**PHARMACY ASSESSMENT TOOL**

**Basic evaluation of family planning in Senegal**

**SECTION 1: IDENTIFICATION DATA AND INTERVIEW DETAILS**

|  |  |
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| **IDENTIFICATION** | **Code** |
| NAME OF THE REGION  NAME OF THE DEPARTMENT |  |
| NAME OF THE COMMUNE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| NEIGHBORHOOD NAME  TYPE OF LOCATION (RURAL = 1 URBAN = 2) |  |
| NAME OF THE HEALTH FACILITY |  |
| UNIQUE HEALTH IDENTIFICATION NUMBER (UHPI) OF PHARMACIST OR PHARMACY OWNER (Provided on the investigator's manual) |  |
| GPS COORDINATES OF THE PHARMACY | LATITUDE  LONGITUDE  ALTITUDE |

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| --- | --- | --- | --- |
| **VISITS BY THE INVESTIGATOR** | | | |
|  | **1** | **2** | **FINAL VISITS** |
| DATE  INVESTIGATOR'S CODE  RESULT\*  TIME SPENT | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN | DAY  MONTH  YEAR  CODE  RESULT DU CODE  TOTAL TIME  HR MIN |
| NEXT VISIT:  DATE  HOUR | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TOTAL NUMBER OF VISITS |
| **\*RESULT CODE:**  1. COMPLETED  2. HEALTH FACILITY NOT FOUND  3. POSTPONED  4. REFUSAL  5. PARTIALLY COMPLETED | | | |

**SECTION 2: PHARMACY/DRUG DEPOT FEATURES AND DETAILS**

| **#** | **QUESTIONS AND FILTERS** | | **CODING** | | | | | **SWITCH TO** | |
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| 201 | Are you the owner of this pharmacy/ | | Yes 1  No 2 | | | | | 203 | |
| 202 | What is your role or position in the management of this pharmacy / | | Pharmacist 1  Seller 2  Other (Specify) 6 | | | | |  | |
| 203 | Are you responsible for the day-to-day management of the pharmacy/ | | Yes 1  Not 2 | | | | |  | |
| 204 | How long (approximate date) have you owned or worked in this pharmacy/ | | MM AAAA | | | | |  | |
| 205 | Gender of respondent | | Male (M) 1  Women's (W) 2 | | | | |  | |
| 206 | What is the highest level of education you have attained? | | CFEE 1  BFEM 2  Baccalaureate 3  Licence 4  Master 5  Doctorate 6  Other 7 | | | | |  | |
| 207 | Including you (**and the owner),** how many people work in this pharmacy on a regular basis/  *How many of these employees are women?*  *How many of these employees are men?* | | Number of employees  M F | | | | |  | |
| 208 | How many people working regularly in this pharmacy / including the owner, have a qualification in the field of health (pharmacy, pharmacy salesman, etc.)? | |  | | | | |  | |
| 209 | How many of these employees are women?  How many of these employees are men | | M F | | | | |  | |
| 210 | How many people working regularly in this pharmacy/, including the owner, have a pharmacist degree?    *How many pharmacists are women?*  *How many pharmacists are men?* | | Number of pharmacists  M F | | | | |  | |
| 211 | Have you or any of your staff received training on family planning topics?  *If YES, ask how many employees have received family planning training* | | Yes..................... 1  No ....................2  Number of employees | | | | |  | |
| 212 | Is this pharmacy supervised by a licensed pharmacist? | | Yes 1  No 2 | | | | |  | |
| 213a  213b | How many days in the normal week is this pharmacy open?  How many days in the week of on-call is this pharmacy open? | | Normal Week  Week of custody | | | | |  | |
| 214a  214b | Does this pharmacy offer 24/7 services on a regular week?  Does this pharmacy offer 24/7 services during the week of on-call?  *Put* ***1*** *for Yes and* ***0*** *for No* | | Normal Week  Week of custody | | | | | **If no**  **216** | |
| 215 | What are the opening hours of this pharmacy / drugstore during a normal week?  What are the opening hours of this pharmacy / drugstore during the week of on-call? | | On a normal day  On a day of custody | | | | |  | |
| 216 | Is this pharmacy affiliated to a health facility? | | Yes 1  No **2** | | | | | 220 | |
| 217 | Does the health facility to which it is affiliated offer family planning services? | | Yes 1  No 2 | | | | |  | |
| 218 | Do you/this pharmacy refer clients to the affiliated facility for consultation/administration of family planning services? | | Yes 1  No 2 | | | | |  | |
| 219 | What is the distance between your pharmacy and the healthcare facility to which it is affiliated?  *Record distance 000 if the business is not located on the same site but the distance is less than 1 km, and 997 if the business is located on the same site* | | Distance in km.. | | | | |  | |
| 220 | Does this outlet sell, prescribe, counsel, guide, or provide follow-up services to customers for any of the following family planning methods?  ***[Ask and rate all possibilities] [multiple choice] [code 'x' for not applicable]*** | **Sells** | | **Prescribed** | **Advise** | **Orient** | **Suit** | |  |
| A | Intrauterine device | A | | B | C | D | And | |
| B | Injectable | A | | B | C | D | And | |
| C | Condoms (Male) | A | | B | C | D | And | |
| D | Condoms (Female) | A | | B | C | D | And | |
| And | Contraception d’urgence | A | | B | C | D | And | |
| f | Pills | A | | B | C | D | And | |
| g | Implants | A | | B | C | D | And | |
| h | Female sterilization (tubal ligation) | A | | B | C | D | And | |
| i | Male sterilization (vasectomy) | A | | B | C | D | And | |
| j | Exclusive Breastfeeding (MAMA) | Has | | B | C | D | E | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **With your permission, I'm going to ask you questions to get data on sales of specific family planning methods.**  **IF NO ONE, SAVE 000**  **IF YOU DON'T REMEMBER, SAVE 998**  **IF NO RESPONSE, SAVE 999** | | | | | |
| 221 | In the **past month**, how many clients have benefited from the following family planning methods:  **IF NO ONE, SAVE 000**  **IF YOU DON'T REMEMBER, SAVE 998**  **IF NO RESPONSE, SAVE 1000** | **1.**  **How many customers have come to this** pharmacy/ medicine depot **to ask for specific contraceptives** | **2.**  **How many clients have been counselled?** | **3. How many clients have received a contraceptive?** | **4.**  **How many customers have been sent elsewhere?** | **5.**  **How many customers have been followed?** |
| Has | Intrauterine device |  |  |  |  |  |
| B | Injectable |  |  |  |  |  |
| C | Condoms (Male) |  |  |  |  |  |
| D | Condoms (Female) |  |  |  |  |  |
| E | Contraception d’urgence |  |  |  |  |  |
| F | Pills |  |  |  |  |  |
| G | Implants |  |  |  |  |  |
| H | Female sterilization (tubal ligation) |  |  |  |  |  |
| K | Male sterilization (vasectomy) |  |  |  |  |  |
| L | Exclusive Breastfeeding (MAMA) |  |  |  |  |  |

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| **Check 220:**  **If option B is chosen in one of the contraceptive methods, ask 223-224 IF No Go directly to 225** | | | |
| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 222 | Does your pharmacy charge your customers a fee for prescribing family planning methods? | Yes 1  No 2 | 225 |
| 223 | What is the cost of prescribing family planning methods at your pharmacy?  *Put 0000 if free.* | Price (CFA) |  |
| 224 | Does this pharmacy/also administer injectables/implants to customers? | Injectable 1  Implants **2**  Both 3  None of the above **4** | 227  301 |
| 225 | Does your pharmacy charge your customers a fee for administering injectable products? | Yes 1  No **2** | 227 |
| 226 | What is the cost of administering injectables in your pharmacy?  *Set 00 if free* | Price (CFA) |  |

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| --- | --- | --- | --- |
| Check **225** : If option **1** is selected then change to **301.** | | | |
| 227 | Does your pharmacy charge your customers a fee for implant placement? | Yes 1  No 2 |  |
| 228 | How much does it cost to have implants in your pharmacy? | Price (FCFA) |  |

**SECTION 3: INVENTORY AND SALES**

I would now like to ask you a few questions about specific contraceptives that you sell, advise or refer to other locations. Please remember that any information you provide is strictly confidential and will only be used for research purposes, without individuals being identified.

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| --- | --- | --- | --- |
| **I would now like to ask you a few questions about the IUD, also known as an intrauterine device (IUD)** | | | |
| 301 | Has your pharmacy stocked or sold **IUDs** in the past 12 months? | Yes 1  No 2 | 308 |
| 302 | How many IUD units (parts)  does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 303 | In the past month, how many **IUDs** has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 304 | Has your pharmacy experienced an **IUD**  stock shortage in the last 12 months? | Yes 1  No 2 | 308 |
| 305 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 306 | In the last three months, how many incidents have occurred when a customer came to buy an **IUD,** but it was not available? | None 0  Rarely (less than once a month) 1  Sometimes (2-3 times per month) 2  Often (more than 3 times a month) 3 | 308 |
| 307 | What did you do when IUDs weren't available at a time? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| --- | --- | --- | --- |
| **Now, I'd like to ask you a few questions about pills.** | | | |
| 308 | Has your pharmacy stocked or sold pills in the last 12 months? | Yes 1  Not 2 | 315 |
| 309 | How many units of pills does this pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 310 | In the past month, how many units of pills has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 311 | In the past 12 months, has your pharmacy experienced pill stock-outs? | Yes 1  Not 2 | 315 |
| 312 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 313 | In the last three months, how many incidents have occurred when a customer came to buy pills, but they were not available? | None 0  Rarely (Less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 315 |
| 314 | What did you do when the pills were not available at the point of sale and customers asked for them? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| **I would now like to ask you a few questions about male condoms.** | | | |
| 315 | Has your pharmacy stocked/sold **male condoms** in the past 12 months? | Yes 1  Not 2 | 322 |
| 316 | How many units of **male condoms does** your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 317 | In the past month, how many units (packets) of **male condoms** has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 318 | In the last 12 months, has your pharmacy experienced any male **condom shortages**  ? | Yes 1  Not 2 | 322 |
| 319 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 320 | In the last 3 months, how many incidents have occurred when a customer came to buy **male condoms,** but he was not available? | Never 0  Rarely (less than once a month) 1  Sometimes (2 to 3 times a month) 2  Often (more than 3 times a month) 3 | 322 |
| 321 | What did you do when **male condoms** were not available in the point of sale and customers asked for them? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| --- | --- | --- | --- |
| **I would now like to ask you a few questions about female condoms.** | | | |
| 322 | Has your pharmacy stocked/sold **female condoms** in the last 12 months? | Yes 1  Not 2 | 329 |
| 323 | How many units of **female condoms**  does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 324 | In the past month, how many units of **female condoms** has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 325 | In the last 12 months, has your pharmacy experienced any female **condom shortages**  ? | Yes 1  Not 2 | 329 |
| 326 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 327 | In the last 3 months, how many incidents have occurred when a customer came to buy **female condoms,** but they were not available? | Never 0  Rarely (Less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 329 |
| 328 | What did you do when **female condoms** were not available at the point of sale and customers asked for them? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| --- | --- | --- | --- |
| **I would now like to ask you a few questions about injectables.** | | | |
| 329 | Has your pharmacy stocked/sold **injectable contraception** in the past 12 months? | Yes 1  Not 2 | 336 |
| 330 | How many units (doses) **of injectable contraception**  does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 331 | In the past month, how many units (doses) **of injectable contraception** has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 332 | In the last 12 months, has your pharmacy experienced injectable shortages? | Yes 1  Not 2 | 336 |
| 333 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 334 | In the last 3 months, how many incidents have occurred when a customer came to buy **injectable contraception** but was not available? | Never 0  Rarely (Less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 336 |
| 335 | What did you do when **injectable contraceptives**  for sale were not available and customers asked for them? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| **I would now like to ask you a few questions about implants.** | | | |
| 343 | Has your pharmacy stocked/sold **implants** in the last 12 months? | Yes 1  Not 2 | 350 |
| 344 | How many units (parts) of **implants**  does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 345 | In the past month, how many units (parts) of **implants** has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 346 | In the past 12 months, has your pharmacy experienced implant ruptures? | Yes 1  Not 2 | 350 |
| 347 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 348 | In the last 3 months, how many incidents have occurred when a customer came to buy **implants,** but they were not available? | Never 0  Rarely (Less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 350 |
| 349 | What did you do when sales **implants** weren't available and customers asked for them? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

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| **I would now like to ask you a few questions about emergency contraception (EC).** | | | |
| 364 | Has your pharmacy stocked or sold emergency contraception in the past 12 months? | Yes 1  Not 2 | 401 |
| 365 | How many units of emergency contraception does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 366 | In the past month, how many units of emergency contraception has your pharmacy sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 367 | Has your pharmacy experienced emergency contraception stock-outs in the past 12 months? | Yes 1  Not 2 | 401 |
| 368 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  Less than 6 months 4 |  |
| 369 | In the last 3 months, how many incidents have occurred when a customer came to buy emergency contraception**,** but it was not available? | Never 0  Rarely (Less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 401 |
| 370 | What did you do when emergency contraception wasn't available at a time? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |

**SECTION 4: CUSTOMER INFORMATION**

I would now like to ask you a few questions about the clients to whom you provide family planning services

| **#** | **QUESTIONS AND FILTERS** | **CODING** | | **SWITCH TO** |
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| 401 | What are the three most common family planning methods requested by clients in your municipality?  **Instructions:** Select only 3 methods in order of 1, 2 or 3 | (Select only the three most requested FP methods by customers and indicate rank 1, 2, or 3) | |  |
| Rank for DUI | 1 2 3 |
| Rank for Injectables | 1 2 3 |
| Row for Condoms (Male) | 1 2 3 |
| Row for Condoms (Female) | 1 2 3 |
| Rank for Emergency contraception | 1 2 3 |
| Rank for Pills | 1 2 3 |
| Rank for Implants | 1 2 3 |
| Rank for Female Sterilization | 1 2 3 |
| Rank for Male Sterilization | 1 2 3 |
| Rank for Exclusive Breastfeeding | 1 2 3 |
| 402 | How do you decide which contraceptives you will suggest to clients if they ask for it?  *Several choices possible.* | Purpose-Based (Spacing/Limiting) Has  Depending on the choice (hormonal/non-hormonal) B  Depending on the number of children they already have C  According to purchasing power D  Subject to stock availability E  Other (specify) X  Don't know Z | |  |
| 403 | On average, how many customers does this pharmacy serve each month for family planning methods? | Number of customers  *Don't remember 998*  *No answer 999* | |  |

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| 404 | **What type of customers usually come to your pharmacy for the following family planning services and products?**  Specify by sex and age group. | **Men** | **Wives** | **Under 20 years old (teenagers and young people)** | **Over 20 years old (adults)** |
| has | DUI | A | B | C | D |
| b | Injectable | A | B | C | D |
| c | Condoms (Male) | A | B | C | D |
| d | Condoms (Female) | A | B | C | D |
| and | Contraception d’urgence | A | B | C | D |
| f | Pills | A | B | C | D |
| g | Implants | A | B | C | D |
| h | Female sterilization | A | B | C | D |
| i | Male sterilization | A | B | C | D |
| j | Exclusive breastfeeding | A | B | C | D |

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| --- | --- | --- | --- |
| **I would also like to have additional information on abortion pills (to cause an abortion).** | | | |
| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 405 | Does this pharmacy also offer **abortion pills**? | Yes 1  Not 2 | 413 |
| 406 | In the past 12 months, has your pharmacy stocked or sold abortion **pills?** | Yes 1  Not 2 | 413 |
| 407 | How many units (strips) of medical abortion pills does your pharmacy currently have in stock? | Units (parts) in stock  *None 000*  *Don't know 998* |  |
| 408 | In the past month, how many units of **medical abortion pills** have you sold? | Units (Pieces) Sold in the Last Month  *None 000*  *Don't know 998* |  |
| 409 | In the last 12 months, have there been any stock-outs of **abortion pills** ? | Yes 1  Not 2 | 413 |
| 410 | How long has the stock shortage been in the last 12 months? | Less than a month 1  1-3 months 2  4-6 months 3  More than 6 months 4 |  |
| 411 | In the last 3 months, how many incidents have occurred when a customer came to buy  **abortion pills for medical purposes, but they were not available** | Never 0  Rarely (less than once a month) 1  Sometimes (2-3 times a month) 2  Often (more than 3 times a month) 3 | 413 |
| 412 | What did you do when **medical abortion pills were not available** at some point? | Ask the customer to come back later 1  Arrange somewhere and provide him with 2  Sending the customer to another pharmacy 3  Sending the customer back to a public facility 4  Offered and sold another method 5  Simply send the customer back 6  Other (specify) 96 |  |
| 413 | In the past month, how many customers have come to the pharmacy to ask for abortion pills? | Number of customers  None 000  Don't know 998  No answer 999 |  |

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| **Check Q.413 if the number of clients is different from 000, ask for 414-415, otherwise go to Q.501** | | | |
| 414 | How do you decide which medical abortion pill you will suggest to your clients?  *Several choices possible.* | Customers come for a particular brand Has  Choice according to purchasing power B  Choice by gestation age C  Choice according to the woman's age D  Choice according to stock content E  Other (specify) X |  |
| 415 | What types of customers typically buy abortion pills from your pharmacy?  *Several choices possible.* | Teenagers / young people Has  Adults B  Men C  Wives D  Other (specify) X |  |

**SECTION 5: KNOWLEDGE, ATTITUDES AND INTERACTION WITH THE CLIENT**

**SUBSECTION 5A: KNOWLEDGE**

| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
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| 501 | In your opinion, what is the appropriate age for a woman to get pregnant for the first time? | Entering in completed years  *No appropriate age 95*  *Don't know 98* |  |
| 502 | What do you think are the health benefits for a woman if she gets pregnant at the appropriate age you mentioned?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk of induced abortion B  Reduced risk of miscarriage C  Better nutritional status D  Reduced risk of anemia E  Better physical health F  Better mental health G  Other (Specify) X  Don't know Z |  |
| 503 | In your opinion, what should be the minimum spacing between two consecutive births? | Write in full months  *Don't know 98* |  |
| 504 | In your opinion, what are the benefits of birth spacing for a woman?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk maternal deaths B  Reduced risk induced abortion C  Reduced risk miscarriage D  Reduced risk anemia E  Allows two years of breastfeeding as recommended F  Other (Specify) X  Don't know Z |  |
| 505 | In your opinion, what health benefit(s) will a child have if births are spaced out?  *Several choices possible.* | Reduced risk neonatal death C  Better growth Has  Better nutritional status B  Decreased incidence of anaemia C  Better chance of survival D  Better attention from the mother E  Reduced risk neonatal death F  Other (Specify) X  Don't know Z |  |
| 506 | How long do you think a woman should wait after a spontaneous or induced abortion to get pregnant again? | Writing in bygone years  *Don't know 98* |  |
| 507 | What do you think are the benefits for women to wait instead of getting pregnant right away?  *Several choices possible.* | Reduced risk of pregnancy complications Has  Reduced risk of maternal death B  Reduced risk of miscarriage D  Reduced risk of anemia (weakness) E  Other (Specify) X  Don't know Z |  |
| 508 | What about the following statement: "A woman is more likely to get pregnant if she has sex on certain days of her menstrual cycle?" Is it true or false? | True 1  False **2**  Don't know **8** | 510 |
| 509 | What are the days of the menstrual cycle when the chances of getting pregnant are the highest? | 7 days before the start of your period 1  Up to 7 days after the start of your period 2  From the 8th to the 20th day after menstruation 3  Don't know 8 |  |

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| **I would now like to ask you a few questions about the different modern methods of family planning: where did you hear about these methods, how are they used, what are their advantages and disadvantages? We will ask the questions separately for each of the methods.** |

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| 510 | What contraceptive methods have you heard of?  *Several choices possible.*  **Listen and check (do not suggest)**  **While you have mentioned some methods, haven't you also heard about these other methods?** | **Methods** | **Yes** | **Not reported** | **No after incentive** |
| 1. DUI | 1 | 2 | 3 |
| 1. Injectable | 1 | 2 | 3 |
| 1. Condoms (Male) | 1 | 2 | 3 |
| 1. Condoms (Female) | 1 | 2 | 3 |
| 1. Contraception d’urgence | 1 | 2 | 3 |
| 1. Pills | 1 | 2 | 3 |
| 1. Implants | 1 | 2 | 3 |
| 1. Female sterilization | 1 | 2 | 3 |
| 1. Male sterilization | 1 | 2 | 3 |
| 1. Exclusive breastfeeding | 1 | 2 | 3 |
|  |  | 1. Fixed Day Method | 1 | 2 | 3 |

|  |  |  |  |
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| ***Check 510: if a = 1 or 2 Ask 511 – 519***  ***Otherwise go to 520*** | | | |
| 511 | You said you've heard of **DUI**. What are the advantages of using these methods?  What else?  *Several choices possible.* | It's effective A  It's reversible B  It is immediately reversible without delay in the return to fertility C  Only initial follow-up is required D  Does not interfere with sexual intercourse E  No effects on breast milk production F  There is no need to purchase supplies G  Can be used as an emergency contraceptive method when inserted within five days of unprotected sex H  It is a long-term method (5/10 years) I  Can be used as a limiting method J  Lower risk of side effects than other reversible methods K  Other (Specify) X |  |
| 512 | What are some of the issues that customers face when using **DUI ?**  *Several choices possible.* | Weakness Has  Method failure (pregnancy) B  Increased risk of infection C  Reduced sensations/pleasure of sexual intercourse  Discomfort during sexual intercourse D  Genital malformations in the unborn baby E  Infertility F  Excessive bleeding G  Abdominal pain H  Other (Specify) X  Causes no problems Y  Don't know Z |  |
| 513 | What are the health conditions and situations in which a woman should not use **a DUI ?**  *Several choices possible.* | Woman who has never become pregnant Has  Very anemic woman B  Woman at risk of getting STIs C  Infections in the tubes D  Uterine infections E  Infection after giving birth F  Current tubal pregnancy G  Women who complain of bleeding and pain during menstruation H  Women with many children I  Woman who had a caesarean section J  Other (Specify) X  Don't know Z |  |
| 514 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 515 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 516 | Do you think that slight bleeding after DUI insertion is normal? | Yes 1  No 2  Don't know 8 |  |
| 517 | In your opinion, when is the most recommended time to insert a **DUI into a woman ?**  *Several choices possible.* | Within the first 12 days of the menstrual cycle Has  Within 48 hours of delivery B  After six weeks postpartum C  Within 12 days of termination of pregnancy D  Other (Specify) X  Don't know Z |  |
| 518 | Who do you think can insert a **DUI ?**  *Several choices possible.* | Any doctor Has  Gynaecologist B  Midwives C  Trained nurse D  CSA E  Matron F  Other (Specify) X  Don't know Z |  |
| 519 | What do you say to a woman to check if the DUI is in place?  *Several choices possible.* | Wash your hands Has  Crouch down and feel the wire with your fingers B  Remove finger and wash hands again C  Other (Specify) X  Don't know Z |  |
| **Check 510, if f=1 or 2 Ask 520-524**  **otherwise go to 525** | | | |
| 520 | Can you tell us how often the pills are used ? | Every day 1  Weekly 2  Both 3  Don't know 8 |  |
| 521 | What are the problems that women may face during/after taking a **pill** ?  *Several choices possible.* | Reduced milk production Has  Reduced work capacity B  Nausea C  Headaches D  Swelling of the legs E  Changes during the period F  Weakness G  Bloating/acidity H  Weight gain I  Weight loss J  Other (Specify) X  No problem Y  Don't know Z |  |
| 522 | What are the health situations for which taking **pills** in women could be dangerous?  *Several choices possible.* | Woman with jaundice Has  Woman who has had a celebrity stroke B  Paralyzed woman C  Woman with Heart Disease D  Woman with high blood pressure E  Other (Specify) X  Don't know Z |  |
| 523 | Do you think that pills can be advised to the breastfeeding woman? | Yes 1  No 2  Don't know 8 |  |
| 524 | In your opinion, when should a woman start taking the **pill** after her period?  *Several choices possible.* | First day of the menstrual cycle Has  Within five days of the start of the menstrual cycle B  Last day of the menstrual cycle C  Anytime D  Other (Specify) X  Don't know Z |  |

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| **Check 510: if c, d = 1 or 2 then ask for 525-531; otherwise go to 532** | | | |
| 525 | To be effective, when should **condoms** be used? | With every sexual intercourse 1  Other answer 6  Don't know 8 |  |
| 526 | How many times can you use a **condom** during sex? | Once 1  Twice 2  More than twice 3  Don't know 8 |  |
| 527 | What are the benefits of using a **condom** ?  *Several choices possible.* | Preventing pregnancy Has  Safety against sexual infections B  Preventing HIV C  Readily available D  Cheapest method E  Easy to use F  Other (Specify) X  Don't know Z |  |
| 528 | What are some problems that a client may face when using a **condom** ?  *Several choices possible.* | Reduced sexual pleasure Has  Allergies B  Method Failed C  Affect rules D  Problem of eliminating condom use E  Other (Specify) X  No problem Y  Don't know Z |  |
| 529 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 530 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 531 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| **Check 510: if b=1 or 2 then ask 532-538; otherwise go to 539** | | | |
| 532 | Suppose a woman wants to use an **injectable product**. In your opinion, when should she take her first dose of injectable product?  *Several choices possible.* | Within the first seven days of the menstrual cycle Has  Within the first seven days after the abortion B  After six weeks of delivery (if breastfeeding) C  Immediately after giving birth (if not breastfeeding) D  Other (Specify) X  Don't know Z |  |
| 533 | In your opinion, what are the benefits of using **injectable** contraceptives or why a woman should use this method?  *Several choices possible.* | Highly effective and safe Has  Convenient and easy to use B  Works for 3 months with a one-month grace period C  Completely reversible D  Private and confidential method E  Does not interfere with sexual intercourse F  Suitable for breastfeeding women G  Useful for the immediate postpartum period (in women who are not breastfeeding) H  Can be used after abortion I  Can be used at any age J  Usable for low-parity women K  Reduces menstrual cramps L  Reduces the risk of ovarian and uterine cancer M  Other (Specify) X  Don't know Z |  |
| 534 | What are some issues that a client may face after being given an **injectable** ?  *Several choices possible.* | Headaches Has  Irregular menstruation B  Irregular bleeding C  Prolonged bleeding during menstruation D  Heavy bleeding during menstruation E  Amenorrhea F  Weight gain G  White discharge H  Other (Specify) X  No problem Y  Don't know Z |  |
| 535 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 536 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 537 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |
| 538 | After the first injectable contraceptive, when should the next dose be given? | Number of months.................................................1  Don't know 98 |  |
| **Check 510: if g=1 or 2; Ask 539-546**  **otherwise go to 547** | | | |
| 539 | In your opinion, what are the benefits of using implants or why a woman should use this method?  *Several choices possible.* | Effective and safe Has  Convenient and easy to use B  Does not require daily or monthly dosing C  Completely reversible D  A private and confidential method E  Does not interfere with sexual intercourse F  Other (Specify) X  Don't know Z |  |
| 540 | What are the problems that a client may face after an implant has been inserted ?  *Several choices possible.* | Irregular menstruation Has  Irregular bleeding B  Prolonged bleeding during menstruation C  Heavy bleeding during menstruation D  Amenorrhea E  Abdominal pain F  Weight change G  Breast tenderness H  Other (Specify) X  No problem Y  Don't know Z |  |
| 541 | How long is the period of effectiveness of **implants** in preventing pregnancy? | 3-5 years 1  Other answers 6  Don't know 8 |  |
| 542 | Do you know where the **implants** should be inserted? | Upper arm 1  Other answers 6  Don't know 8 |  |
| 543 | In your opinion, who can perform **implants**?  *Several choices possible.* | Any doctor Has  Gynaecologist B  Midwives C  Trained nurse D  CSA E  Matrons F  Other (Specify) X  Don't know Z |  |
| 544 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  No 2  Don't know 8 |  |
| 545 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 546 | In your opinion, is this method suitable for birth control? | Yes 1  Not 2  Don't know 8 |  |
| **Check 510: if e=1 or 2 then ask for 557-563;**  **otherwise increase to 564** | | | |
| 557 | Did you know that emergency contraception can be taken shortly after unprotected sex? | Yes 1  Not 2 | 560 |
| 558 | What is the maximum number of hours after unprotected sex for emergency contraception (EC) to be taken?  **[SAVE NUMBER OF HOURS]** | Number of hours  *Don't know 98* |  |
| 559 | Do you think that an UC may have been effective even though the woman became pregnant? | Yes 1  Not 2 |  |
| 560 | Do you think UC can be used as a regular method of contraception? | Yes 1  Not 2  Don't know 8 |  |
| 561 | In your opinion, is this method suitable for delaying the first birth? | Yes 1  Not 2  Don't know 8 |  |
| 562 | In your opinion, is this method suitable for maintaining the interval between two births? | Yes 1  No 2  Don't know 8 |  |
| 563 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| **Check 510: if h=1 or 2 then ask for 564-566**  **otherwise go to 567** | | | |
| 564 | In your opinion, what are the benefits of adopting female sterilization or why a woman should use this method?  *Several choices possible.* | Single procedure Has  No other method will be required B  Definitive (no more children) C  Simple procedure D  Readily available E  Other (Specify) X  No advantages Y  Don't know Z |  |
| 565 | What are the issues a client may face during or after a female sterilization, including the postpartum/postabortion procedure  *Several choices possible.* | Bleeding from the surgical site Has  Saignement vaginal B  Infection C  Pus discharge from the wound D  Wound dehiscence E  Method Failed F  Gonflement abdominal G  Intestinal injury/perforation H  Bladder injuries I  Fever J  Vomit K  Other (Presicer) X  No problem Y  Don't know Z |  |
| 566 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |

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| --- | --- | --- | --- |
| **Check 510: if i=1 or 2 then ask for 567-569;**  **otherwise go to 570** | | | |
| 567 | In your opinion, what are the benefits of adopting male sterilization or why a man should use this method?  *Several choices possible.* | Single procedure Has  No other contraception is needed B  More children after use C  Simple procedure D  Readily available E  Other (Specify) X  No advantages Y  Don't know Z |  |
| 568 | What are the problems a client may face during or after a male sterilization  *Several choices possible.* | Reduces sexual pleasure Has  Reduces work capacity B  Method Failed C  Weakness D  Weight Gain E  Grastrite/acidity F  Bloating G  Other (Specify) X  No problem Y  Don't know Z |  |
| 569 | In your opinion, is this method suitable for birth control? | Yes 1  No 2  Don't know 8 |  |
| **I would now like to hear your views on the importance of using family planning methods.** | | | |
| 570 | Why do you think it is important for women and couples to use contraceptive methods?  *Several choices possible.* | Limiting family sizes Has  Spacing births B  Preventing unwanted pregnancies C  Preventing abortions D  Reduced risk of maternal death E  Reduced risk of neonatal death F  Reduced risk of preterm birth G  Reduced risk of low birth weight H  Lower risk of having a small-for-gestational-age child I  Financial benefits J  Better Raising Children K  Ensuring women's reproductive rights L  Other (specify) X |  |

**SUBSECTION 5B: ATTITUDE TOWARDS FAMILY PLANNING**

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| **I will now read you some statements: Cite your answers as 'Strongly disagree', 'Disagree', 'Neutral', 'Agree' and 'Strongly agree'** | | | | | | |
| 571 | **DECLARATIONS** | **Strongly disagree** | **Disagree** | **Neutral** | **All right** | **Totally agree** |
| a. | It is important to talk about contraceptive methods, regardless of gender. | 1 | 2 | 3 | 4 | 5 |
| b. | Information on family planning should only be given to those who explicitly request it. | 1 | 2 | 3 | 4 | 5 |
| c. | FP counselling should be provided to unmarried boys and girls. | 1 | 2 | 3 | 4 | 5 |
| d. | The use of contraceptive methods is important for women/men of childbearing age. | 1 | 2 | 3 | 4 | 5 |
| and. | Family planning knowledge will increase premarital sex. | 1 | 2 | 3 | 4 | 5 |
| f. | Contraceptives affect the sexual desire of the partner. | 1 | 2 | 3 | 4 | 5 |
| g. | Contraceptive methods have a negative impact on the practice of religion. | 1 | 2 | 3 | 4 | 5 |
| h. | Contraceptives affect women's daily activities. | 1 | 2 | 3 | 4 | 5 |
| i. | Family planning education should be included in the curriculum of educational institutions. | 1 | 2 | 3 | 4 | 5 |

**SUB-SECTION 5C: INTERACTION WITH THE CUSTOMER**

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| --- | --- | --- | --- |
| **I would now like to talk about your interactions with customers.** | | | |
| **#** | **QUESTIONS AND FILTERS** | **CODING** | **SWITCH TO** |
| 572 | If a woman/man/couple comes to your pharmacy/for FP services, do you inform them of all the appropriate methods available in the shopping cart of their choice? | Yes 1  No 2 |  |
| 573 | Who do you think should be counseled on family planning?  *Several choices possible.* | All women of childbearing age Has  All sexually active men  B  Teenage Boys C  Pregnant women who come for antenatal care D  Woman who came for an abortion E  Woman who came to give birth F  Postpartum woman during her stay in the facility G  Woman who came to have her child vaccinated H  Woman with 2 or more children I  Woman with a high-risk pregnancy (HRP) J  Anaemic woman in the prenatal and postpartum period K  Other (specify) X  Does not provide Y guidance  Translated with DeepL.com (free version) |  |
| 574 | Before selling the pills/UC, what advice do you usually give to the customer?  *Several choices possible.* | Dosage Has  Tips for forgetting the pill dosage B  Tips on what to expect after taking the pills C  Other (specify) X  Nothing Y |  |
| 575 | Before selling the injectables/implants, what advice do you usually give to the customer?  *Several choices possible.* | When to have it administered/inserted Has  Where to administer/insert B  Holdover time C  What to expect after receiving the injectable/implant D  Other (specify) X  Nothing Y |  |
| 576 | Do you advise clients on the side effects associated with contraceptives? | Yes 1  No 2 |  |
| 577 | What are the barriers you face when providing family planning counseling services?  *Several choices possible.* | The customer is reluctant to talk Has  The customer is reluctant to speak in front of other customers B  Client does not like using contraceptive methods C  The client holds his/her partner responsible for the decision to use contraception D  Other (specify) X  Nothing Y |  |
| 578 | Do you tell the client where to go if there are complications after using contraceptives? | Yes 1  No 2 | END |
| 579 | Where do you advise them to go if they have complications after consuming pills/UC?  *Several choices possible.* | Come back to us Has  Consult at the hospital B  Consult at the health centre C  Consult at the health post D  Consult the nearest Private Doctor/Health Facility E  Other (specify) X |  |
| 580 | Where do you advise them to go in case of complications after the administration of an injectable product or an implant?  *Several choices possible.* | Come back to us Has  Consult at the hospital B  Consult at the health centre C  Consult at the health post D  Consult the nearest Private Doctor/Health Facility E  Other (specify) X |  |

Pharmacy GPS Coordinates

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| INVESTIGATOR'S OBSERVATIONS |