Evaluating Knowledge, Competency, Feasibility and Acceptability of a Digital Training Course on Hormonal IUD for Private and Public Sector Family Planning Providers in Nigeria

Trainee Baseline Demographics

[NOTE: This survey will be completed immediately before beginning the pre-training knowledge check that is the first step in the digital training curriculum. This is to be completed prior to starting the digital training. These questions will be built into the Kaya digital training platform.]

SECTION 1: IDENTIFICATION			
#	**Question**	**Response**	**Conditions**
en_101 **Data not included in dataset**	In which state do you currently work?	Enugu……1 Kaduna……2 Oyo……3	
en_102	In what type of health facility do you work? (*Select all that apply*)	Government tertiary-level hospital……1 Government secondary-level hospital……2 Government health center……3 Government health post……4 Private hospital……5 Private clinic/health center……6 Other……96	
en_102_other_specify	If other, specify	_____ [*Free text*]	If en_102 = 96
en_103	Do you do any of the following health-related work? (*Select all that apply*)	Work in a private clinic owned by others……1 Have my own private clinic……2 Have a pharmacy at my home……3 Consult for a health-related NGO……4 Other……96	
en_103_other_specify	If other, specify	_____ [*Free text*]	If en_103 = 96
en_104	Do you primarily work in the public or the private sector?	Public sector ……1 Private Sector ……2 I work in both equally ……3	

SECTION 2: DEMOGRAPHICS & CLINICAL EXPERIENCE			
#	**Question**	**Response**	**Conditions**
en_105	How old are you (in years)?	___ ___ (i*n years*)	Range: 18-99

en_106	What is your gender?	Male……..1 Female……..2 Other……..3 Prefer not to say……..98	
en_107	What is the highest level of education you have completed?	Never attended school……1 Completed primary……2 Completed secondary……..3 Completed post-secondary ……..4 CHO/CHEW training ……5 Nursing/Midwife/Medical degree……6 Masters……7 Doctorate……8	
en_108	What type of health worker are you?	Doctor……1 Doctor's Assistant……2 Nurse……..3 Auxiliary Nurse.……4 Midwife……5 Community Health Officer ……6 CHEW…… ……7 Other…….. ……96	
en_108_other_specify	If other, specify	_____ [*Free text*]	If en_108 = 96
en_109	How long have you worked in this position?	Less than 1 year……1 1-2 years……2 3-5 years……3 6-10 years……..4 >10 years……5	
en_110	Do you belong to any professional associations?	Yes……..1 No……0 Don't know……..98	
en_110	Which professional associations do you belong to? (*Select all that apply*)	Nigerian Medical Association……..1 National Association of Nurses and Midwifery of Nigeria……..2 National Association of Nigeria Nurses and Midwives……..3 National Association of Community Health Practitioners of Nigeria……4 Forum of Local Government Nurses and Midwives……..5 Other (specify) ……96	If en_110 = 1
en_110_other_specify	If other, specify	_____ [*Free text*]	If en_110 = 96

en_200	Have you been trained to provide the contraceptive implant?	Yes……..1 No……2 Don't know……..98	
en_201	Have you received training on the 1-rod or the 2-rod implant?	1-rod ……1 2-rod ……2 Both ……3	If en_200 = 1
en_202	How long ago did you last receive training or refresher training on the contraceptive implant (not including the refresher training you received as a part of the hormonal IUD digital training)?	Less than 1 year……1 1-2 years……2 3-5 years……3 6-10 years……4 >10 years……5	If en_200=1
en_203	About how many contraceptive implants have you **inserted** in the past 6 months?	None……1 1-10……2 11-50……3 51-100……4 101-200……5 >201……6 Don't know……98	If en_200=1
en_204	About how many contraceptive implants have you **removed** in the past 6 months?	None……1 1-10……2 11-50……3 51-100……4 101-200……5 >201……6 Don't know……98	If en_200=1
en_205	How comfortable are you **inserting** contraceptive implants?	Very comfortable……1 Somewhat comfortable……2 Neither comfortable nor uncomfortable……3 Somewhat uncomfortable……4 Very uncomfortable……5 Don't know……98	If en_200=1

en_206	How comfortable are you **removing** contraceptive implants?	Very comfortable……1 Somewhat comfortable……2 Neither comfortable nor uncomfortable……3 Somewhat uncomfortable……4 Very uncomfortable……5 Don't know……98	If en_200=1
en_300	How long ago did you last receive training or refresher training on the copper IUD (not including the refresher training you received as a part of the hormonal IUD digital training)?	Less than 1 year……1 1-2 years……2 3-5 years……3 6-10 years……4 >10 years……5	
en_301	About how many copper IUDs have you **inserted** in the past 6 months?	None……1 1-10……2 11-50……3 51-100……4 101-200……5 >201……6 Don't know……98	If en_300=1
en_302	About how many copper IUDs have you **removed** in the past 6 months?	None……1 1-10……2 11-50……3 51-100……4 101-200……5 >201……6 Don't know……98	If en_300=1
en_303	How comfortable are you **inserting** copper IUDs?	Very comfortable……1 Somewhat comfortable……2 Neither comfortable nor uncomfortable……3 Somewhat uncomfortable……4 Very uncomfortable……5 Don't know……98	If en_300=1

en_304	How comfortable are you **removing** copper IUDs?	Very comfortable……1 Somewhat comfortable……2 Neither comfortable nor uncomfortable……3 Somewhat uncomfortable……4 Very uncomfortable……5 Don't know……98	If en_300=1
en_400	Have you ever received training on a family planning method using a digital or virtual approach previously (not counting this training)	Yes……1 No……2 Don't know……98	