [] DON'T KNOW 9998	
	2.	YEAR [] [] [] [] DON'T KNOW 9998	
	3.	YEAR [] [] [] [] DON'T KNOW 9998	
	4.	YEAR [] [] [] [] DON'T KNOW 9998	

The following questions ask your perspective about the facility's administration. All of your responses will remain confidential and will not be shared with anyone outside the study team.

Q94c	Is there one staff member in particular who advocates for family planning at this facility?	YES.....1 NO.....2 → DON'T KNOW.....8 →	Q94e Q94e
Q94d	What cadre of staff are they?	OBSTETRICIAN/GYNECOLOGIST.....01 GENERAL SURGEON.....02 PEDIATRICIAN.....03 GENERAL PHYSICIAN.....04 THEATRE NURSE.....05 NURSE/MIDWIFE.....06 NURSE.....07 MIDWIFE.....08 COMMUNITY HEALTH EXTENSION WORKER (CHEW).....09 COMMUNITY HEALTH OFFICER (CHO).....10 VCT COUNSELOR.....11 OTHER _____ 96 (SPECIFY)	

How supportive is this facility's administration of:					
		VERY UNSUPPORTIVE	UNSUPPORTIVE	SUPPORTIVE	VERY SUPPORTIVE
Q94e	Family Planning programs	1	2	3	4
Q94f	FP community outreach	1	2	3	4
Q94g	Training on FP methods	1	2	3	4
Q94h	Providing financial resources for FP efforts	1	2	3	4
Q94i	Ensuring minimal stock-outs of FP methods	1	2	3	4
Q94j	Partnering with other organizations to provide FP trainings in the facility	1	2	3	4
Q94k	Providing competitive wages for its employees	1	2	3	4
Q94l	Ensuring adequate staffing levels	1	2	3	4
Q94m	Minimizing staff turnover	1	2	3	4

Q95.	RECORD THE TIME IN 24 HOUR FORMAT	HOUR <input type="text"/> <input type="text"/>	MINUTES <input type="text"/> <input type="text"/>
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Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!

COMMENTS: