R4S
Assessment of the Scale, Reach, Quality, and Cost
of Service Delivery High Impact Practices for Family Planning
Readiness Assessment for Community Health Workers

INSTRUCTIONS

Eligibility Criteria:

- Participant is at least 18 years old
- Participant is a trained community health worker
- Participant has provided at least one FP client with a method in the past 3 months
- Participant has provided their consent to participate in this interview

Objectives:

- To evaluate the extent to which providers are ready to provide high quality services for community health workers as a HIP

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 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 who may provide the most relevant information for this study.

Section B. Identifying information

NO.	QUESTION	RESPONSE	CODE	SKIP
id1.	DISTRICT [or province] CODE	Pre-assigned code	[___|___]	
D	Municipality	Pre-assigned code	[___|___]	
id2.	FACILITY CODE	Pre-assigned code	[___|___]	
id3	INTERVIEWER CODE	Pre-assigned interview code	[___|___]	
id4	PARTICIPANT NUMBER	Sequential code	[___]	
id5	PARTICIPANT ID CODE: ***Calculated field, based on id1-id4***	[___|___] - [___|___] - [___|___] - [___] ***District Facility interviewer participant***		
id6.	FACILITY TYPE	General hospital	1	
		Primary health center	2	
		Health post	3	
		Basic Health Service Centre	4	
		Community Health Unit	5	
		Urban Health Center	6	
		District Hospital	7	
		Primary Hospital	8	
		Secondary B Hospital	9	
		Specialized Hospital	10	

NO.	QUESTION	RESPONSE	CODE		SKIP
id7.	MANAGING AUTHORITY		Yes	No	
	Supporting FP services by CHWs	Ministry of Health/Government	1	0	
		International non-governmental organization	1	0	
		Local non-governmental organization	1	0	
		Private for profit	1	0	

Section A. Eligibility

NO.	QUESTIONS	RESPONSE	CODE	SKIP
e1	How old were you on your last birthday?	Age in years	[___|___]	**→STOP if <18**
e2	Is the participant a trained community health worker?	Yes	1	
		No	0	**→ STOP**
e3	Has the participant provided any FP method in the last 3 months?	Yes	1	
		No	0	**→ STOP**
ADMINISTER INFORMED CONSENT BEFORE CONTINUING				
e4	Did the participant consent to participate in this survey?	Yes	1	
		No	0	**→ STOP**

1. ROLE AND SUPPLIES

Read: To start, I would like to ask you some questions about yourself and your responsibilities.

NO.	QUESTIONS	RESPONSE	CODE		SKIP
101.	Record gender	Female	1		
		Male	2		
102.	How long have you been a CHW? ***Select 1 for months, 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88; If no response, record 99***	Number	[__|__]		
		Unit			
		Months	1		
		Years	2		
103.	How long have you been providing FP counseling and services as part of your responsibilities as a CHW? ***Select 1 for months, 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88; If no response, record 99***	Number	[__|__]		
		Unit			
		Months	1		
		Years	2		
104.	Which family planning method(s) do you offer to people in this community as part of your services as a CHW? ***Select all that apply***		Yes	No	
		Combined oral contraceptive pills (a)	1	0	
		Progestin-only contraceptive pills (b)	1	0	
		DMPA-IM (c)	1	0	
		DMPA-SC/Sayana Press(d)	1	0	
		Male condoms (e)	1	0	
		Female condoms (f)	1	0	
		Emergency contraceptive pills (g)	1	0	
		Cycle beads for SDM (h)	1	0	
		Don't know / None (i)	1	0	

NO.	QUESTIONS	RESPONSE	CODE	SKIP
				➔ STOP revisit eligibility
105.	Do you counsel clients on the Lactational Amenorrhea Method (LAM)?	Yes No Don't know No response	1 0 88 99	

2. SUPPLIES AND MATERIALS

Read: Now I would like to ask you some questions about the supplies and materials you have for providing family planning. If possible, I would also like to see them.

#	QUESTION	RESPONSE	CODE	SKIP
201.	Can I see where you store your FP commodities and supplies today? SELECT NO IF INTERVIEW IS NOT TAKING PLACE AT THE CHW'S HOME	Yes No	1 0	 **→ 203**

#	QUESTION	RESPONSE	yes	no
202.	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED. CHOOSE YES IF ALL COMMODITIES MEET THE CONDITION. CHOOSE NO IF ANY COMMODITY DOES NOT MEET THE CONDITION.	a. Are commodities off the floor?	1	0
		b. Are the commodities protected from water?	1	0
		c. Are the commodities protected from the sun?	1	0
		d. Is the room clean of evidence of rodents or pests?	1	0
		e. Is the storage room ventilated?	1	0

#	QUESTION	RESPONSE	Obs	Yes not obs	No	SKIP
203.	Do you have any of the following for DMPA injections? ASK TO OBSERVE	a. A sharps container	1	2	0	**If q104 c or 104d = 1**
		b. Antiseptic	1	2	0	
		c. Gauze or cotton to clean the skin	1	2	0	
		d. Bandages/plasters	1	2	0	

#	QUESTION	RESPONSE	CODE	SKIP
204.	Do you have informational materials about FP methods that you show clients? ASK TO OBSERVE THE MATERIALS	Yes, observed Yes, reported not seen No No response	1 2 0 99	
205.	Do you have counseling tools/job aids that you use to counsel clients about FP? ASK TO OBSERVE THE MATERIALS	Yes, observed Yes, reported not seen No No response	1 2 0 99	

206. Are any of the following contraceptive commodities available today? ASK TO OBSERVE. ***Select all that apply***	**Observed**		**Not observed**		
	At least one non-expired	Available, all expired	Reported available	Provided, not available today/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

#	QUESTION	RESPONSE	CODE			SKIP
207.	For each method, 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	
208.	Where is the main place where you get the FP commodities you provide?	Local health facility	1			
		Purchase from a pharmacy or drug shop	2			
		From social marketing organization	3			
		Others (Specify):_____	4			
		No response	99			
209.	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?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			
210.	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?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			
211.	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?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			

3. TRAINING

Thank you. Now, I would like to ask you some questions about the training that you have received on family planning.

NO.	QUESTION	RESPONSE	CODE	SKIP
301.	Have you completed an official training for CHWs?	Yes	1	
		No	0	**→303**
		Don't Know	88	**→303**
		No response	99	**→303**
302.	Did that training include a module on FP?	Yes	1	
		No	0	
		Don't Know	88	
		No response	99	

NO.	QUESTION	RESPONSE	CODE		SKIP
303.	Have you received training on any of the following topics related to FP: ***Read list*** ***If do not provide, select NA***		Yes	No	
		a. Client-center counseling to enable informed method choice	1	0	
		b. Counseling clients on FP, including side effects	1	0	
		c. Providing short-acting methods and following up with clients for resupply	1	0	
		d. Injecting IM-DMPA	1	0	
		e. Training clients to self-inject SC DMPA	1	0	
		f. Referring clients for methods that you cannot provide	1	0	
		g. Data collection, registers, or reporting	1	0	

304.	How confident are you in your own ability to provide the following services to clients? ***Read list*** ***If do not provide, select NA***		Very	Somewhat	Not	NA	
		a. Client-center counseling to enable informed method choice	3	2	1		
		b. Counseling clients on FP, including side effects	3	2	1		
		c. Providing short-acting methods and following up with clients for resupply	3	2	1		
		d. Injecting IM-DMPA	3	2	1	9	
		e. Training clients to self-inject SC DMPA	3	2	1	9	
		f. Referring clients for methods that you cannot provide	3	2	1		
		g. Data collection, registers, or reporting	3	2	1		

305.	For each method that you provide, how confident do you feel providing clients with this method?	Very confident	Somewhat Confident	Not confident	No response	Do not provide
	Combined oral contraceptive pills (a)	1	2	3	9	0
	Progestin-only contraceptive pills (b)	1	2	3	9	0
	DMPA-IM (c)	1	2	3	9	0
	DMPA-SC / Sayana Press (d)	1	2	3	9	0
	Emergency contraceptive pills (e)	1	2	3	9	0
	Cycle beads for standard days method (f)	1	2	3	9	0

4. SUPPORT AND SUPERVISION

Thank you. Now, let's talk about the support and supervision that you receive.

NO.	QUESTION	RESPONSE	CODE	SKIP
401.	Are you attached to a mentor or supervisor, at a health facility such as a health worker/nurse/midwife?	Yes No Don't Know No response	1 0 88 99	
402.	Is this mentor or supervisor available to answer questions you have about providing family planning?	Yes No Don't Know No response	1 0 88 99	

NO.	QUESTION	RESPONSE	CODE	SKIP
403.	Are you attached to a mentor or supervisor with an organization outside of the health facility ?	Yes No Don't know No response	1 0 88 99	 →406 →406 →406
404.	Is this mentor or supervisor available to answer questions you have about providing family planning?	Yes No Don't know No response	1 0 88 99	
405.	Who would you consider your primary supervisor?	Someone at the health facility Someone at an organization outside of the health facility Don't know No response	1 2 88 99	
406.	How long ago was the last your visit by your primary supervisor/mentor?	A week ago One month ago Two months ago Three months ago More than three months ago Don't know No response	0 1 2 3 4 88 99	
407.	In the past 3 months, how often have you participated in supervision or review meetings with primary supervisor?	None At least weekly Less than weekly, but multiple times in a month Less than once a month, but at least once per quarter (3 months) Don't know No response	1 2 3 4 88 99	
408.	How was the supervision done? ***Read response options.***	In-person Phone call Other virtual ways Others (specify):_____ No response	1 2 3 4 99	
409.	In the past 3 months, how many meetings have you attended with other CHWs at the health facility about your FP work? ***00 for none, 88=don't know, 99=no response***	Number of meetings	[__|__]	

5. REFERRALS AND REPORTING

Thank you. Let's now talk about referrals and about reporting.

NO.	QUESTION	RESPONSE	CODE	SKIP
501.	Do you know where to refer clients for FP methods you do not offer or have in stock?	Yes No No response	1 0 99	
502.	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	

NO.	QUESTION	RESPONSE	CODE	SKIP
503.	What do you do if a client has questions about FP method side effects that you cannot answer or manage?	Refer them to a health facility Other, specify:_____ Don't know No response	1 2 88 99	
504.	Do you keep a record of referrals made for family planning services?	Yes No No response	1 0 99	
505.	Do you keep a record for follow-up after referrals?	Yes No No response	1 0 99	
506.	Do you use a paper or digital record?	Paper Digital Both paper and digital Other (specify): _____ No response	1 2 3 4 99	
507.	Do you keep a client services register? (observe to verify)	Yes, observed Yes, reported not seen No Don't Know No response	1 2 0 88 99	 **→506** **→506** **→506**
508.	What format is this register in?	Paper Digital Both paper and digital Other (specify):_____ No response	1 2 3 4 99	
509.	OBSERVE: Has any information been entered in the register for the past month?	Yes No Not able to see the register	1 0 2	

510.	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. Age	1	2	0
		b. Sex	1	2	0
		c. Clients counseled	1	2	0
		d. Methods provided	1	2	0
		e. Client referred	1	2	0
		f. Date for follow-up	1	2	0
		g. Clients followed up after referral	1	2	0

511.	Do you keep a commodity stock register/stock cards? (observe to verify)	Yes, observed Yes, reported not seen No Don't Know No response	1 2 0 88 99	

512.	Do you submit reports on the FP services that you provide to any of the following? ***Select all that apply.***		Yes	No	
		a. Supervisor	1	0	
		b. Local health authorities	1	0	
		c. Non-governmental organization	1	0	
		d. Other (specify): _____	1	0	
		e. No response	1	0	

6. SELECTION AND INCENTIVES

Finally, I would like to ask some questions about how you were selected to be a CHW.

NO.	QUESTION	RESPONSE	CODE	SKIP
601.	Do you currently live in the community where you provide FP services?	Yes No No response	1 0 99	 **→ 603**
602.	Were you living in this community when you were selected to become a CHW?	Yes No No response	1 0 99	
603.	How were you selected to be a CHW? Was it by … READ OPTIONS AND SELECT ONE	A community leader A group of community members Health facility staff A community-based organization Other (specify) _____ No response	1 2 3 4 5 99	
604.	Do you receive any regular financial compensation that is not directly from clients for your services as a CHW?	Yes No No response	1 0 99	 **→607** **→607**
605.	How often are you paid?	Weekly Monthly Quarterly Less frequently than quarterly Irregularly/it depends No response	1 2 3 4 5 99	
606.	Are you usually paid on time for your services?	Yes No Don't Know No Response	1 0 88 99	
607.	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?	Yes No No response	1 0 99	**END**

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