Question Type	Variable	Survey Text (English)	Calculation	Code	Choice Text (English)	Skip Pattern
note	start_note	R4S Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning Readiness Assessment for Community Health Workers				
select_one	this_country	D. Select your Country		Burkina-Faso	Burkina Faso	
				India	India	
				Nepal	Nepal	
				Niger	Niger	
				Nigeria	Nigeria	
				Uganda	Uganda	
calculate	system_date		now()			
calculate	today_formatted		format-date-time(${system_date}, "%Y-%m-%d %H:%M")			
calculate	today		if(${system_date_check} = '1',${system_date},${manual_date})			
select_one	q005	D: FACILITY TYPE		health_center_2	Health center II	
				health_center_3	Health center III	
				health_center_4	Health center IV	
				hospital	Hospital	
				Other	Other	
				b	general hospital	
				e	specialist hospital	
				f	private hospital	
				g	Primary health clinic	
select_multiple	q007	MANAGING AUTHORITY Supporting FP services by CHWs		1	Ministry of Health/Government	
				2	International non-governmental organization	
				3	Local non-governmental organization	
				4	Private for profit	
		Section A. Eligibility				
integer	e1	E1. How old were you on your last birthday?				
select_one	e2	E2. Are you a trained community health worker?		0	No	${e1}>=18
				1	Yes	
select_one	e3	E3. Have you provided any FP method in the last 3 months?		0	No	${e1}>=18 and ${e2}='1'
				1	Yes	
select_one	e4	E4. Did the participant consent to participate in this survey?		0	No	${e1}>=18 and ${e2}='1' and
				1	Yes	
		ROLE AND SUPPLIES				${consent_obtained}
select_one	q101	Q101. Record gender		1	Female	${consent_obtained}
				2	Male	
		Q102. How long have you been a CHW?				
integer	q102_years	Years:				
integer	q102_months	Months:				
		Q103. How long have you been providing FP counseling and services as part of your responsibilities as a CHW?				
integer	q103_years	Years:				
integer	q103_months	Months:				
		Q104. Which family planning method(s) do you offer to people in this community as part of your services as a CHW?				
select_one	q104_a	a) Combined oral contraceptive pills		0	No	
				1	Yes	
select_one	q104_b	b) Progestin-only contraceptive pills		0	No	
				1	Yes	
select_one	q104_c	c) DMPA-IM		0	No	
				1	Yes	
select_one	q104_d	d) DMPA-SC / Sayana Press		0	No	
				1	Yes	
select_one	q104_e	e) Male condoms		0	No	
				1	Yes	
select_one	q104_f	f) Female condoms		0	No	
				1	Yes	
select_one	q104_g	g) Emergency contraceptive pills		0	No	
				1	Yes	

select_one	q104_h	h) Cycle beads for standard days method		0	No	
				1	Yes	
select_one	q104_i	i) Don’t know / None		0	No	
				1	Yes	
select_one	q105	Q105. Do you counsel clients on the Lactational Amenorrhea Method (LAM)?		0	No	${consent_obtained}
				1	Yes	
				88	Don’t know	
				99	No response	
		SUPPLIES AND MATERIALS				${consent_obtained}
select_one	q201	Q201. Can I see where you store your FP commodities and supplies today?		0	No	${consent_obtained}
				1	Yes	
						(${consent_obtained}) and ${q201}='1'
		Q202. OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED.				
select_one	q202_a	a) Are commodities off the floor?		0	No	
				1	Yes	
select_one	q202_b	b) Are the commodities protected from water?		0	No	
				1	Yes	
select_one	q202_c	c) Are the commodities protected from the sun?		0	No	
				1	Yes	
select_one	q202_d	d) Is the room clean of evidence of rodents or pests?		0	No	
				1	Yes	
select_one	q202_e	e) Is the storage room well ventilated?		0	No	
				1	Yes	
						${consent_obtained} and (${q104_c}='1' or ${q104_d}='1')
		Q203. Do you have any of the following for DMPA injections?				
select_one	q203_a	a. A sharps container		1	Observed	
				2	Yes, not observed	
				3	No	
select_one	q203_b	b. Antiseptic		1	Observed	
				2	Yes, not observed	
				3	No	
select_one	q203_c	c. Gauze or cotton to clean the skin		1	Observed	
				2	Yes, not observed	
				3	No	
select_one	q203_d	d. Bandages/plasters		1	Observed	
				2	Yes, not observed	
				3	No	
select_one	q204	Q204. Do you have informational materials about FP methods that you show clients?		0	No	${consent_obtained}
				1	Yes, observed	
				2	Yes, reported not seen	
				99	No response	
select_one	q205	Q205. Do you have counseling tools/job aids that you use to counsel clients about FP?		0	No	${consent_obtained}
				1	Yes, observed	
				2	Yes, reported not seen	
				99	No response	
						${consent_obtained}
		Q206. Are any of the following contraceptive commodities available today?				
select_one	q206_a	a) Combined oral contraceptive pills		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_b	b) Progestin-only contraceptive pills		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_c	c) DMPA-IM		1	At least one non-expired	

				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_d	d) DMPA-SC / Sayana Press		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_e	e) Male condoms		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_f	f) Female condoms		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_g	g) Emergency contraceptive pills		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
select_one	q206_h	h) Cycle beads for standard days method		1	At least one non-expired	
				2	Available, all are expired	
				3	Reported available not seen	
				4	Provided but not available today/Don't Know	
				5	Not provided	
						${consent_obtained}
		Q207. For each method, have you experienced any stock outs in the past 3 months?				
select_one	q207_a	a) Combined oral contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q207_b	b) Progestin-only contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q207_c	c) DMPA-IM		0	No	
				1	Yes	
				9		
select_one	q207_d	d) DMPA-SC / Sayana Press		0	No	
				1	Yes	
				9		
select_one	q207_e	e) Male condoms		0	No	
				1	Yes	
				9		
select_one	q207_f	f) Female condoms		0	No	
				1	Yes	
				9		
select_one	q207_g	g) Emergency contraceptive pills		0	No	
				1	Yes	
				9		
select_one	q207_h	h) Cycle beads for standard days method		0	No	
				1	Yes	
				9		
select_one	q208	Q208. Where is the main place where you get the FP commodities you provide?		1	Local health facility	${consent_obtained}
				2	Purchases from a pharmacy or drug shop	
				4	From social marketing organization	
				5	Others (Specify _____)	
				99	No response	
text	q208_other	Please specify the other				${q208}='5'
select_one	q209	Q209. In the past 3 months, has there been a time where you went to resupply but you could not get one or more of the methods you provide?		0	No	${consent_obtained}
				1	Yes	
				88	Don’t know	

				99	No response	
select_one	q210	Q210. In the past 3 months, has there been a time when you went to resupply but you got fewer units of any methods than you wanted because they did not have enough units in stock?		0	No	${consent_obtained}
				1	Yes	
				88	Don't know	
				99	No response	
select_one	q211	Q211. In the past 3 months, has there been a time where you were not able to serve a client with the method that they wanted because you were out of the product?		0	No	${consent_obtained}
				1	Yes	
				88	Don't know	
				99	No response	
		TRAINING				${consent_obtained}
select_one	q301	Q301. Have you completed an official training for CHWs?		0	No	${consent_obtained}
				1	Yes	
				88	Don't know	
				99	No response	
select_one	q302	Q302. Did that training include a module on FP?		0	No	(${consent_obtained}) and ${q301}='1'
				1	Yes	
				88	Don't know	
				99	No response	
						${consent_obtained}
		Q303. Have you received training on any of the following topics related to FP:				
select_one	q303_a	a. Client-center counseling to enable informed method choice		0	No	
				1	Yes	
				9		
select_one	q303_b	b. Counseling clients on FP, including side effects		0	No	
				1	Yes	
				9		
select_one	q303_c	c. Providing short-acting methods and following up with clients for resupply		0	No	
				1	Yes	
				9		
select_one	q303_d	d. Injecting IM-DMPA		0	No	
				1	Yes	
				9		
select_one	q303_e	e. Training clients to self-inject SC DMPA		0	No	
				1	Yes	
				9		
select_one	q303_f	f. Referring clients for methods that you cannot provide		0	No	
				1	Yes	
				9		
select_one	q303_g	g. Data collection, registers, or reporting		0	No	
				1	Yes	
				9		
						${consent_obtained}
		Q304. How confident are you in your own ability to provide the following services to clients?				
select_one	q304_a	a. Client-center counseling to enable informed method choice		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q304_b	b. Counseling clients on FP, including side effects		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q304_c	c. Providing short-acting methods and following up with clients for resupply		0		
				1	Not	

				2	Somewhat	
				3	Very	
select_one	q304_d	d. Injecting IM-DMPA		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q304_e	e. Training clients to self-inject SC DMPA		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q304_f	f. Referring clients for methods that you cannot provide		0		
				1	Not	
				2	Somewhat	
				3	Very	
select_one	q304_g	g. Data collection, registers, or reporting		0		
				1	Not	
				2	Somewhat	
				3	Very	
						${consent_obtained}
		Q305. For each method that you provide, how confident do you feel providing clients with this method?				
select_one	q305_a	a) Combined oral contraceptive pills		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
select_one	q305_b	b) Progestin-only contraceptive pills		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
select_one	q305_c	c) DMPA-IM		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
select_one	q305_d	d) DMPA-SC / Sayana Press		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
select_one	q305_e	e) Emergency contraceptive pills		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
select_one	q305_f	f) Cycle beads for standard days method		0	Do not provide	
				1	Very Confident	
				2	Somewhat confident	
				3	Not confident	
				9	No response	
		SUPPORT AND SUPERVISION				${consent_obtained}
select_one	q401	Q401. Are you attached to a mentor or supervisor, at a health facility such as a health worker/nurse/midwife?		0	No	${consent_obtained}
				1	Yes	
				88	Don’t know	
				99	No response	
select_one	q402	Q402. Is this mentor or supervisor available to answer questions you have about providing family planning?		0	No	${consent_obtained} and ${q401}='1'
				1	Yes	
				88	Don’t know	
				99	No response	
select_one	q403	Q403. Are you attached to a mentor or supervisor with an organization outside of the health facility ?		0	No	${consent_obtained}
				1	Yes	
				88	Don’t know	
				99	No response	
select_one	q404	Q404. Is this mentor or supervisor available to answer questions you have about providing family planning?		0	No	${consent_obtained} and ${q403}='1'
				1	Yes	
				88	Don’t know	
				99	No response	

select_one	q405	Q405. Who would you consider your primary supervisor?		1	Someone at the health facility	(${consent_obtained}) and ${q403}='1'
				2	Someone at an organization outside of the health facility	
				8	Don't know	
				9	No response	
select_one	q406	Q406. How long ago was the last visit by your primary supervisor/mentor?		0	A week ago	${consent_obtained}
				1	One month ago	
				2	Two months ago	
				3	Three months ago	
				4	More than three months ago	
				5	Offsite supervision	
				88	Don't know	
				99	No response	
select_one	q407	Q407. In the past 3 months, how often have you participated in supervision or review meetings with your primary supervisor?		1	None	${consent_obtained}
				2	At least weekly	
				3	Less than weekly, but multiple times in a month	
				4	Less than once a month, but at least once per quarter (3 months)	
				88	Don't know	
				99	No response	
select_one	q408	Q408. How was the supervision done ?		1	In-person	${consent_obtained} and not(${q407}='1' or ${q407}='88' or ${q407}='99')
				2	Phone call	
				3	Other virtual ways	
				4	Others (specify)	
				99	No response	
text	q408_other	Please specify the other				${q408}='4'
integer	q409	Q409. In the past 3 months, how many review meetings have you attended with other CHWs at the health facility about your FP work?				${consent_obtained}
		REFERRALS AND REPORTING				${consent_obtained}
select_one	q501	Q501. Do you know where to refer clients for FP methods you do not offer or have in stock?		0	No	${consent_obtained}
				1	Yes	
				99	No response	
select_one	q502	Q502. What is the most common way you refer clients for services you are unable to provide?		1	Verbally tell clients where to go	${consent_obtained}
				2	Issue a referral slip	
				3	Physically escort client to referral	
				4	Other, specify _____	
				5	Do not refer clients	
text	q502_other	Please specify the other				${consent_obtained} and ${q502}='4'
select_one	q503	Q503. What do you do if a client has questions about FP method side effects that you cannot answer or manage?		1	Refer them to a health facility	${consent_obtained}
				2	Other, specify:	
				88	Don't know	
				99	No response	
text	q503_other	Please specify the other				${consent_obtained} and ${q503}='2'
select_one	q504	Q504. Do you keep a record of referrals made for family planning services?		0	No	${consent_obtained}
				1	Yes	
				99	No response	
select_one	q505	Q505. Do you keep a record for follow-up after referrals?		0	No	${consent_obtained} and ${q504}='1'
				1	Yes	
				99	No response	
select_one	q506	Q506. Do you use a paper or digital record?		1	Paper	${consent_obtained} and ${q504}='1'
				2	Digital	
				3	Both paper and digital	
				4	Other (specify):____	
				99	No response	

text	q506_other	Please specify the other				${q506}='4'
select_one	q507	Q507. Do you keep a client services register? (observe to verify)		0	No	${consent_obtained}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	
select_one	q508	Q508. What format is this register in?		1	Paper	${consent_obtained} and (${q507}='1' or
				2	Digital	
				3	Both paper and digital	
				4	Other (specify):____	
				99	No response	
text	q508_other	Please specify the other				${q508}='4'
select_one	q509	Q509. OBSERVE: Has any information been entered in the register for the past month?		0	No	${consent_obtained} and ${q507}='1'
				1	Yes	
				2	Not able to see the register	
						and (${q504}='1' or ${q507}='1' or ${q507}='2')
		Q510. Which of the following information do you include in the register?				
select_one	q510_a	a) Age		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_b	b) Sex		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_c	c) Clients counseled		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_d	d) Methods provided		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_e	e) Clients referred		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_f	f) Date for follow-up		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q510_g	g) Clients followed up after referral		0	No	
				1	Yes, observed	
				2	Yes, reported not seen	
select_one	q511	Q511. Do you keep a commodity stock register/stock cards? (observe to verify)		0	No	${consent_obtained}
				1	Yes, observed	
				2	Yes, reported not seen	
				88	Don't Know	
				99	No response	
						${consent_obtained}
		Q512. Do you submit reports on the FP services that you provide to any of the following?				
select_one	q512_a	a. Supervisor		0	No	
				1	Yes	
select_one	q512_b	b. Local health authorities		0	No	
				1	Yes	
select_one	q512_c	c. Non-governmental organization		0	No	
				1	Yes	
select_one	q512_d	d. Other (specify):		0	No	
				1	Yes	
select_one	q512_e	e. No response		0	No	
				1	Yes	
text	q512_other	Please specify the other				${consent_obtained} and ${q512_d}='1'
		SELECTION AND INCENTIVES				${consent_obtained}
select_one	q601	Q601. Do you currently live in the community where you provide FP services?		0	No	${consent_obtained}
				1	Yes	
				99	No response	
select_one	q602	Q602. Were you living in this community when you were selected to become a CHW?		0	No	${consent_obtained} and (${q601}='1' or ${q601}='99')
				1	Yes	

				99	No response	
select_one	q603	Q603. How were you selected to be a CHW? Was it by …		1	A community leader	${consent_obtained}
				2	A group of community members	
				3	Health facility staff	
				4	A community-based organization	
				5	Other (specify) _____	
				99	No response	
text	q603_other	Please specify the other				${q603}='5'
select_one	q604	Q604. Do you receive any regular financial compensation that is not directly from clients for your services as a CHW?		0	No	${consent_obtained}
				1	Yes	
				99	No response	
select_one	q605	Q605. How often are you paid?		1	Weekly	${consent_obtained} and ${q604}='1'
				2	Monthly	
				3	Quarterly	
				4	Less frequently than quarterly	
				5	Irregularly/it depends	
				99	No response	
select_one	q606	Q606. Are you usually paid on time for your services?		0	No	${consent_obtained} and ${q604}='1'
				1	Yes	
				99	No response	
select_one	q607	Q607. Do you receive any gifts (such as t-shirts, bags, soap, etc.) from any source other than your clients for your services as a CHW?		0	No	${consent_obtained}
				1	Yes	
				99	No response	