R4S
Assessment of the Scale, Reach, Quality, and Cost
of Service Delivery High Impact Practices for Family Planning
Readiness Assessment for Drug Shop Operators providing Family Planning in Uganda

INSTRUCTIONS
This survey is for drug shop operators. If the primary person who runs the drug shop is not present, schedule an interview for a time when they will be available.

Eligibility Criteria:

-Participant is at least 18 years
-Has been trained to offer family planning services
-Participant is a Drug shop operator in Uganda

Objectives:

- To evaluate the extent to which drug shops are ready to provide high quality family planning services.

Remember:

- ***Ask one question at a time***
- ***Do NOT read the response options, unless otherwise instructed.***
- ***Circle or record only one response to each question, unless otherwise instructed.***

READ:

Read the following questions to the potential participants and have them respond. If any responses lead to '→ STOP', the client is not eligible to participate. Do not proceed with the survey. Thank the client for his/her time. Let him/her know that he/she has done nothing wrong, but you would like to interview people can provide the most relevant information for this study.

Good morning/afternoon/evening. Thank you for speaking with me today. My name is [state name] and I work with FHI 360 and MaKSPH I would like to talk to you about the delivery of family planning services at this drug shop. This assessment is part of a study that is examining the scale, reach, quality, and cost of family planning service delivery as a high impact practices, sometimes referred to as HIPs, in Mozambique/Nepal/Uganda. Before I explain what is involved, I would first like to confirm that you are eligible to be in the study.

Section B. Identifying information

NO.	QUESTION	RESPONSE	CODE	SKIP
id1.	District code			
Id2.	District			
id3	INTERVIEWER CODE	Pre-assigned interview code	[___|___]	
id4	PARTICIPANT NUMBER	Sequential code	[___]	
id5	PARTICIPANT ID CODE: ***Calculated field, based on id2-id4***	[___|___] - [___|___] - [___|___|___] ***LGA Interviewer interview participant***		
id7.	MANAGING AUTHORITY Supporting PDS service	Ministry of Health/Government International non-governmental organization Local non-governmental organization Private for profit	1 2 3 4	

Section A. Eligibility

NO.	QUESTIONS	RESPONSE	CODE	SKIP
e1	How old were you on your last birthday?	Age in years	[__|__]	**STOP if <18 years**
e2	Is the person a DSO	Yes No	1 0	 **→STOP**
e3	Has the person undergone training to provide family planning services and FP methods?	Yes No	1 0	 **→STOP**

ADMINISTER INFORMED CONSENT BEFORE CONTINUING

e5	Did the participant consent to participate in this survey?	Yes No	1 0	 **→ STOP**

Section 1. Background Questions

READ: I would like to begin by asking some basic questions about this drug shop and your role here.

NO.	QUESTION	RESPONSE	CODE	SKIP
102.	Record Gender ***Do not read.***	Female Male	1 2	
103.	Are you the drug shop/pharmacy owner?	Yes No	1 0	
104.	How long has the drug shop/pharmacy been open? ***Select 1 for months, Select 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88*** ***If no response, record 99*** ***Accept estimates.***	Months Years Number	1 2 [____|____]	
105.	How long have you been working at the drug shop/pharmacy? ***Select 1 for months, 2 for years*** ***Don't know=88. No response= 99*** ***Accept estimates.***	Months Years Number	1 2 [____|____]	
106.	Since being trained to provide FP services, have you ever provided any FP counseling or FP methods to a client?	Yes No Refused	1 0 99	**→108**
107.	What is the main reason why you did not provide FP services to clients after being trained to do so?	Open response		**END**
108.	Have you provided FP counseling and/or an FP method to any client in the past three months?	Yes No Refused	1 0 99	**→Q112**
109.	How long has it been since you last provided FP counseling or methods to a client?	3 to 6 months >6 months to 1 year More than one year Don't know	1 2 3 88	
110.	What is the main reason why you have not provided FP counseling or methods to a client in the last 3 months?	Open response		

NO.	QUESTION	RESPONSE	CODE	SKIP
111.	Do you anticipate providing FP counseling or methods to any clients in the next 3 months?	Yes No Don't know	1 0 88	→**Q113** →**END** →**END**
112.	What is the average number of FP clients, including counseling and methods, seen at this pharmacy/drug shop per week? ***Accept estimates.***	Estimated average number	[__|__|__]	
113.	Does this pharmacy/drug shop report FP data to a health facility? This might be in the form of a summary or activity report.	Yes No Don't know	1 0 88	

Section 2. Availability of Supplies and Commodities

READ: Next, I would like to discuss with you about the commodities you typically work with.

NO.	RESPONSE	CODE				
201.	Are the following contraceptive commodities available in the shop today? ASK TO OBSERVE.	Observed		Not observed		
		At least one non-expired	Available, all expired	Reported available	Provided, not available / DK	Not provided
	Combined oral contraceptive pills (a)	1	2	3	4	5
	Progestin-only contraceptive pills (b)	1	2	3	4	5
	DMPA-IM (c)	1	2	3	4	5
	DMPA-SC / Sayana Press (d)	1	2	3	4	5
	Male condoms (e)	1	2	3	4	5
	Female condoms (f)	1	2	3	4	5
	Emergency contraceptive pills (g)	1	2	3	4	5
	Cycle beads for SDM (h)	1	2	3	4	5

NO.	QUESTION	RESPONSE		CODE		SKIP
202.	OBSERVE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED. CHOOSE YES IF ALL COMMODITIES MEET THE CONDITION. CHOOSE NO IF ANY COMMODITY DOES NOT MEET THE CONDITION.			yes	no	
		Are all commodities off the floor? (a)		1	0	
		Are all commodities protected from water? (b)		1	0	
		Are all commodities protected from the sun? (c)		1	0	
		Is the room clean; no evidence of rodents or other pests? (d)		1	0	
		Is the storage room ventilated? (e)		1	0	
203.	**OBSERVE ONLY:** ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION? *This means that the commodities with the soonest expiration date are stored in front of the commodities with later expiration dates.*	Yes, all commodities		1		
		Some commodities		2		
		No		3		
204.	**OBSERVE ONLY:** ARE EXPIRED DRUGS IDENTIFIED AND ISOLATED FROM VALID/ NON-EXPIRED ONES?	Yes		1		
		No		0		
		Not applicable – no expired drugs		2		
205.	Do you have any of the following for DMPA injections? ASK TO OBSERVE		Obs	Yes not obs	No	**RELEVANT if q201c =1-4 OR q201d =1-4**
		a. A sharps container	1	2	0	
		b. Antiseptic	1	2	0	
		c. Gauze or cotton to clean the skin	1	2	0	
		d. Bandages/plasters	1	2	0	

NO.	QUESTION	RESPONSE	CODE	SKIP
206.	For each method this shop provides, have you experienced any stock outs in the past 3 months? ***If they do not provide the method choose NA***		Yes / No / NA	
		Combined oral contraceptive pills (a)	1 / 0 / 9	
		Progestin-only contraceptive pills (b)	1 / 0 / 9	
		DMPA-IM (c)	1 / 0 / 9	
		DMPA-SC / Sayana Press (d)	1 / 0 / 9	
		Male condoms (e)	1 / 0 / 9	
		Female condoms (f)	1 / 0 / 9	
		Emergency contraceptive pills (g)	1 / 0 / 9	
		Cycle beads for SDM (h)	1 / 0 / 9	
207.	Do you provide guidance on lactational amenorrhea method (LAM)?	Yes	1	
		No	0	
		Don't know	88	
		No response	99	
208.	Do you have FP guidelines available? ***If available, ask to see the document***	Yes, observed in physical form	1	
		Yes, observed via internet/computer	2	
		Yes, reported not seen	3	
		No	0	
		Don't Know	88	
		No response	99	
209.	Do you use a FP checklist and/or job aid that you use to counsel clients? **If available, ask to see the document**	Yes, observed	1	
		Yes, reported not seen	2	
		No	0	
		Don't Know	88	
		No response	99	
210.	Do you know how and where to order commodities for resupply?	Yes	1	
		No	0	
		No response	99	
211.	Do you have a form (or digital application) that you use to manage resupply? ***Ask to see what they use***	Yes, observed	1	
		Yes, reported not seen	2	
		No	0	**→301**
		Don't know	88	**→301**
		No response	99	**→301**
212.	Is this a paper form or digital application?	Paper form	1	
		Digital application	2	
		Other (specify): _____	3	
		No response	99	

Section 3. Training of Drug shop Operator

Next, I'd like to talk to you about any training you have received in this position.

NO.	QUESTION	RESPONSE	CODE	SKIP
301.	What is your current occupational category or qualification?	Clinical Officer	1	
		Registered Nurse	2	
		Enrolled Nurse	3	
		Pharmacy technician	4	
		Nursing Assistant	5	
		Midwife	6	
		No technical qualification	7	**→304**
		Other (specify):_____	8	
302.	Do you have a current registration certificate/license from the [name of professional body that certifies]? **Ask to see certificate**	Yes, seen	1	
		Yes, not seen	2	
		No	3	
		No response	4	

303.	Have you received any accreditation or certification to provide family planning services? **Ask to see certificate**	Yes, seen Yes, not seen No No response	1 2 3 4	
304.	Are there any other staff who provide FP methods at this shop/location?	Yes No	1 0	**→306**
305.	Please indicate how many staff there are of each occupational category who provide FP methods here. ***If don't know, enter 8. If no response, enter 9.***	Clinical Officer (a) Registered Nurse (b) Enrolled Nurse (c) Pharmacy technician (d) Nursing Assistant (e) Midwife (f) No technical qualification (g) Other (specify) _____ (h)	[____] [____] [____] [____] [____] [____] [____] [____]	

			Yes	No	
306.	Have you received training on any of the following topics related to FP: ***Read list***	a. Client-center counseling to facilitate informed choice	1	0	
		b. Short-acting FP methods (e.g., COCs, POPs, condoms)	1	0	
		c. DMPA injection	1	0	
		d. Counseling/training women on SC DMPA	1	0	
		e. Stock management	1	0	
		f. Referral for side-effect management	1	0	
		g. Referral for other RH/FP services	1	0	

307.	How confident are you in your own ability to provide the following services to clients? ***Read list*** ***Select NA if do not provide service***		Very	Somewhat	Not	NA
		a. Client-center counseling to facilitate informed choice	3	2	1	9
		b. Short-acting FP methods (e.g., COCs, POPs, condoms)	3	2	1	9
		c. DMPA injection	3	2	1	9
		d. Counseling/training women on SC DMPA	3	2	1	9
		e. Stock management	3	2	1	9
		f. Referral for side-effect management	3	2	1	9
		g. Referral for other RH/FP services	3	2	1	9

Section 4. Supervision

Next, I'd like to discuss any type of supervision you receive in this role.

NO.	QUESTION	RESPONSE	CODE		SKIP
			Yes	No	
401.	Which of the following provides supportive supervision to this drug shop?	State health team (a)	1	0	
		Health facility (b)	1	0	
		Pharmacists Council of Uganda (c)	1	0	
		National Drug and Law Enforcement Authority (NDLEA) (d)	1	0	
		NGO/CBO (e)	1	0	
		Other (specify)_____ (f)	1	0	
		None (g)	1	0	
		Had visit, but unsure of authority (h)	1	0	
		No response (i)	1	0	

NO.	QUESTION	RESPONSE	CODE		SKIP
402.	From which authority have you received a supportive supervision visit in the past three months?		Yes	No	
		State Health Team (a)	1	0	
		Health facility (b)	1	0	
		Pharmacists Council of Uganda (c)	1	0	
		National Drug and Law Enforcement Authority (NDLEA) (d)	1	0	
		NGO/CBO (e)	1	0	
		Other (specify) _____(f)	1	0	
		None (g)	1	0	
		Had visit, but unsure of authority (h)	1	0	
		No response (i)	1	0	
403.	Is there a supervisor or mentor you can reach out to if you have questions about the FP services you provide?	Yes	1		
		No	0		
		Don't Know	88		
		No response	99		

Section 5. Family Planning Promotional Materials

READ: Next, let's talk about FP promotional materials you may be using.

NO.	QUESTION	RESPONSE	CODE		SKIP
501.	What types of informational materials on FP do you have to share with clients? ***Observe the materials*** *(such as posters, pamphlets, cards)*	Non-method specific informational or promotional materials	1		
		Method-specific informational or promotional materials	2		
		Both method-specific and non-method specific	3		
		None	4		
502.	From what source do you receive informational or promotional FP-related materials?		Yes	No	
		MOH (a)	1	0	
		NGO/CBO (b)	1	0	
		Product manufacturers (c)	1	0	
		Other (specify) _____(d)	1	0	
		None (e)	1	0	

Section 6. Referral Mechanism

READ: Now, I will ask questions about referring clients to other places.

NO.	QUESTION	RESPONSE	CODE	SKIP
601.	What do you typically do if a client wants an FP method that you cannot provide?	Tell them I do not have it	1	
		Tell them where to get the service or method	2	
		Refer them to another provider	3	
		Don't Know	88	
		No response	99	
602.	What do you typically do if a client wants a method that you normally offer but it is out of stock?	Tell them I do not have it	1	
		Tell them where to get the service or method	2	
		Refer them to another provider	3	
		Tell them to come back when I have the method in stock	4	
		Don't Know	88	
		No response	99	

NO.	QUESTION	RESPONSE	CODE	SKIP
603.	What is the most common way you refer clients for services you are unable to provide?	Verbally tell clients where to go Issue a referral slip Physically escort client to referral Other, specify _____ Do not refer clients	1 2 3 4 5	
604.	What do you typically do if a client has questions about FP method side effects that you cannot answer or manage?	Refer them to another pharmacy or drug shop Refer them to a health facility Refer to community health worker Other, specify:_____ Don't know No response	1 2 3 4 88 99	
605.	If a client wants an implant, would you know where to tell them to go to get one?	Yes No No response	1 0 99	
606.	If a client wants an IUD, would you know where to tell them to go to get one?	Yes No No response	1 0 99	
607.	I am going to read you a list of methods. For each method, if a client wants this method but you do not have any available, do you know where to refer the client to get this method? ***Read each response option.***		Yes / No / NR	
		Combined oral contraceptive pills (a)	1 / 0 / 9	
		Progestin-only contraceptive pills (b)	1 / 0 / 9	
		DMPA-IM (c)	1 / 0 / 9	
		DMPA-SC / Sayana Press (d)	1 / 0 / 9	
		Male condoms (e)	1 / 0 / 9	
		Female condoms (f)	1 / 0 / 9	
		Emergency contraceptive pills (g)	1 / 0 / 9	
		Cycle beads for SDM (h)	1 / 0 / 9	
608.	When you refer clients elsewhere, do you write a referral slip that explains what service the client wants?	Yes, observed Yes, not seen No Don't know No response	1 2 0 88 99	
609.	Do you keep a record of referrals made for FP services?	Yes No Don't know No response	1 0 88 99	 **→701** **→701** **→701**
610.	Do you keep a record for follow-up after referrals for FP services?	Yes No Don't know No response	1 0 88 99	
611.	Can I see the records you keep of client referrals? ***MARK WHAT RECORDS ARE AVAILABLE***		YES / NO	
		Client name and contact info	1 / 0	
		Service needed	1 / 0	
		Date referral provided	1 / 0	
		Date referral completed	1 / 0	

Section 7. Reporting Mechanisms

In this last section, I'd like to discuss how you report on the data you may or may not collect.

NO.	QUESTION	RESPONSE	CODE	SKIP
701.	Does this pharmacy or drug shop have a register to regularly collect FP service data on FP clients? ***IF YES, ASK TO OBSERVE THE REGISTER***	Yes, observed Yes, reported not seen No Don't Know No response	1 2 0 88 99	 **→704** **→704** **→704** **→704**

702.	Which of the following information do you include in the register? OBSERVE FOR THE LAST COMPLETED MONTH		Yes, obs	Yes, reported not seen	No
		a. Sex	1	2	0
		b. Age	1	2	0
		c. FP counseling provided	1	2	0
		d. New or returning FP user	1	2	0
		e. Method dispensed/sold	1	2	0
		f. Date to follow up for refill or reinjection	1	2	0
		g. Referral information	1	2	0
		h. Other (specify): _____	1	2	0

703.	**OBSERVE ONLY:** Has any information been entered in the register for the past month?	Yes No Not able to see the register	1 0 2	

704.	Does this shop keep a FP commodity register? ***IF YES, ASK TO OBSERVE THE REGISTER***	Yes, observed Yes, reported not seen No Don't Know No response	1 2 0 88 99	

705.	Do you submit reports on the FP services that you provide to any of the following? ***Select all that apply.***		YES	NO	
		A nearby health facility (a)	1	0	
		LGA health office (b)	1	0	
		NGO/CBO/implementing partner (c)	1	0	
		Other (specify): _____(d)	1	0	
		Don't know (e)	1	0	
		No response (f)	1	0	

Thank you for your time. We appreciate the information you have given us.