

Lagos State Ministry of Health and NURHI
Baseline Health Facility Survey
Service Provider – Nigeria - 2020

IDENTIFICATION	
STATE NAME & CODE _____	[]
(Kaduna=1, Lagos=2, Oyo=3)	
LGA NAME & CODE _____	[] [] [] []
LOCALITY NAME & CODE _____	[] [] [] [] [] []
FACILITY NAME AND CODE _____	[] [] [] [] [] [] [] []
PROVIDER NAME AND CODE _____	[] [] [] [] [] []

BACKGROUND INFORMATION			
Source	Questions	Coding	Skip
Q1.	RECORD THE TIME (IN 24 HOUR FORMAT)	Hour [][] Minutes [][]	
Q2.	SEX OF PROVIDER INTERVIEWED	MALE1 FEMALE.....2	
Q3.	How long have you been working here at this facility?	YEARS... [][] LESS THAN ONE YEAR =00 DON'T KNOW = 98	
Q4.	What cadre of staff are you?	OBSTETRICIAN/GYNECOLOGIST01 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)	
Q5.	How old were you at your last birthday?	YEARS..... [][]	
Q6.	What is your religion?	CHRISTIAN-CATHOLIC.....1 CHRISTIAN-PROTESTANT/OTHER CHRISTIAN.....2 ISLAM.....3 TRADITIONAL.....4 NO RELIGION5 OTHER 6 (SPECIFY)	
Q7.	In which department or unit do you work?	GENERAL OUTPATIENT DEPARTMENT (GOPD) ... 01 OBSTETRICS AND GYNECOLOGY 02 SURGERY03 PEDIATRICS04 FAMILY PLANNING DEPARTMENT05 INFANT AND CHILD CARE06 ANC.....07 HIV TESTING OR STI/HIV TREATMENT.....08 OTHER 96 (SPECIFY)	
Q8.	How many years have you been working as a health care provider?	NUMBER OF YEARS: [][]	
Q9.	How many years ago did you finish your pre-service training?	YEARS AGO..... [][] LESS THAN ONE YEAR = 00 NO PRE-SERVICE TRAINING=97	

Q10.	Have you received any in-service training on family planning?	YES.....1 NO.....2 → Q14
Q11.	Who provided this training? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NURHI/FPPNA UNFPAB WHOC SFHD JPIEGOE MARIE STOPESF PATHG PPFNH STATE MOHI TSHIPJ 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 TRAININGS B REFRESHER FP TRAININGC LONG-ACTING AND PERMANENT FP METHODS...D TRAINING OF TRAINERS OF FP PROVIDERS E CONTRACEPTIVE LOGISTICS AND MANAGEMENT SYSTEM (CLMS) TRAININGF SUPERVISORY SKILLS TRAINING..... G OTHER X (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

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 **HAS HAD IN-SERVICE TRAINING ONLY** → **Q28b**
 (Q9=00 OR HIGHER AND Q10=1) (Q9=97 AND Q10=1)
THEN ANSWER Q28a-Q28d

HAS HAD PRE-SERVICE TRAINING ONLY **HAS NOT HAD ANY PRE OR IN SERVICE TRAINING** → **Q29a**
 (Q9=00 OR GREATER AND Q10=2) (Q9=97 AND Q10=2)
THEN ANSWER 28a ONLY

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	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(02)	[] [] [] [] DK=9998	_____
(02) Exclusive breastfeeding counseling/LAM	YES.....1 NO.....2	YES.....1 NO.....2 →(03)	[] [] [] []	_____

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?
		DK.....8		DK=9998	
(03)	Natural family planning (rhythm method, etc.)	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(04)	[] [] [] [] [] DK=9998	_____
(04)	SDM/Cycle beads	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(05)	[] [] [] [] [] DK=9998	_____
(05)	Emergency Contraceptive	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(06)	[] [] [] [] [] DK=9998	_____
(06)	Oral pills	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(07)	[] [] [] [] [] DK=9998	_____
(07)	FP counseling skills	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(08)	[] [] [] [] [] DK=9998	_____
(08)	Clinical skills on IUD	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(09)	[] [] [] [] [] DK=9998	_____
(09)	Clinical skills on injectable contraceptive	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(10)	[] [] [] [] [] DK=9998	_____
(10)	Clinical skills on implant	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(11)	[] [] [] [] [] DK=9998	_____
(11)	Clinical skills on Female Sterilization	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(12)	[] [] [] [] [] DK=9998	_____
(12)	Clinical skills on male sterilization	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(13)	[] [] [] [] [] DK=9998	_____
(13)	Management of incomplete abortion (Post-Abortion Care)	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(14)	[] [] [] [] [] DK=9998	_____
(14)	Manual vacuum aspiration (MVA)	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 →(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		

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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		

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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.						
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(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

code

	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

code

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?
(8) Diaphragm	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q30e DK.....8→Q30e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2
(9) SDM/Cycle beads	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q31e DK.....8→Q31e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2
(10) IUD	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q31e DK.....8→Q31e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2
(11) Implants	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q31e DK.....8→Q31e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2
(12) Female sterilization	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q31e DK.....8→Q31e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2
(13) Male sterilization	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ...1 NO2 →Q31e DK.....8→Q31e	<input type="text"/> <input type="text"/>	YES1 NO2	YES1 NO2

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</p> <p>OTHERS _____ X (SPECIFY)</p>	
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)</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))</p>	<p>→ Q35</p>

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<p>Q34.</p>	<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>	
<p>Q35.</p>	<p>Which kind of personal and financial records do you complete each time you provide a client with family planning services?</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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</p>	

INTEGRATION OF FAMILY PLANNING WITH OTHER SERVICES

<p>Q36.</p>	<p>Which are the other services that you yourself provide to clients at this health facility? READ THE OPTIONS.</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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 →</p>	<p>Q89</p>
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<p>Q37.</p>	<p>CHECK Q36:</p> <p>IF OPTION A (ANTENATAL CARE) IS CIRCLED <input type="checkbox"/> IF OPTION A (ANTENATAL CARE) IS NOT CIRCLED <input type="checkbox"/> → Q46</p>	
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<p>Q38.</p>	<p>During <u>Antenatal care</u>, do you provide information about FP routinely?</p>	<p>YES.....1 NO.....2 →</p>	<p>Q44</p>
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<p>Q39.</p>	<p>What do you do/tell the client when talking about FP during antenatal care?</p> <p>PROBE: "ANYTHING ELSE?"</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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)</p>	
<p>Q40.</p>	<p>Do you tell women where they can obtain an FP method after delivery?</p>	<p>YES.....1 NO.....2</p>	
<p>Q41.</p>	<p>Do you use counseling job aids to provide FP services during antenatal care?</p>	<p>YES.....1 NO.....2 →</p>	<p>Q46</p>

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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 OTHERX (SPECIFY)	
Q43.	Who provided these job aids? MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	NURHI A MOBILE DL SIMB TSHIP.....C UNICEF.....D SMOH.....E SFH.....F OTHERX (SPECIFY) DON'T KNOWZ	} → ALL 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 OTHERSX (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 OTHERX (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	

code

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 NOT 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 OTHER _____ X (SPECIFY)	
Q59.	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 Q62

code

Q60.	Why are you not able to provide FP information routinely during post-natal 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)	
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 <input type="checkbox"/> IF OPTION D (POST-ABORTION CARE) IS NOT CIRCLED <input type="checkbox"/> → Q71			
Q63.	During a <u>post abortion care</u> , do you provide information about FP routinely?	YES.....1 NO.....2 → Q69	
Q64.	What do/tell the client when talking about FP during post abortion care 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 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 (SPECIFY)	
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 → Q71	
Q67.	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)	

code

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	

code

<p>Q75.</p>	<p>Why are you not able to provide FP information routinely? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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)</p>	
<p>Q76.</p>	<p>Would you be willing to include family planning information routinely in your child immunization or child growth monitoring visits?</p>	<p>YES.....1 NO.....2</p>	
<p>Q77. CHECK Q36:</p> <p>IF EITHER OPTION G (CURATIVE SERVICES FOR WOMEN) OR H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED <input type="checkbox"/> ↓</p> <p>IF NEITHER OPTION G (CURATIVE SERVICES FOR WOMEN) NOR H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED <input type="checkbox"/> → Q83</p>			
<p>Q78.</p>	<p>While providing curative services to women or children, do you provide information on FP routinely?</p>	<p>YES.....1 NO.....2 →</p>	<p>Q81</p>
<p>Q79.</p>	<p>What are the main activities you follow when talking about FP to clients? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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)</p>	
<p>Q80.</p>	<p>Do you tell women where they can obtain an FP method?</p>	<p>YES.....1 NO.....2 } →</p>	<p>All skip to Q83</p>
<p>Q81.</p>	<p>Why are you not able to provide FP information routinely? PROBE: "ANYTHING ELSE?" MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>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)</p>	

code

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"/> → Q89 IF NONE OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED <input type="checkbox"/> → Q89		
Q84.	While providing <u>HIV-related services (HIV/AIDS management, PMTCT, and/or VCT)</u> 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 OTHERS _____ X (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	

PROVIDER IDEATION: COUNSELING ATTITUDES AND BELIEFS

I will now read to you a set of statements. After reading each statement, please tell me if you strongly agree, just agree, strongly disagree or just disagree with the statement.		STRONGLY AGREE	AGREE	NEU TRAL	DISAGREE	STRONGLY DISAGREE
Q89.	During a family planning consultation, clients' family planning rights should be protected at all cost.	5	4	3	2	1
Q90.	During a family planning consultation, clients should be encouraged to ask questions or voice their opinions.	5	4	3	2	1

code

Q91.	I am comfortable discussing emergency contraception with my clients	5	4	3	2	1
Q92.	During a family planning consultation, the client's privacy and confidence should be maintained at all times.	5	4	3	2	1
Q93.	A client's education affects the type of contraception I recommend for her.	5	4	3	2	1
Q94.	It is difficult for a woman with little or no education to understand basic information about contraceptive methods.	5	4	3	2	1
Q95.	A client's level of education determines how likely she is to use a contraceptive method continuously.	5	4	3	2	1
Q96.	Only married clients should be given long-term family planning methods	5	4	3	2	1
Q97.	Only married clients should be given permanent family planning methods	5	4	3	2	1
Regarding YOUR contraceptive prescribing practices, please tell me if you strongly agree, just agree, strongly disagree or just disagree with the following statement.		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Q98.	I do not feel comfortable providing contraception to an unmarried woman	5	4	3	2	1
Q99.	I do not feel comfortable providing contraception to a client younger than age 15	5	4	3	2	1
Q100.	I do not feel comfortable recommending that a woman with only 2 children consider sterilization	5	4	3	2	1
Q101.	I do not feel comfortable providing a long-acting contraceptive method (IUD or implant) to an unmarried woman	5	4	3	2	1

PROVIDER IDEATION: PERCEIVED PROFESSIONAL PEER BEHAVIOR AND ATTITUDES

Q102.	Regarding your PROFESSIONAL PEERS at this facility, please tell me if you strongly agree, just agree, [strongly disagree or just disagree with the statement.	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DK
Q102A	Some of my colleagues are uncomfortable providing contraception to an unmarried woman	5	4	3	2	1	9
Q102B	Some of my colleagues are uncomfortable providing contraception to a woman whose spouse has not consented	5	4	3	2	1	9
Q102C	Some of my colleagues are uncomfortable providing contraception to a client younger than age 15	5	4	3	2	1	9
Q102D	Some of my colleagues are uncomfortable providing contraception to a client over age 45	5	4	3	2	1	9
Q102E	Some of my colleagues are uncomfortable recommending that a woman with only 2 children consider sterilization	5	4	3	2	1	9
Q102F	Some of my colleagues are uncomfortable providing a long-acting contraceptive method (IUD or implant) to an unmarried woman	5	4	3	2	1	9
Q102G	My colleagues often change the method they provide based on a client's preference for a certain method	5	4	3	2	1	9

PROVIDER IDEATION: SOCIAL ATTITUDES AND BELIEFS

Q103.	I will now read you some statements. After each statement, please tell me if you strongly agree, just agree, just disagree, strongly disagree or if you are neutral about the statement.	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Q103A	A married woman should not use contraception before having had any children.	5	4	3	2	1
Q103B	A married woman who uses contraception before having had any children deserves the most effective contraceptive option possible.	5	4	3	2	1
Q103C	If you were close friends with a married woman with no children, and you found out she was using contraception,	YES 1 NO 2				

code

	would you remain close friends with her?	NOT SURE8				
Q103D	Would you allow your teenage children to be friends with a young unmarried woman who was using contraception?	YES 1 NO2 NOT SURE 8				
Q104. I will now read you some statements. After each statement, please tell me if you strongly agree, just agree, just disagree, strongly disagree or if you are neutral about the statement.		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Q104A	It is okay for a provider to prescribe a short-term contraceptive method (e.g., pill, injectables) for a woman without her husband's consent	5	4	3	2	1
Q104B	It is okay for a provider to prescribe a long-term contraceptive method (e.g., IUD, implant) for a woman without her husband's consent	5	4	3	2	1
Q104C	It is okay for a provider to prescribe a female sterilization for a woman without her husband's consent	5	4	3	2	1
Q104D	It is okay for a provider to prescribe emergency contraception for a woman without her husband's consent	5	4	3	2	1

PROVIDER IDEATION: METHOD-SPECIFIC ATTITUDES AND BELIEFS

Q105. I will now read you some statements. After each statement, please tell me if you strongly agree, just agree, just disagree, strongly disagree or if you are neutral about the statement.		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
A.	Using emergency contraception can increase immoral behaviors	5	4	3	2	1
B.	Using IUD can increase immoral behaviors	5	4	3	2	1
C.	Using implants can increase immoral behaviors	5	4	3	2	1
D.	Using female sterilization can increase immoral behaviors	5	4	3	2	1
E.	I would not provide emergency contraception to client.	5	4	3	2	1
F.	Vasectomy reduces sexual potency.	5	4	3	2	1
G.	Vasectomy can cause sperm to build up in the body, causing health problems.	5	4	3	2	1
H.	If my brother did not want more children, I would suggest vasectomy for him.	5	4	3	2	1
I.	If my sister did not want more children, I would suggest female sterilization for her.	5	4	3	2	1
J.	If I had undergone female sterilization, I would tell my friends.	5	4	3	2	1
K.	Female sterilization can cause cancer in a woman.	5	4	3	2	1

PROVIDER IDEATION: SOCIAL INTERACTIONS AND INFLUENCE

Q106. Please tell me on a scale of 0 (strongly disapprove) to 10 (strongly approve), how much your _____ approve of your prescription of these specific contraceptive methods to your clients. IF THE SPECIFIC RELATIONSHIP DOES NOT EXIST FOR THE RESPONDENT, PUT 88. IF RESPONDENT SAYS SHE DOES NOT KNOW, PUT 99.

		Emergency Contraception	Pill	Injectables	IUD	Implant	Female sterilization	Male sterilization
A.	Spouse							
B.	Father							
C.	Mother							
D.	Sister / Brother							
E.	Best friend							
F.	Professional colleagues							
G.	Religious leader							

code

Integrated Supportive Supervision (ISS)		
Q107.	Have you received an integrated supportive supervision visit in the last three months?	YES.....1 NO.....2 → Q93
Q108.	Which organization/group visited you?	NURHI.....A STATE GOVERNMENT.....B FEDERAL GOVERNMENT.....C OTHER _____ X (SPECIFY) DON'T KNOW..... Z
Q109.	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
Q110.	Would you like to receive feedback?	YES.....1 NO.....2
Q111.	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 → Q95 DON'T KNOW.....8 → Q95

Q112.	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	
Q113.	RECORD THE TIME IN 24 HOUR FORMAT	HOUR [] [] MINUTES [] []	

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: