



# Nigeria 2021 Provider Survey **Tool**

February 2023



<b>Health Worker Interview: Nigeria HPN Evaluation</b>		
<b>Cover sheet</b>		
<b>Question #</b>	<b>Question</b>	<b>Responses</b>
	Enumerator ID	
	Supervisor ID	
	Date	
	State	1) Kebbi 2) Zamfara 3) Ebonyi
4	Local Government Area	
5	Ward	
6	Health facility name	
9	Provider number	
10	Provider sex	1) Male 2) Female
10.a	Provider age	
11	Provider status	1) Assigned 2) Seconded
12	Indicate if the provider was previously interviewed in another facility. If yes, record the name of the facility number where he/she was interviewed.	1) Yes, previously interviewed, name of facility _____ 2) No, not previously interviewed
		<b>If previously interviewed, end the survey after collecting GPS</b>
13	Collect the GPS of the facility	latitude
		longitude
		altitude
		accuracy

Education and Experience		
Question #	Question	Responses
1.1	I would like to ask you some questions about your educational background.  How many years of education have you completed in total, starting from your primary, secondary and further education?	
1.2	What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?	Medical officer (excluding Specialists/Consultants and Youth Corp doctors) Specialist/Consultant Youth Corp doctor Registered nurse Registered midwife Registered nurse midwife Community nurse Community health officer CHEW JCHEW Environmental office No technical qualifications/Nurse aide Other _____
1.3a	What year did you graduate (or complete) with this qualification? IF NO TECHNICAL QUALIFICATION , ASK: What year did you complete any basic training for your current occupational category?	YEAR:
1.4	In what month and year did you start working in this facility?	MONTH:                      YEAR:
1.5	Are you an in-charge for any clinical services?	Yes No

**Training**

	Instruction: I would now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.				
<b>General training</b>					
	I would like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand-alone trainings, or they may have been covered under another training topic.				
2	Have you received any in-service training, training updates, or refresher training in any of the following topics? (Include both onsite and offsite trainings, updates and refreshers) [READ TOPIC]				
	IF YES, ASK: Was the training, training update or refresher training within the past 24 months or more than 24 months ago? If the training was in the last 24 months, ask the month and year of the most recent training.	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
2.1	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	Month _____ Year _____	2	3
2.2	Any specific training related to injection safety practices or safe injection practices?	1	Month _____ Year _____	2	3
2.3	Health Management Information Systems (HMIS) or documentation/reporting requirements for any service?	1	Month _____ Year _____	2	3
2.4	Gender-based violence	1	Month _____ Year _____	2	3
<b>Malaria</b>					
3.1	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	Yes	1		
		No	2		
3.2	Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?	Yes	1		
		No	2	skip to 4.1	
3.3	Have you received any in-service training, training updates or refresher trainings in any of the following topics [READ TOPIC]:  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
3.3.1	DIAGNOSING MALARIA IN CHILDREN	1	Month _____ Year _____	2	3
3.3.2	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	Month _____ Year _____	2	3
3.3.3	CASE MANAGEMENT/TREATMENT OF MALARIA DURING PREGNANCY	1	Month _____ Year _____	2	3
3.3.4	INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY	1	Month _____ Year _____	2	3
<b>Child health services</b>					
4.1	In your current position, and as a part of your work for this facility, do you personally treat children?	Yes	1		
		No	2		
4.2	Have you received any in-service training, training updates or refresher training on topics related to child health or childhood illnesses?	Yes	1		
		No	2	skip to 5.1	

4.3	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
4.3.1	EPI OR COLD CHAIN MONITORING	1	Month _____ Year _____	2	3
4.3.2	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	Month _____ Year _____	2	3
4.3.3	DIAGNOSIS OF MALARIA IN CHILDREN (skip if answered yes to 3.3.1)	1	Month _____ Year _____	2	3
4.3.4	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST (skip if answered yes to 3.3.2 )	1	Month _____ Year _____	2	3
4.3.5	CASE MANAGEMENT/TREATMENT OF MALARIA IN CHILDREN	1	Month _____ Year _____	2	3
<b>Family planning services</b>					
5.1	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	Yes	1		
		No	2		
5.2	Have you received any in-service training, training updates or refresher training on topics related to family planning?	Yes	1		
		No	2	Skip to 6.1	
5.3	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
5.3.1	GENERAL COUNSELING FOR FAMILY PLANNING	1	Month _____ Year _____	2	3
5.3.2	IUCD INSERTION AND/OR REMOVAL	1	Month _____ Year _____	2	3
5.3.3	IMPLANT INSERTION AND/OR REMOVAL	1	Month _____ Year _____	2	3
5.3.6	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	Month _____ Year _____	2	3
5.3.8	POST-PARTUM FAMILY PLANNING	1	Month _____ Year _____	2	3
5.3.9	PARTNER ENGAGEMENT FOR FAMILY PLANNING	1	Month _____ Year _____	2	3
5.3.10	MALE ENGAGEMENT IN FAMILY PLANNING	1	Month _____ Year _____	2	3
5.3.11	OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____	1	Month _____ Year _____	2	3
<b>Antenatal care</b>					
6.1	In your current position, and as a part of your work for this facility, do you personally provide any antenatal care services?	Yes	1		
		No	2		
6.2	Have you received any in-service training, training updates or refresher training on topics related to antenatal care?	Yes	1		
		No	2	skip to 7.1	

6.3	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
6.3.1	ANC screening (e.g., blood pressure, urine glucose and protein)?	1	Month _____ Year _____	2	3
6.3.2	Counseling for ANC (e.g., nutrition, FP and newborn care)?	1	Month _____ Year _____	2	3
6.3.3	Complications of pregnancy and their management?	1	Month _____ Year _____	2	3
6.3.4	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation?	1	Month _____ Year _____	2	3
6.3.5	Intermittent preventive treatment of malaria during pregnancy	1	Month _____ Year _____	2	3
6.3.6	Partner communication in birth planning	1	Month _____ Year _____	2	3
6.3.7	Male engagement in ANC	1	Month _____ Year _____	2	3
<b>Diagnostic services</b>					
7.1	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	Yes	1		
		No	2	Skip to 7.5	
7.2	Please tell me if you personally conduct any of the following tests as part of your work in this facility:	Yes	No		
7.2.1	Hematology testing, such as anemia testing	1	2		
7.2.2	Malaria microscopy	1	2		
7.2.3	Malaria rapid diagnostic test (mRDT)	1	2		
7.3	Have you received any in-service training, training updates or refresher training on topics related to the different diagnostic tests you conduct?	Yes	1		
		No	2	Skip to 7.5	
7.4	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	Yes, within past 24 months	If yes, Month/Year of most recent training	Yes, over 24 months ago	No in-service training or updates
7.4.1	Malaria microscopy	1	Month _____ Year _____	2	3
7.4.2	Malaria rapid diagnostic test (mRDT)	1	Month _____ Year _____	2	3
<b>General</b>					
7.5	Which groups provided the training? Select all that apply.	Government IHP PMI-S PSM Breakthrough Action USAID Other donors, specify _____ Other, specify _____			
7.6	Was your training onsite, offsite, or both?	Onsite Offsite Both onsite and offsite			

## Child Health Vignette

**Instructions for the data collector:** Read the following scenarios to the health worker and pose questions about the case. The health worker should not refer to any printed materials, the internet, or discuss the case with anyone else.

**Instructions for the health worker:** In this exercise we will lead you through hypothetical patient case descriptions while asking you case management questions along the way. We want you to form an image of the patient presented in the case description and to imagine that this person is sitting in front of you in your consultation room. The answers you provide will be confidential and will only be used for scientific research. You will not personally be evaluated based on your responses and the information you provide will not be shared with your facility's administration.

First, I will give a short description of the patient and their symptoms. I want to know what questions you would ask the patient in order to fully understand their situation. These questions could be about their health, their personal characteristics, and their family. Once you have asked your questions, I will give you more information about the patient.

Second, I will ask you to tell me how you would conduct your physical exam. I will tell you the results of the physical exam.

Third, based on the patient's symptoms and the physical examination, I will ask for your differential diagnosis. That means I would like to know which illnesses or conditions you most strongly suspect that the patient has.

Fourth, I will ask you which tests you would order. I will then give you the results of the tests. Fifth, I will ask you for your final diagnosis of the patient.

Sixth, you should tell me what medicines and/or treatments you would give.

Lastly, please describe the counseling that you would give to the patient before they leave your office. You will not personally be evaluated based on your responses and the information you provide will not be shared with your facility's administration.

Question #	Question	Responses		
8.1	Do you regularly provide child health services for fever?	1) Yes		
		2) No	Skip to 9.1	
<b>Child vignette</b>				

READ: Chukwudi (Ebonyi)/Musa (Kebbi and Zamfara), a boy aged 5 years is brought to your health facility's outpatient department. His mother, Chidima (Ebonyi)/Fatima (Kebbi and Zamfara) says he was well until this morning when he woke up and said he was feeling tired and refused his breakfast. When Chidima (Ebonyi)/Fatima (Kebbi and Zamfara) touched him, he felt hot. He started to have mild cough only this morning.

8.2	<p>What questions do you ask the child's mother? Anything else? (select all that apply)</p>	<p>No questions  Consistency of stools  Frequency of stools  Progression of diarrhea (worsening or getting better)  Blood in stools  Mucous in stools  Temperature  Vomiting  Abdominal pain  Volume and frequency of eating and drinking  Treatments given thus far  Has this happened before?  Anyone else in household is sick?  Mother's marital status  Caretakers' occupation  Housing, water, and sanitation conditions  Family composition/number of siblings  Religious affiliation  Other (specify) _____</p>
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READ: Chukwudi (Ebonyi)/Musa (Kebbi and Zamfara) has felt very "hot" and has been weak and listless. He has been consuming small amounts of soft food and water. He has no vomiting or diarrhea. Chidima (Ebonyi)/Fatima (Kebbi and Zamfara) gave him a half tablet of paracetamol. His parents are married, and his father is a teacher. His parents are married, and his father is a teacher. He lives in a mud brick house with his parents and two older siblings. The family gets their water from a nearby spring and uses a pit latrine that theyshare with another family.

8.3	<p>What does your physical examination of the patient include? Anything else? (select all that apply)</p>	<p>No examination  Affect/demeanor  Temperature  Heart rate  Respiratory rate  Chest indrawing  Capillary refill  Skin turgor  Abdominal palpation  Weight  Other (specify) _____</p>
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READ: When you examine Chukwudi (Ebonyi)/Musa (Kebbi and Zamfara), you find a well-nourished 20kg child, alert, not pale, and with axillary temperature of 38.5°C. The rest of the physical examination is normal.



8.4	What diagnoses do you suspect (i.e. the differential diagnoses)? (list all that apply)	Rotavirus E-Coli Cryptosporidium Malaria Anemia Upper respiratory tract infection Pneumonia TB Others (specify) _____ Don't know
8.5	What tests, if any, do you order? Assume that the needed tests can be conducted at your facility. (select all that apply)	No tests mRDT Malaria test using microscopy Direct microscopic stool examination Stool culture Hemoglobin Hematocrit WBC Chest X-ray Other (specify) _____
READ: Testing indicates that the Chukwudi (Ebonyi)/Musa (Kebbi and Zamfara) has malaria.		
8.6	Based on these results, what treatment(s) do you administer, if any? Assume that everything that is needed is in-stock in the facility. (select all that apply)	No treatment ACT, specify dose _____ and route (oral/parenteral) Quinine Antibiotic Other medicine (specify) _____ Fluids (oral) Fluids (IV) Treatment for fever Other (specify) _____

8.7	What are the key points that you tell the child's mother during counseling before treatment? Anything else?	No counseling Diagnosis How the infection is transmitted How to administer medicine Importance of finishing medication as prescribed Feeding Hydration Malaria prevention methods Importance of children age 5 and under and pregnant women sleeping under bed nets How to monitor/signs of worsening Home remedies to manage fever When to bring him back for follow-up Other (specify) _____
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**ANC Vignette**

Question #	Question	Responses
9.1	Do you regularly provide antenatal care services?	1) Yes 2) No, Skip to 10.1
<b>ANC vignette: Pre-E/GBV</b>		

READ: A nineteen-year-old woman, Amaka (Ebonyi)/Amina (Kebbi, Zamfara), comes to you for her first antenatal care visit. She is visibly pregnant and estimates that she is at least 20 weeks along. She seems anxious and nervous. She has not taken a pregnancy test and did not come earlier because she lives far from the health center.

9.2	What questions do you ask her? Anything else? (select all that apply)	<p>No questions</p> <p>Number of pregnancies</p> <p>Number of deliveries (live births)</p> <p>Number of miscarriages</p> <p>Number of children alive</p> <p>Number of children born alive who have died</p> <p>Timing of last menstrual period</p> <p>History of hypertension</p> <p>History of diabetes</p> <p>Family health history</p> <p>Past illnesses</p> <p>Complaints during this pregnancy</p> <p>Sexual history (e.g. sexual activity, number of sexual partners)</p> <p>Relationship with her husband/whether she feels safe at home/etc.</p> <p>Whether her partner knows she is here.</p> <p>Marital status</p> <p>Occupation</p> <p>Education level</p> <p>Family/support network</p> <p>Religious affiliation</p> <p>Other (specify) _____</p>
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READ: Amaka (Ebonyi)/Amina (Kebbi, Zamfara) tells you that this is her first pregnancy. She was vomiting at the beginning of her pregnancy but has not vomited for at least 3 weeks. She complains of recent mild headaches and swelling in her feet and ankles. There is a history of twins in her family. Her older sister died in childbirth three years ago. She does not know the reason. She has been married for a year and works on her family's farm. She comments that she does not see friends anymore since she got married because her husband is often jealous and it leads to fights.

9.3	<p>What questions do you ask her now? Anything else? (select all that apply)</p>	<p>No questions History of hypertension History of diabetes Family health history Past illnesses Sexual history (e.g. sexual activity, number of sexual partners) Relationship with her husband/whether she feels safe at home/etc. GBV screening questions Religious affiliation Other (specify) _____</p>
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9.4	<p>What does your physical examination of the patient include? Anything else? (select all that apply)</p>	<p>No examination Height Weight Temperature Blood pressure Pulse Respiratory rate Abdominal palpation Breast exam Fetoscope Vaginal exam Fundal height Presence of edema Signs of GBV Other (specify) _____</p>
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READ: Amaka (Ebonyi)/Amina (Kebbi, Zamfara) is 1.7 m tall and weighs 73 kgs. Her blood pressure is 142/93,pulse 85 beats per minute, and respiratory rate is 16 breaths per minute. She does not have a fever or edema. You observe significant bruises on her arms. You detect fetal movement.

9.5	<p>What tests, if any, do you order? Assume that the needed tests can be conducted at your facility. (select all that apply)</p>	<p>No tests Pregnancy test Urinalysis HIV Syphilis Malaria Hemoglobin Hematocrit Blood grouping Echography Other (specify) _____</p>
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READ: The tests indicate that she is positive for pregnancy and proteinuria (protein/creatinine ratio of 60mg/mmol) and negative for HIV and syphilis.

9.6	Based on the history, exam and test results, what is your assessment of the patient? (select all that apply)	Preeclampsia Healthy pregnancy Potential GBV risk Other (specify) _____ Don't know
9.7	What is your next step? Assume that everything that is needed is in-stock in the facility. Indicate the frequency and dose if applicable.	No treatment Ask GBV screening questions Transfer to hospital Hypotensive drug Anti-convulsive drug Induction of labor Other (specify) _____
READ: You ask GBV screening questions, and she indicates that her husband has been physically violent.		
9.8	What is your next step? Anything else?	Nothing Move on to other counseling Express empathy/concern Ask her what would help her most now Help her to identify and consider referral and social support options Give her contact information details for any requested referrals Assess her immediate risk If she is at immediate risk, help her make a safety plan If she is at immediate risk, make referrals (for example, shelter, safe housing) or help identify a safe place where she can go Document the violence in her records Maintain privacy of her health records Discuss what she will do with any paperwork she gets during this session Discuss what she will tell her husband about where she was Other (specify) _____

9.9	What other key points that you would tell Amina during counseling? Anything else?	No counseling Causes, symptoms, and risks of having preeclampsia Referral to hospital How to take medicine Reduced physical activity Bed rest Minimize salt intake Increase water intake Increase protein intake Signs that emergency care is needed Benefits of sleeping under a bed net Methods of malaria prevention When to return for follow-up Other (specify) _____
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**ANC vignette: malaria in pregnancy**

READ: Ada (Ebonyi)/Mariam (Kebbi, Zamfara) is 23 years old and has been married for 4 years. She arrives for her second visit to the ANC clinic at 26 weeks after her last menstrual period. Ada's (Ebonyi)/Mariam's (Kebbi, Zamfara) husband works in a distant village and visits her occasionally. She lives with her mother, father and sister-in-law. Her mother-in-law has accompanied her to the clinic. Ada (Ebonyi)/Mariam (Kebbi, Zamfara) complains of feeling tired. She has to carry buckets of water from a nearby tube well every day.

9.10	<p>What questions do you ask her? Anything else? (select all that apply)</p>	<p>No questions Number of pregnancies Number of deliveries (live births) Number of miscarriages Number of children alive Number of children born alive who have died Timing of last menstrual period History of hypertension History of diabetes Family health history Past illnesses Complaints during this pregnancy Sexual history (e.g. sexual activity, number of sexual partners) Marital status Relationship with her husband/whether she feels safe at home/etc Whether her partner knows she is here Occupation Education level Family/support network Religious affiliation Other (specify) _____</p>
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READ: She tells you that this is her second pregnancy. She has had chills and a fever for a few days and also complains of headaches. The only notable elements from her social history are that she has been married for 4 years and works on her family's farm.

9.11	<p>What does your physical examination of the patient include? Anything else? (select all that apply)</p>	<p>No examination Height Weight Temperature Blood pressure Pulse Respiratory rate Abdominal palpation Breast exam Fetal heart rate Vaginal exam Fundal height Presence of edema Signs of GBV Other (specify) _____</p>
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READ: Ada (Ebonyi)/Mariam (Kebbi, Zamfara) is 1.5 m tall and weighs 70 kgs. Her blood pressure is normal, pulse is 65 beats per minute and no edema. But her body feels warm and temperature reading is 37.8. You detect fetal movement.

9.12	What tests, if any, do you order? Assume that the needed tests can be conducted at your facility. (select all that apply)	No tests Pregnancy test Urinalysis HIV Syphilis Malaria/mRDT Hemoglobin Hematocrit Blood grouping Echography Other (specify) _____
READ: The mRDT test is positive. She is not anemic.		
9.13	Based on the history, exam and test results, what is your assessment of the patient? (select all that apply)	Malaria Pneumonia Influenza Typhoid fever Healthy pregnancy Other (specify) _____ Don't know
9.14	What is your next step? Assume that everything that is needed is in-stock in the facility. Indicate the frequency and dose if applicable.	No treatment Ask GBV screening questions Transfer to hospital ACT, specify dose _____ and route (oral/parenteral) Induction of labor Other (specify) _____
9.15	What are the key points that you would tell Ada (Ebonyi)/Mariam (Kebbi, Zamfara) during counseling? Anything else? (select all that apply)	No counseling Causes, symptoms, and risks of having malaria Benefits of sleeping under a bed net Methods of malaria prevention Referral to hospital How to take medicine Reduced physical activity Bed rest Minimize salt intake Increase water intake Increase protein intake Signs that emergency care is needed When to return for follow-up Encourage her to bring her husband with her to the next visit, if she is comfortable Other (specify) _____



**Family Planning Vignette**

Question #	Question	Responses
10.1	Do you regularly provide family planning services?	1) Yes
		2) No, skip to 11.1
<b>Family planning vignette: implant side-effects</b>		

READ: A 30-year-old woman recently began using Implanon. She has been experiencing irregular menstrual bleeding for the past few months and is considering changing methods because the bleeding is bothersome to her and her partner.

10.2	What questions do you ask her? Anything else? (select all that apply)	No questions Current bleeding pattern (frequency and amount) Menstrual history prior to using implant (e.g. first day of last menstrual period, length of bleeding (days), menstrual frequency, other patterns of uterine/vaginal bleeding) Gynecologic and obstetrical history (e.g. pregnancy/-ies, recent delivery, miscarriage, or termination) Drug history including contraceptive use (past and/or current) Recent intercourse Other health conditions and behaviors (e.g. allergies, breastfeeding, hypertension, smoking). Marital status Length of marriage Education level Occupation (self) Occupation (husband) Number of children Age of youngest child Pregnancy intentions (including timing and spacing if children are desired) Contraceptive preferences Sexual history (e.g. sexual activity, sexual partners, past STD history) About her relationship with partner/whether she feels safe at home Whether her partner knows she is here Whether she and partner make FP decisions together Religious affiliation Other (specify) _____
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READ: You learn that she has been using the implant for 5 months. The bleeding began a couple of weeks after the implant was inserted and she has never experienced this type of irregular bleeding before. The implant is in her arm. She does not have any breast tenderness or other signs of pregnancy. She is not postpartum and wants to wait at least three years to have another child. She does not smoke cigarettes or have any history of DVT.

10.3	Would you consider giving her the option of other methods through your counseling? Assume that there are multiple methods in-stock at your facility today.	Yes, Skip to 10.5
		No

10.4	Why don't you counsel her in choosing another contraceptive method? Any other reason? (select all that apply)	<p>Her husband is not with her at the health center. Side effects are normal.</p> <p>It is difficult to remove the implant. Provider not trained to remove the implant. It is too soon to remove the implant.</p> <p>Other (specify) _____</p> <p><b>All responses, skip to 10.6</b></p>
10.5	What information do you provide when counseling her about other family planning methods or options? Any others? (select all that apply)	<p>No counseling</p> <p>All contraceptive methods available from any source</p> <p>Types of contraceptive methods available today (e.g., condoms, oral contraceptives, injectable contraceptives, intrauterine device (IUD), implants, etc.)</p> <p>Types of contraceptive methods available consistently (i.e. never/rarely stocked out)</p> <p>Duration of protection from pregnancy</p> <p>Effectiveness of methods in preventing pregnancy</p> <p>Effectiveness of methods in protecting against STDs, such as HIV</p> <p>Correct use of methods</p> <p>Side effects including lack of periods</p> <p>Safety of the method</p> <p>Pain/discomfort during administration</p> <p>Cost of methods</p> <p>Importance of making FP decisions together with partner</p> <p>Suggest she bring partner to session in future, if she is comfortable</p> <p>Provider's recommendation of a specific method</p> <p>Other (specify) _____</p>

10.6	What factors do you consider when determining which course of action to recommend? (select all that apply)	Effectiveness Side effects Her medical history Her age Her preferences with regard to methods Her preferences with regard to timing of pregnancy/childbearing Her confidence in being able to use the method correctly and consistently Acceptability of method use by her husband Acceptability of method use by her peers Cost of method Whether someone at the facility is trained and/or confident in their ability to administer the method Availability of the method on that day Other (specify) _____
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READ: After counselling and discussion, she tells you that she would like to switch to contraceptive injections. However, this method is not currently being offered in your clinic.

10.7	What do you do?	Refer her to another clinic that provides this method Tell her that she should choose another option End the consultation Other (specify) _____
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READ: She tells you her husband has asked her to discontinue FP because of the bleeding but she does not want to get pregnant. She asks you to keep her decision confidential.

10.8	What do you do?	Reassure her that you will not tell anyone. Encourage her to tell other people. Other (specify) _____
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**Family planning vignette: postpartum FP**

READ: Chineye (Ebonyi)/Fatima (Kebbi, Zamfara) is a young woman aged 21-years who is 26 weeks pregnant and is generally healthy. This is her second pregnancy. Her first child who is 18 months old was born at her mother's home in a faraway place. No one told her about family planning at that time. On returning to her husband's home she soon realized that she was pregnant again. She was told about the health facility by a friend and this is her second ANC contact. The couple wants to wait after this pregnancy to have their third child but are too scared and shy to ask. The husband has heard of rumors that using family planning while breastfeeding is bad for the baby and that it could make it difficult to get pregnant again. The midwife had mentioned post-delivery family planning in the first ANC contact, but Chineye (Ebonyi)/Fatima (Kebbi, Zamfara) was unsure. She has come to the clinic today specifically to learn more about postpartum family planning.

10.9	What questions do you ask her? Anything else? (select all that apply)	<p>No questions</p> <p>Menstrual history (e.g. first day of last menstrual period, length of bleeding (days), menstrual frequency, other patterns of uterine/vaginal bleeding)</p> <p>Gynecologic and obstetrical history (e.g. pregnancy/-ies, recent delivery, miscarriage, or termination)</p> <p>Drug history including contraceptive use (past and/or current)Recent intercourse</p> <p>Other health conditions and behaviors (e.g. allergies, breastfeeding, hypertension, smoking).</p> <p>Marital status</p> <p>Length of marriage</p> <p>Education level</p> <p>Occupation (self)</p> <p>Occupation (husband)</p> <p>Number of children</p> <p>Age of youngest child</p> <p>Pregnancy intentions (including timing and spacing if children are desired)</p> <p>Contraceptive preferences</p> <p>Sexual history (e.g. sexual activity, sexual partners, past STD history)</p> <p>About her relationship with her husband/whether she feels safe at home/etc.</p> <p>Whether her husband knows she is here today.</p> <p>Whether she and her husband make FP decisions together.</p> <p>Religious affiliation</p> <p>Other (specify) _____</p>
<p>READ: You learn that she has never used any contraceptive method, aside from the occasional use of condoms. She has no allergies or other health issues.</p>		
10.10	Do you counsel her in choosing a post-partum contraceptive method? Assume that your facility offers several family planning options.	Yes, skip to 10.10b
		No
10.10a	Why don't you counsel her in choosing a post-partum contraceptive method? Any other reason?	<p>She is married.</p> <p>She has only one child.</p> <p>Her husband is not with her at the health center. It is too soon/wait until after delivery.</p> <p>Condoms are sufficient.</p> <p>Provider's religious beliefs</p> <p>Other (specify) _____</p> <p><b>All responses, skip to 10.11</b></p>
10.10b	If so, when is the earliest time that she can commence contraception?	<p>Immediately after deliveryPost-partum</p> <p>Six weeks at postnatal clinic</p> <p>After puerperium (between 6 weeks and 6 months)After 6 months of exclusive breastfeeding</p> <p>Other</p>

10.11	<p>What information do you provide when counseling her about post-partum family planning methods? Any others? (select all that apply)</p>	<p>No counseling  Types of contraceptive methods (e.g., condoms, oral contraceptives, injectable contraceptives, intrauterine device (IUD), implants, etc.)  Methods that can be used during breastfeeding  Birth planning to get family planning at time of delivery  Duration of protection from pregnancy  Tell her about the benefits of healthy timing and spacing of pregnancy  Suggest that she bring her husband with her to the next session, if she is comfortable.  Effectiveness of methods in preventing pregnancy  Effectiveness of methods in protecting against STDs, such as HIV  Correct use of methods  Side effects including lack of periods  Safety of the method  Pain/discomfort during administration  Cost of methods  Provider's recommendation of a specific method  Other (specify) _____</p>
10.12	<p>What factors do you consider when determining which course of action to recommend? (select all that apply)</p>	<p>Effectiveness  Side effects  Her medical history  Her age  Her preferences with regard to methods  Her preferences with regard to timing of pregnancy/childbearing  Her confidence in being able to use the method correctly and consistently  Acceptability of method use by her husband  Acceptability of method use by her peers  Cost of method  Whether someone at the facility is trained and/or confident in their ability to administer the method  Availability of the method on that day  Other (specify) _____</p>
<p>READ: After counselling and discussion, she tells you that she would like to use the implant method. However, she is not sure what her husband would think of this.</p>		

10.13	What do you do?	Tell her that she should go ahead and get the method Tell her to come back after she has discussed it with her husband Suggest she bring her husband with her to the next consult, if she is comfortable, and offer to counsel them together. Coach her on how she can talk with her partner about FP. End the consultation Other (specify) _____
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<b>Provider Attitudes and Norms</b>						
READ: Please describe how strongly you agree or disagree with the following statements: strongly agree, agree, disagree, strongly disagree						
		<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
<b>Malaria case management</b>						
11.1	During the rainy season, it is important to assessthe fever status of every patient that comes in.					
11.2	During the dry season, it is important to assessthe fever status of every patient that comes in.					
11.3	During the rainy season, it is important to sendall patients with fever or history of fever to the lab for a malaria diagnostic test.					
11.4	During the dry season, it is important to send all patients with fever or history of fever to the lab for a malaria diagnostic test.					
11.5	It is important to prescribe antimalarials only if the malaria test is positive.					
<b>Family planning</b>						
11.6	It is appropriate to offer contraceptives to women under 18 if requested.					
11.7	It is important to offer a range of contraceptive methods, including LARC, to women regardless ofthe number of children they have.					
11.8	It is important to require a partner's consent before providing contraceptives to women.					
11.9	It is not appropriate to offer contraceptives to an unmarried person.					
<b>Antenatal care</b>						
11.10	During ANC, it is important to discuss a plan for delivery with pregnant women.					
11.11	During ANC, it is important to discuss danger signs in pregnancy with pregnant women.					
11.12	It is important to provide a mosquito net to pregnant women during ANC.					
11.13	It is important to give an injection in the arm to prevent tetanus in pregnant women during ANC.					

11.14	It is important to recommend three or more doses of IPTp for all pregnant women during ANC.					
READ: Please describe how often you think other providers in this LGA perform the following activities: everytime, most times, half of the time, rarely, or never						
		<b>Every time</b>	<b>Most times</b>	<b>Half of the time</b>	<b>Rarely</b>	<b>Never</b>
<b>Malaria case management</b>						
12.1	During the rainy season, the clinicians in this LGA assess the fever status of every patient that comes in.					
12.2	During the dry season, the clinicians in this LGA assess the fever status of every patient that comes in.					
12.3	During the rainy season, the clinicians in this LGA send all patients with fever or history of fever to the lab for a malaria diagnostic test.					
12.4	During the dry season, the clinicians in this LGA send all patients with fever or history of fever to the lab for a malaria diagnostic test.					
12.5	The clinicians in this LGA prescribe antimalarials only if the malaria test is positive.					
<b>Family planning</b>						
12.6	The clinicians in this LGA offer contraceptives to women under 18.					
12.7	The clinicians in this LGA offer a range of contraceptive methods, including LARC, to women regardless of the number of children they have.					
12.8	The clinicians in this LGA require a partner's consent before providing contraceptives to women.					
12.9	The clinicians in this LGA do not offer contraceptives to an unmarried person.					
<b>Antenatal care</b>						
12.10	During ANC, the clinicians in this LGA discuss a plan for delivery with pregnant women.					
12.11	During ANC, the clinicians in this LGA discuss danger signs in pregnancy with pregnant women.					



12.12	The clinicians in this LGA provide a mosquito net to pregnant women during ANC.					
12.13	The clinicians in this LGA give an injection in the arm to prevent tetanus in pregnant women during ANC.					
12.14	The clinicians in this LGA recommend three or more doses of IPTp for all pregnant women during ANC.					

## Gender Attitudes and Norms

READ: Please describe how strongly you agree or disagree with the following statements: strongly agree, agree, disagree, strongly disagree

Ask to all		Strongly agree	Agree	Disagree	Strongly disagree
13.1	Men should be as involved in caring for their children as women are.				
13.2	Women should remain virgins until they get married				
13.3	A woman should be able to use contraceptives, even if her husband disagrees.				
13.4	Adolescents seeking contraceptives should be advised to abstain from sex.				
13.5	A woman's most important role is to take care of her home and cook for her family.				
13.6	A man should have the final word about decisions in his home.				
13.7	It is a woman's responsibility to avoid getting pregnant.				
13.8	A woman should not use a family planning method unless her partner agrees.				
13.9	It is natural and right that men should have more power than women in the family.				
13.10	Men are better at making decisions than women are.				
13.11	There are times when a woman deserves to be beaten.				
13.12	A woman who uses contraceptives without telling her partner deserves to be beaten.				
13.13	A girl who becomes pregnant before marriage deserves to be shunned, sent away, or otherwise punished.				
13.14	A woman who has not undergone FGM/C does not deserve respect from her husband.				
Ask to all		Strongly agree	Agree	Disagree	Strongly disagree

READ: Please think about other providers in your LGA who provide similar services when you answer the following questions.

14.1	The clinicians in this LGA believe that It is better for a health provider to decide for the client/patient than to explain everything to the client/patient.				
14.2	The clinicians in this LGA believe that how they speak to a client is not as important as what they say.				
14.3	The clinicians in this LGA think it is easier to work with women when they come to the clinic with their partners.				
14.4	The clinicians in this LGA believe that gender-based violence is a separate issue that is outside the realm of services in our health area.				
14.5	The clinicians in this LGA believe that a woman who comes to the health facility unaccompanied for service should be treated the same as any other patient.				
14.6	The clinicians in this LGA believe that talking to clients about violence is too much responsibility for providers in our field.				
14.7	The clinicians in this LGA believe that it is not always necessary to obtain consent from clients when conducting a vaginal examination or other procedures				
14.8	The clinicians in this LGA believe that they should not ask details about a client's personal life during counseling.				
14.9	The clinicians in this LGA believe that being able to tell when a client is experiencing physical or emotional abuse is an important skill for providers in our field.				
<b>Ask to providers of FP and/or ANC services only</b>					
		<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
READ: Please think about other providers in your LGA who provide similar services when you answer the following questions.					
15.1	The clinicians in this LGA believe that when a client does not know how to discuss family planning with their partner, providers should help them practice doing so.				
15.2	The clinicians in this LGA believe that they should make sure a client is deciding for themselves when they make a choice about family planning.				

15.3	The clinicians in this LGA believe that men's only role in family planning should be to help select methods used by their female partner.				
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