**Measurement, Learning & Evaluation (MLE) Project**  
Service Provider – Nigeria – 2017

### IDENTIFICATION

<table>
<thead>
<tr>
<th>CITY NAME &amp; CODE</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>(Ilorin=4, Kaduna=5, Jos=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGA NAME &amp; CODE</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>LOCALITY NAME &amp; CODE</td>
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<td>[ ]</td>
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<tr>
<td>FACILITY NAME AND CODE</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>PROVIDER NAME AND CODE (FROM THE FACILITY AUDIT LIST – Q10d)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

RESPONDENT: NOT INTERVIEWED = 1  PREVIOUSLY INTERVIEWED AT ANOTHER FACILITY = 2 (END) [ ]

IF PREVIOUSLY INTERVIEWED, OTHER FACILITY NAME AND CODE [ ] [ ] [ ] [ ]

### INTERVIEWER VISITS

<table>
<thead>
<tr>
<th>VISIT No.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>FINAL VISIT</th>
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<tbody>
<tr>
<td>DATE</td>
<td>[ ]/ [ ]/ [ ] 17</td>
<td>[ ]/ [ ]/ [ ] 17</td>
<td>[ ]/ [ ]/ [ ] 17</td>
<td>[ ]/ [ ]/ [ ] 17</td>
</tr>
<tr>
<td>INTERVIEWER’S NAME</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>INTERVIEWER CODE</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>RESULT*</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

NEXT VISIT:

| DATE: | [ ]/ [ ]/ [ ] 17 |
| TIME: | [ ] [ ] |
| TIME: | [ ] [ ] |
| TOTAL NO. OF VISITS | [ ] |

**RESULT CODES:**
1. COMPLETED 4. REFUSED
2. RESPONDENT NOT AVAILABLE 5. PARTLY COMPLETED
3. POSTPONED 6. OTHER [ ]

(Specify)

SUPERVISOR

NAME ____________________________  
CODE [______]  
DATE [____/____/17]  
DD MM YY

OFFICE EDITOR

NAME ____________________________  
CODE [______]  
DATE [____/____/17]  
DD MM YY

KEYED BY

NAME ____________________________  
CODE [______]  
DATE [____/____/17]  
DD MM YY
<table>
<thead>
<tr>
<th>Source</th>
<th>Questions</th>
<th>Coding</th>
<th>Skip</th>
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</thead>
<tbody>
<tr>
<td>Q1.</td>
<td>RECORD THE TIME (IN 24 HOUR FORMAT)</td>
<td>Hour ..........</td>
<td>Minutes .......</td>
</tr>
<tr>
<td>Q2.</td>
<td>SEX OF PROVIDER INTERVIEWED</td>
<td>MALE..........................1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>FEMALE..........................2</td>
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<tr>
<td>Q3.</td>
<td>How long have you been working here at this facility?</td>
<td>YEARS...</td>
<td></td>
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<td></td>
<td>LESS THAN ONE YEAR =00</td>
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<tr>
<td></td>
<td></td>
<td>DON'T KNOW = 98</td>
<td></td>
</tr>
<tr>
<td>Q4.</td>
<td>What cadre of staff are you?</td>
<td>OBSTETRICIAN/GYNECOLOGIST.........................01</td>
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<td></td>
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<td>GENERAL SURGEON..........................02</td>
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<td></td>
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<td>PEDIATRICIAN..........................03</td>
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<td>GENERAL PHYSICIAN..........................04</td>
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<td>THEATRE NURSE..........................05</td>
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<td></td>
<td>NURSE/MIDWIFE..........................06</td>
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<td>NURSE..................................07</td>
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<td>MIDWIFE..........................08</td>
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<td>COMMUNITY HEALTH EXTENSION WORKER (CHEW).....09</td>
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<td>COMMUNITY HEALTH OFFICER (CHO)...............10</td>
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<td>VCT COUNSELOR..........................11</td>
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<td></td>
<td></td>
<td>OTHER..........................096</td>
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<tr>
<td>Q5.</td>
<td>How old were you at your last birthday?</td>
<td>YEARS......</td>
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<tr>
<td>Q6.</td>
<td>What is your religion?</td>
<td>CHRISTIAN-CATHOLIC..........................1</td>
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<td>CHRISTIAN-PROTESTANT/OTHER CHRISTIAN........2</td>
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<td>ISLAM..........................03</td>
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<td>TRADITIONAL.........................04</td>
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<td>NO RELIGION..........................05</td>
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<td>OTHER..........................06</td>
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<tr>
<td>Q7.</td>
<td>In which department or unit do you work?</td>
<td>GENERAL OUTPATIENT DEPARTMENT (GOPD) ...01</td>
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<td></td>
<td></td>
<td>OBSTETRICS AND GYNECOLOGY ..................02</td>
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<td>SURGERY..........................03</td>
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<td>PEDIATRICS..........................04</td>
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<td>FAMILY PLANNING DEPARTMENT..................05</td>
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<td>INFANT AND CHILD CARE ..................06</td>
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<td>ANC..........................07</td>
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<td>HIV TESTING OR STI/HIV TREATMENT..............08</td>
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<td></td>
<td>Other..........................096</td>
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<tr>
<td>Q7a</td>
<td>Has your salary payment ever been delayed by more than one week?</td>
<td>YES..........................1</td>
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<td></td>
<td>NO..........................2</td>
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<tr>
<td>Q7b</td>
<td>How many times in the last year has your salary payment been delayed?</td>
<td>NUMBER OF DELAYED PAYMENTS</td>
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<td>EVERY PAY PERIOD..................00</td>
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<td>NEVER..........................97</td>
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<tr>
<td>Q7c</td>
<td>When was the last time your salary payment was delayed?</td>
<td>WITHIN THE PAST MONTH..................1</td>
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<td>WITHIN THE PAST 2-6 MONTHS........2</td>
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<td>WITHIN THE PAST 7-11 MONTHS........3</td>
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<td>WITHIN THE PAST 1-3 YEARS...........4</td>
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<td>WITHIN THE PAST 4-5 YEARS...........5</td>
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<td>MORE THAN 5 YEARS AGO...........6</td>
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<td>DON'T REMEMBER....................8</td>
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<td></td>
<td></td>
<td>NEVER..........................97</td>
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<tr>
<td>Q8.</td>
<td>How many years have you been working as a health care provider?</td>
<td>NUMBER OF YEARS:</td>
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<td>QUESTIONNAIRE IDENTIFICATION NO: [__</td>
<td>__</td>
<td>__</td>
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### IDENTIFICATION

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<th>Q9.</th>
<th>How many years ago did you finish your <strong>pre-service</strong> training?</th>
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<td>YEARS AGO….. [ ]</td>
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<td>NO PRE-SERVICE TRAINING=97</td>
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<table>
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<th>Q10.</th>
<th>Have you received any <strong>in-service</strong> training on family planning?</th>
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<tr>
<td></td>
<td>YES. [ ] 1</td>
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<thead>
<tr>
<th>Q11.</th>
<th>Who provided this training?</th>
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<td></td>
<td><strong>MULTIPLE RESPONSES POSSIBLE.</strong></td>
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<tr>
<td></td>
<td><strong>CIRCLE ALL MENTIONED.</strong></td>
</tr>
<tr>
<td></td>
<td>NURHI/FPPN [ ] A</td>
</tr>
<tr>
<td></td>
<td>UNFPA [ ] B</td>
</tr>
<tr>
<td></td>
<td>WHO [ ] C</td>
</tr>
<tr>
<td></td>
<td>SFH [ ] D</td>
</tr>
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<td></td>
<td>JPIEGO [ ] E</td>
</tr>
<tr>
<td></td>
<td>MARIE STOPES [ ] F</td>
</tr>
<tr>
<td></td>
<td>PATH [ ] G</td>
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<tr>
<td></td>
<td>PPFN [ ] H</td>
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<td>STATE/ MOH [ ] I</td>
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<td>ISHIP [ ] J</td>
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<td>OTHER [ ] X (SPECIFY)</td>
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<table>
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<th>Q12.</th>
<th>What types of in-service trainings did you receive?</th>
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<td></td>
<td><strong>MULTIPLE RESPONSES POSSIBLE.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>CIRCLE ALL MENTIONED.</strong></td>
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<tr>
<td></td>
<td>FP INTERPERSONAL COMMUNICATION AND COUNSELLING [ ] A</td>
</tr>
<tr>
<td></td>
<td>INITIAL FP TRAININGS [ ] B</td>
</tr>
<tr>
<td></td>
<td>REFRESHER FP TRAINING [ ] C</td>
</tr>
<tr>
<td></td>
<td>LONG-ACTING AND PERMANENT FP METHODS [ ] D</td>
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<tr>
<td></td>
<td>TRAINING OF TRAINERS OF FP PROVIDERS [ ] E</td>
</tr>
<tr>
<td></td>
<td>CONTRACEPTIVE LOGISTICS AND MANAGEMENT SYSTEM (CLMS) TRAINING [ ] F</td>
</tr>
<tr>
<td></td>
<td>SUPERVISORY SKILLS TRAINING [ ] G</td>
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<td>OTHER [ ] X (SPECIFY)</td>
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<table>
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<tr>
<th>Q13.</th>
<th>How long ago was the last <strong>in-service</strong> family planning training that you attended?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>DAYS AGO [ ] 1</td>
</tr>
<tr>
<td></td>
<td>WEEKS AGO [ ] 2</td>
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<td>MONTHS AGO [ ] 3</td>
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<td>YEARS AGO [ ] 4</td>
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<td>DON'T REMEMBER [ ] 998</td>
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<table>
<thead>
<tr>
<th>Q13a</th>
<th>Has this facility ever participated in a Whole Site Orientation?</th>
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<tbody>
<tr>
<td></td>
<td>YES. [ ] 1</td>
</tr>
<tr>
<td></td>
<td>NO. [ ] 2</td>
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<tr>
<td></td>
<td>DON'T KNOW [ ] 8</td>
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<th>Q13b</th>
<th>When was the last Whole Site Orientation?</th>
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<tr>
<td></td>
<td>2017 [ ] 1</td>
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<tr>
<td></td>
<td>2016 [ ] 2</td>
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<tr>
<td></td>
<td>2015 [ ] 3</td>
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<td>2014 [ ] 4</td>
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<td></td>
<td>2013 [ ] 5</td>
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<td>2012 [ ] 6</td>
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<td>BEFORE 2012 [ ] 7</td>
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<td>DON'T KNOW [ ] 8</td>
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<table>
<thead>
<tr>
<th>Q13c</th>
<th>Which organization coordinated the Whole Site Orientation?</th>
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<tr>
<td></td>
<td><strong>MULTIPLE RESPONSES POSSIBLE</strong></td>
</tr>
<tr>
<td></td>
<td>NURHI [ ] A</td>
</tr>
<tr>
<td></td>
<td>MOH [ ] B</td>
</tr>
<tr>
<td></td>
<td>MARIE STOPES [ ] C</td>
</tr>
<tr>
<td></td>
<td>PPFN [ ] D</td>
</tr>
<tr>
<td></td>
<td>SFH [ ] E</td>
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<tr>
<td></td>
<td>OTHER [ ] X</td>
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<table>
<thead>
<tr>
<th>Q14</th>
<th>Are you a member of the NURHI supported Family Planning Provider Network (FPPN)?</th>
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<tbody>
<tr>
<td></td>
<td>YES. [ ] 1</td>
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<tr>
<td></td>
<td>NO. [ ] 2</td>
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<table>
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<tr>
<th>Q15</th>
<th>Have you attended any of the FPPN meetings?</th>
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<tr>
<td></td>
<td>YES. [ ] 1</td>
</tr>
<tr>
<td></td>
<td>NO. [ ] 2</td>
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<td></td>
<td>DON'T KNOW [ ] 8</td>
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</table>
**QUESTIONNAIRE IDENTIFICATION NO:**

5 digit facility code + 3 digit prov code

<table>
<thead>
<tr>
<th>Q19.</th>
<th>Do you discuss family planning with other providers who are NOT FPPN members?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1 → Q22a</td>
</tr>
<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22a</td>
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<tr>
<td>Don't Know</td>
<td>NON-FPPN PROVIDERS .......................................................8 → Q22a</td>
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<table>
<thead>
<tr>
<th>Q22.</th>
<th>Have you interacted with providers who are members of the FPPN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1 → Q22a</td>
</tr>
<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22a</td>
</tr>
<tr>
<td>Don't Know</td>
<td>DON'T KNOW FPPN MEMBERS ......................................................8 → Q22a</td>
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<table>
<thead>
<tr>
<th>Q22a</th>
<th>Have you participated in the quarterly Facility Committee Meetings/ NURHI QIT?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1</td>
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<tr>
<td>No</td>
<td>...............................................................................................................2</td>
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<tr>
<td>Don't Know</td>
<td>DON'T KNOW FPPN MEMBERS ......................................................8 → Q22a</td>
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<table>
<thead>
<tr>
<th>Q22b</th>
<th>Have you ever connected with the NURHI WhatsApp FP forum?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1</td>
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<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22d</td>
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<tr>
<td>Don't Know</td>
<td>DON'T KNOW FPPN MEMBERS ......................................................8 → Q22a</td>
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<table>
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<tr>
<th>Q22c</th>
<th>When was the last time you connected with the NURHI WhatsApp FP forum?</th>
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<tbody>
<tr>
<td>Days Ago</td>
<td>...............................................................................................................1</td>
</tr>
<tr>
<td>Weeks Ago</td>
<td>...............................................................................................................2</td>
</tr>
<tr>
<td>Months Ago</td>
<td>...............................................................................................................3</td>
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<tr>
<td>Years Ago</td>
<td>...............................................................................................................4</td>
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<td>Don't Remember</td>
<td>DON'T REMEMBER/DON'T KNOW ......................................................998</td>
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<table>
<thead>
<tr>
<th>Q22d</th>
<th>Have you ever done community mobilization activities with a NURHI social mobilizer?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1 → Q22e</td>
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<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22f</td>
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<td>DON'T KNOW ......................................................8 → Q22a</td>
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<table>
<thead>
<tr>
<th>Q22e</th>
<th>Have you ever traveled outside your usual duty station with a NURHI social mobilizer to provide clinical services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1</td>
</tr>
<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22g</td>
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<td>DON'T KNOW ......................................................8 → Q22a</td>
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<table>
<thead>
<tr>
<th>Q22f</th>
<th>In the last year, have you made a family planning health referral in the community while working alongside a NURHI social mobilizer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>...............................................................................................................1</td>
</tr>
<tr>
<td>No</td>
<td>...............................................................................................................2 → Q22h</td>
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<tr>
<td>Don't Know</td>
<td>DON'T KNOW ......................................................8 → Q22a</td>
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<table>
<thead>
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<th>Q22g</th>
<th>Do you have the NURHI movie downloaded on your smartphone or on a CD?</th>
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<tr>
<td>Yes, App Observed</td>
<td>...............................................................................................................A</td>
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<tr>
<td>Yes, App Reported, Not Seen</td>
<td>...............................................................................................................B</td>
</tr>
<tr>
<td>Yes, CD Observed, Not Seen</td>
<td>...............................................................................................................C</td>
</tr>
<tr>
<td>Yes, CD Reported, Not Seen</td>
<td>...............................................................................................................D</td>
</tr>
<tr>
<td>No, Has Neither App nor CD</td>
<td>...............................................................................................................Y</td>
</tr>
<tr>
<td>Don't Know</td>
<td>DON'T KNOW ......................................................Z → Q28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q22h</th>
<th>How often do you watch the NURHI movie by app or CD?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Day</td>
<td>...............................................................................................................1</td>
</tr>
<tr>
<td>Weekly</td>
<td>...............................................................................................................2</td>
</tr>
<tr>
<td>Monthly</td>
<td>...............................................................................................................3</td>
</tr>
<tr>
<td>Quarterly</td>
<td>...............................................................................................................4</td>
</tr>
<tr>
<td>Never</td>
<td>...............................................................................................................5</td>
</tr>
<tr>
<td>Other</td>
<td>...............................................................................................................6</td>
</tr>
<tr>
<td>Don't Know</td>
<td>DON'T KNOW ......................................................8 → Q28</td>
</tr>
</tbody>
</table>

### 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 PRE-SERVICE TRAINING ONLY**

(Q9=00 OR GREATER AND Q10=2)

**THEN ANSWER Q28a ONLY**

**HAS HAD IN-SERVICE TRAINING ONLY**

(Q9=97 AND Q10=1)

**THEN ANSWER Q28b**

**HAS NOT HAD ANY PRE OR IN SERVICE TRAINING**

(Q9=97 AND Q10=2)

**THEN ANSWER Q29a**
<table>
<thead>
<tr>
<th>TOPICS</th>
<th>Q28a. Did your pre-service training cover TOPIC?</th>
<th>Q28b. Have you ever attended an in-service training on TOPIC?</th>
<th>Q28c. What year was your most recent in-service training on TOPIC?</th>
<th>Q28d. Which organization or government ministry conducted this training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(01) Contraceptive technology update</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (02)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(02) Exclusive breastfeeding counseling/LAM</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (03)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(03) Natural family planning (rhythm method, etc.)</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (04)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(04) SDM/Cycle beads</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (05)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(05) Emergency Contraceptive</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (06)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(06) Oral pills</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (07)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(07) FP counseling skills</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (08)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(08) Clinical skills on IUD</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (09)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(09) Clinical skills on injectable contraceptive</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (10)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(10) Clinical skills on implant</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (11)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(11) Clinical skills on Female Sterilization</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (12)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(12) Clinical skills on male sterilization</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (13)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(13) Management of incomplete abortion (Post-Abortion Care)</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (14)</td>
<td>DK=9998</td>
<td></td>
</tr>
<tr>
<td>(14) Manual vacuum aspiration (MVA)</td>
<td>YES . . . . . . 1 NO . . . . . . 2 DK..............8</td>
<td>YES . . . . . . 1 NO . . . . . . 2  (\rightarrow) (Q29a)</td>
<td>DK=9998</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>29a. Can you please tell me which of the following best describes your knowledge of [METHOD]:</th>
<th>29b. Have you provided (assisted with) [METHOD] to clients at this facility?</th>
<th>29c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?</th>
<th>29d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?</th>
<th>29e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?</th>
<th>29f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(01) Combined oral pill</td>
<td>PROVIDE &amp; COUNSEL…………….1 COUNSEL, NOT PROVIDE…..2 KNOW LITTLE ABOUT……….3 DO NOT KNOW…………….8</td>
<td>YES……….1 NO……….2  (02)</td>
<td>YES…………1 NO…………2  (02)</td>
<td>PRESCRIPTION ONLY……….3  (02)</td>
<td>DAYS…</td>
<td>CONSTANT PROBLEM…995 DON'T KNOW..998</td>
</tr>
<tr>
<td>(02) Progestin-only pill</td>
<td>PROVIDE &amp; COUNSEL…………….1 COUNSEL, NOT PROVIDE…..2 KNOW LITTLE ABOUT……….3 DO NOT KNOW…………….8</td>
<td>YES……….1 NO……….2  (03)</td>
<td>YES…………1 NO…………2  (03)</td>
<td>PRESCRIPTION ONLY……….3  (03)</td>
<td>DAYS…</td>
<td>CONSTANT PROBLEM…995 DON'T KNOW..998</td>
</tr>
<tr>
<td>(03) Injectables</td>
<td>PROVIDE &amp; COUNSEL…………….1 COUNSEL, NOT PROVIDE…..2 KNOW LITTLE ABOUT……….3 DO NOT KNOW…………….8</td>
<td>YES……….1 NO……….2  (04)</td>
<td>YES…………1 NO…………2  (04)</td>
<td>PRESCRIPTION ONLY……….3  (04)</td>
<td>DAYS…</td>
<td>CONSTANT PROBLEM…995 DON'T KNOW..998</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>29a. Can you please tell me which of the following best describes your knowledge of [METHOD]:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client;</td>
</tr>
<tr>
<td></td>
<td>2. You know METHOD sufficiently well to counsel, but not to provide;</td>
</tr>
<tr>
<td></td>
<td>3. You know little about METHOD and would not feel comfortable counseling or providing;</td>
</tr>
<tr>
<td></td>
<td>8. You do not know METHOD at all</td>
</tr>
<tr>
<td>PROVIDE &amp; COUNSEL............1</td>
<td>COUNSEL, NOT PROVIDE.....2</td>
</tr>
<tr>
<td>KNOW LITTLE ABOUT.............3</td>
<td>DO NOT KNOW..............8</td>
</tr>
</tbody>
</table>

(04) Male condom

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

(05) Female condom

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

(06) Emergency contraception

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

29b. Have you provided (assisted with) [METHOD] to clients at this facility?

YES........1
NO...........2

29c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?

YES........1
NO...........2

DAYS...

CONSTANT PROBLEM...995
DON'T KNOW...998

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?

YES........1
NO...........2

DAYS...

CONSTANT PROBLEM...995
DON'T KNOW...998

29f. If yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

(04) Male condom

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

(05) Female condom

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |

(06) Emergency contraception

| PROVIDE & COUNSEL............1 | COUNSEL, NOT PROVIDE.....2 |
| KNOW LITTLE ABOUT.............3 | DO NOT KNOW..............8 |
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;  
|            | 4. You do not know METHOD at all  
| PROVIDE & COUNSEL…………….1 | COUNSEL, NOT PROVIDE…..2 | KNOW LITTLE ABOUT……….3 | DO NOT KNOW……………….8 | 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? |
| Spermicide | PROVIDE & COUNSEL…………….1 | COUNSEL, NOT PROVIDE…..2 | KNOW LITTLE ABOUT……….3 | DO NOT KNOW……………….8 | YES........1 | NO………2 \(\rightarrow\) (08) | YES………1 | NO………2 \(\rightarrow\) (08) | YES………1 | NO………2 \(\rightarrow\) (08) | DAYS… | CONSTANT PROBLEM…995 | DON’T KNOW...998 |
| Diaphragm  | PROVIDE & COUNSEL…………….1 | COUNSEL, NOT PROVIDE…..2 | KNOW LITTLE ABOUT……….3 | DO NOT KNOW……………….8 | YES………1 | NO………2 \(\rightarrow\) (09) | YES………1 | NO………2 \(\rightarrow\) (09) | YES………1 | NO………2 \(\rightarrow\) (09) | DAYS… | CONSTANT PROBLEM…995 | DON’T KNOW...998 |
| SDM/Cycle beads | PROVIDE & COUNSEL…………….1 | COUNSEL, NOT PROVIDE…..2 | KNOW LITTLE ABOUT……….3 | DO NOT KNOW……………….8 | YES………1 | NO………2 \(\rightarrow\) (10) | YES………1 | NO………2 \(\rightarrow\) (10) | YES………1 | NO………2 \(\rightarrow\) (10) | DAYS… | 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.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>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; 4. You do not know METHOD at all</th>
<th>29b. Have you provided (assisted with) [METHOD] to clients at this facility?</th>
<th>29c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?</th>
<th>29d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?</th>
<th>29e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?</th>
<th>29f. If yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10) IUD</td>
<td>PROVIDE &amp; COUNSEL……………………1 COUNSEL, NOT PROVIDE….2 KNOW LITTLE ABOUT……….3 DO NOT KNOW………………8 (11)</td>
<td>YES……..1 NO……….2 ➔ (11)</td>
<td>YES…….1 NO……….2 ➔ (29e) PRESCRIPTION ONLY……….3 ➔(11)</td>
<td>DAYS… CONSTANT PROBLEM…995 DON’T KNOW..998</td>
<td>YES……..1 NO……….2 ➔ (11)</td>
<td>DAYS… CONSTANT PROBLEM…995 DK…..998</td>
</tr>
<tr>
<td>(11) Implants</td>
<td>PROVIDE &amp; COUNSEL……………………1 COUNSEL, NOT PROVIDE….2 KNOW LITTLE ABOUT……….3 DO NOT KNOW………………8 (12)</td>
<td>YES……..1 NO……….2 ➔ (12)</td>
<td>YES…….1 NO……….2 ➔ (29e) PRESCRIPTION ONLY……….3 ➔(12)</td>
<td>DAYS… CONSTANT PROBLEM…995 DON’T KNOW..998</td>
<td>YES……..1 NO……….2 ➔ (12)</td>
<td>DAYS… CONSTANT PROBLEM…995 DK…..998</td>
</tr>
<tr>
<td>(12) Female sterilization</td>
<td>PROVIDE &amp; COUNSEL………………1 COUNSEL, NOT PROVIDE….2 KNOW LITTLE ABOUT……….3 DO NOT KNOW………………8 (13)</td>
<td>YES……..1 NO……….2 ➔ (13)</td>
<td>YES…….1 NO……….2 ➔ (13)</td>
<td>DAYS… CONSTANT PROBLEM…995 DK…..998</td>
<td>YES……..1 NO……….2 ➔ (13)</td>
<td>DAYS… CONSTANT PROBLEM…995 DK…..998</td>
</tr>
<tr>
<td>(13) Male sterilization</td>
<td>PROVIDE &amp; COUNSEL………………1 COUNSEL, NOT PROVIDE….2 KNOW LITTLE ABOUT……….3 DO NOT KNOW………………8 (14)</td>
<td>YES……..1 NO……….2 ➔ (14)</td>
<td>YES…….1 NO……….2 ➔ (14)</td>
<td>YES…….1 NO……….2 ➔ (14)</td>
<td>YES…….1 NO……….2 ➔ (14)</td>
<td>YES…….1 NO……….2 ➔ (14)</td>
</tr>
</tbody>
</table>
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?

5 digit facility code + 3 digit prov code

**CHECK Q29A:**

<table>
<thead>
<tr>
<th>PROVIDES AND/OR COUNSELS</th>
<th>Q29A(1-13)</th>
<th>DOES NOT PROVIDE AND DOES NOT COUNSEL ANY FP METHOD (ALL Q29A(1-13) = 3 OR 8 AND Q29A(14-15) = 2 OR 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 OR 2</td>
<td>Q29A(14-15)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>METHOD</th>
<th>Q31a. What is the minimum age that you would offer this [METHOD]?</th>
<th>Q31b. What is the maximum age that you would offer this [METHOD]?</th>
<th>Q31c. Is there a minimum number of children a person must have before you will offer [METHOD]?</th>
<th>Q31d. What is that minimum number of children?</th>
<th>Q31e. Do you require a partner’s consent before you will provide [METHOD]?</th>
<th>Q31f. Would you offer [METHOD] to an unmarried person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral pills</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Progestin-only pill</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Injectables</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Male condom</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Female condom</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Emergency contraceptive</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Spermicide</td>
<td>NO MIN……93</td>
<td>NO MAX……93</td>
<td>YES .... 1  NO .... 2 → Q31e</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
<td>YES .... 1  NO .... 2</td>
</tr>
<tr>
<td>Question Number</td>
<td>Question Text</td>
<td>Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q32.</td>
<td>What do you do/tell the client when talking about FP to clients?</td>
<td>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________________________(SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q33.</td>
<td>CHECK Q29B:</td>
<td>Q35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Q29B(1), Q29B(2), Q29B(3), Q29B(10), Q29B(11))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q34.</td>
<td>What do you do for a new client who wants the pill or another hormonal method but is not having her menses?</td>
<td>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____________________________(SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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
- AN ENTRY IN THE FP REGISTER
- AN ENTRY IN THE FACILITY LOGBOOK/REGISTER
- INFORMAL NOTES IN A NOTEBOOK
- A PAYMENT RECEIPT IF A FEE IS INVOLVED
- OTHER
- NO RECORD KEPT

**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
- DELIVERY SERVICES
- POST-NATAL CARE
- POST-ABORTION CARE
- CHILD IMMUNIZATION
- CHILD GROWTH MONITORING
- OTHER CURATIVE SERVICES FOR CHILDREN
- HIV/AIDS MANAGEMENT
- STD MANAGEMENT
- CHILD IMMUNIZATION
- CHILD GROWTH MONITORING
- CURATIVE SERVICES FOR WOMEN
- CURATIVE SERVICES FOR CHILDREN
- HIV/AIDS MANAGEMENT
- PMTCT
- VCT
- NONE OF THESE

**CHECK Q36:**

**Q37.** IF OPTION A (ANTENATAL CARE) IS CIRCLED

**Q38.** During Antenatal care, do you provide information about FP routinely?

**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
- INFORM ABOUT THE IMPORTANCE OF USING FP BY 40 DAYS POSTPARTUM
- PROVIDE INFORMATION ON LAM
- EXPLAIN SIDE-EFFECTS
- ENCOURAGE WOMEN TO WAIT FOR SOME TIME BEFORE THE NEXT PREGNANCY
- REQUEST FOR PARTNER'S CONSENT
- OTHER

**Q40.** Do you tell women where they can obtain an FP method after delivery?

**Q41.** Do you use counseling job aids to provide FP services during antenatal care?

**Q42.** Which job aids do you use?

**PROBE: “ANYTHING ELSE?”**

**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.**

- NATIONAL STANDARD OF PRACTICE (SOP)
- FMHO FP SERVICES PERFORMANCE STANDARDS
- WHO MEDICAL ELIGIBILITY CRITERIA (MERC)
- NURHI FP COUNSELING FLIP CHARTS
- GATHER CHART
- FP METHOD CHART (WALL TYPE)
- NURHI SMS FP COMMODITY TRACKING JOB AID
- QUIT MANUALS (THREE COURSES)
- OTHER

**Q46.** Do you use counseling job aids to provide FP services during antenatal care?

**Q46.** Which job aids do you use?

**PROBE: “ANYTHING ELSE?”**

**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.**

- NATIONAL STANDARD OF PRACTICE (SOP)
- FMHO FP SERVICES PERFORMANCE STANDARDS
- WHO MEDICAL ELIGIBILITY CRITERIA (MERC)
- NURHI FP COUNSELING FLIP CHARTS
- GATHER CHART
- FP METHOD CHART (WALL TYPE)
- NURHI SMS FP COMMODITY TRACKING JOB AID
- QUIT MANUALS (THREE COURSES)
- OTHER

**SPECIFY**
Q43. Who provided these job aids?

MULTIPLE RESPONSES POSSIBLE.
CIRCLE ALL MENTIONED.

NURHI/FPNN .......................... A
UNFPA .................................. B
WHO .................................. C
SFH ..................................... D
JHPIEGO .............................. E
MARIE STOPES ...................... F
PATH ................................. G
PPFN .................................. H
STATE/ MOH ........................ I
MCHIP ................................ J
TSHIP ................................ K
UNICEF ................................. L
OTHER _________________________ X

DON'T KNOW ......................... Z

ALLLL 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.................................. J
NOT A PROFITABLE SERVICE TO PROVIDE................ L

OTHERS_____________________________ X

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

YES.................................................1
NO...............................................2

Q47. During delivery care (anytime before they are discharged from your facility), do you provide information about FP routinely?

YES.................................................1
NO...............................................2

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

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
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 Q26:
IF OPTION C (POST-NATAL CARE) IS CIRCLED
-----
IF OPTION C (POST-NATAL CARE) IS NOT CIRCLED
-----

Q54. During post-natal care visits, do you provide information about FP routinely?
YES……………………………..1
NO……………………………..2

Q55. What do you do/tell the client when talking about FP during post-natal care visits?
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

Q58. Which job aids do you use?
PROBE: “ANYTHING ELSE?”
MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.
NATIONAL STANDARD OF PRACTICE (SOP)…A
FMOH FP SERVICES 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 AID…G
OUT MANUALS (THREE COURSES)…H
NURHI MOBILE APP/CD…I
OTHER………………………………………………..X
(SPECIFY)

Q59. Who provided these job aids?
NURHI……………………………………………….A
MOBILE DL SIM………………………………….B
THSHIP……………………………………………C
UNICEF……………………………………………D
SMOH……………………………………………E
SFH………………………………………………F
OTHER………………………………………………X
(SPECIFY)
DON’T KNOW…………………………………….Z

ALL SKIP TO Q62
Q60. Why are you not able to provide FP information routinely during post-natal care visits?

PROBE: “ANYTHING ELSE?”
MUTLIPLE 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

Q61. Would you be willing to include family planning information routinely in your postnatal care services?

YES………………………………………………………….1
NO…………………………………………………………..2

Q62. CHECK Q36:

IF OPTION D (POST-ABORTION CARE) IS CIRCLED
IF OPTION D (POST-ABORTION CARE) IS NOT CIRCLED

Q63. During a post abortion care, do you provide information about FP routinely?

YES………………………………………………………….1
NO…………………………………………………………..2

Q64. What do/tell the client when talking about FP during post abortion care visits?

PROBE: “ANYTHING ELSE?”
MUTLIPLE 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
INFORM ABOUT HOW SOON AFTER ABORTION SHE MAY BECOME PREGNANT IF NOT USING CONTRACEPTION…………………..F
EXPLAIN SIDE-EFFECTS…………………………………..G
EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN…………………………………………………H
REQUEST FOR PARTNER’S CONSENT…………………..I
OTHERS: ___________________________________________X

Q65. Do you tell women where they can obtain an FP method during post abortion care visits?

YES………………………………………………………….1
NO…………………………………………………………..2

Q66. Do you use counseling job aids to provide FP services during post abortion care visits?

YES………………………………………………………….1
NO…………………………………………………………..2

Q67. Which job aids do you use?

PROBE: “ANYTHING ELSE?”
MUTLIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.

NATIONAL STANDARD OF PRACTICE (SOP) FOR FP SERVICES…………………………………….A
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 AID …………………………………………………G
OJT MANUALS (THREE COURSES)…………………..H
OTHER…………………………………………………..X

(SPECIFY)
### Q68. Who provided these job aids?

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<thead>
<tr>
<th>Option</th>
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<tbody>
<tr>
<td>NURHI</td>
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<tr>
<td>MOBILE DL SIM</td>
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<td>C</td>
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<td>UNICEF</td>
<td>D</td>
</tr>
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<td>F</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
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<tr>
<td>DON'T KNOW</td>
<td>Z</td>
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All skip to Q71

### Q69. Why are you not able to provide FP information routinely during post abortion care visits?

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 CONTRACEPTION - F
DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION - G
NO INTEREST IN FP ON THE PART OF THE PATIENTS - H
OVERLOAD OF WORKING TIME TO DISCUSS - I
NO NEED TO - J
NOT A PROFITABLE SERVICE TO PROVIDE - K
OTHERS (SPECIFY) - L

### 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

If NEITHER OPTION E (CHILD IMMUNIZATION) NOR OPTION F (CHILD GROWTH MONITORING) IS CIRCLED

### Q72. During child immunization/child growth monitoring, do you provide information about FP routinely?

YES - 1
NO - 2

### Q73. What do you do/tell clients when talking about FP during child immunization or child growth monitoring visits?

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: (SPECIFY) - X

### Q74. Do you tell women where they can obtain an FP method?

YES - 1
NO - 2

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

IF NONE OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED

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

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

Q86. Do you tell women where they can obtain an FP method?  
YES.................................................................1
NO....................................................................2

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.....................J NOT A PROFITABLE SERVICE TO PROVIDE......L OTHERS________________________________X

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

Q90. Which organization/group visited you?  
NURHI........................................................................1
STATE GOVERNMENT........................................2
FEDERAL GOVERNMENT...................................3
OTHER...............6
OTHERS: ______________________________X
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

**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

**Q94a.** What is the name of the organization?

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

**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)
## QUESTIONNAIRE IDENTIFICATION NO: [__ | __ | __ | __ | __ | __ | __ | __ | __ | __]

5 digit facility code + 3 digit prov code

How supportive is this facility’s administration of:

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<th>Question Number</th>
<th>Description</th>
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<th>Unsupportive</th>
<th>Supportive</th>
<th>Very Unsupportive</th>
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<td>Q94f</td>
<td>FP community outreach</td>
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<td>Q94h</td>
<td>Providing financial resources for FP efforts</td>
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<td>Q94i</td>
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<td>Q94j</td>
<td>Partnering with other organizations to provide FP trainings in the facility</td>
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<td>Q94m</td>
<td>Minimizing staff turnover</td>
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Q95. RECORD THE TIME IN 24 HOUR FORMAT

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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: