

NURHI 2 Facility Audit Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:						
IDENTIFICATION									
001b	Enter your name below. <i>Please record your name</i>	Interviewer's Name	001a=0						
002a	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes 1 No 0	Always						
002b	Record the correct date and time.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Min</td> <td style="text-align: center;">AM/P M</td> </tr> </table>	Day	Month	Year	Hours	Min	AM/P M	002a=0
Day	Month	Year							
Hours	Min	AM/P M							
003a	State	Kaduna 1 Lagos 2 Oyo 3	Always						
003b	LGA	ODK will populate a list of appropriate LGA based on the state selected	Always						
003c	Facility	ODK will populate a list of appropriate NURHI 2 supported facilities based on the LGA selected.	Always						
005	Facility number <i>Please record the number of the facility from the listing form.</i>	Facility number <input style="width: 100px;" type="text"/>	Always						
006	Type of facility <i>Please select the type of facility.</i>	Hospital (General or Tertiary) 1 Health Centre/ Clinic/ PHC 2 Maternity Clinic 3 Health Post 4 Family Planning Centre 5 Youth Friendly Centre 6 Pharmacy 7 Chemist/ Patent Medical Store 8 Other 9	Always						
006a	Has this facility recently been renovated in the last one year?	Yes 1 No 0							
006b	Which of the organizations supported this renovation? MULTIPLE RESPONSES POSSIBLE	LGA/STATE/FED Govt. A NGO B Please specify _____							

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006c	If yes, please indicate the current type of facility	Public hospital.....1 Public health center.....2 Private hospital.....3 Private clinic.....4 Private maternity home.....5 Private pharmacy.....6 Other.....7	
007	Managing authority <i>Please select the managing authority for the facility.</i>	Government..... 1 NGO.....2 Faith-based organization.....3 Private.....4 Other5	Always
008	Is a competent respondent or Facility manager present and available to be interviewed today?	Yes 1 No0	Always
INFORMED CONSENT			
<i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the greeting on the next screen:</i>			
009a	May I begin the interview now?	Yes 1 No0	008=1
011	Name of the facility <i>Please record the name of the facility.</i>	<input type="text"/>	009a=1
011a	SEX OF MAIN PERSON INTERVIEWED	MALE.....1 FEMALE.....2	
012	What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i>	CLINIC MANAGER/FACILITY ADMINISTRATOR.....01 PHYSICIAN... ..02 NURSE.....03 MIDWIFE..... 04 NURSE/ MIDWIFE.....05 CHEW.....06 OTHER _____96 (SPECIFY) NAME_____	009a=1
		MOBILE PHONE NUMBER_____	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
Section 1 – Information about services <i>Now I would like to ask about the services provided at this facility</i>			
101	How many days each week is the facility routinely open? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response</i>	Number of days <input style="width: 100px; height: 20px;" type="text"/>	009a=1
101a	What time does the facility typically open? WRITE ANSWER ON 24-HOUR CLOCK (IE. IF OPENS AT 7:00 AM, MARK 07:00)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Open 24 hours a day.....99:91 →	
101b	What time does the facility typically close? WRITE ANSWER ON 24-HOUR CLOCK (IE. IF CLOSES AT 7:00 PM, MARK 19:00)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
101c	Does this facility currently receive any form of support from any organizations such as NGOs?	Yes.....1 No.....2 → Don't know.....8 →	IF NO, GO TO 102
101d	What is the name of this organization?	What year did this facility begin to associate with each organization named?	
1.		Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Don't know.....9998	
2.		Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Don't know.....9998	
3.		Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Don't know.....9998	
4		Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Don't know.....9998	

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102a	<p>How many permanent staff of each type (cadre) does this facility have?</p> <p>FOR LARGE MEDICAL HOSPITALS AND COLLEGES, PLEASE PROBE TO ESTIMATE TO YOUR BEST ABILITY. *NOTE: PERMANENT STAFF DOES NOT INCLUDE DOCTORS IN RESIDENCY TRAINING INTERNS OR NYSC</p>	<p style="text-align: right;">Total #</p> <table border="1" style="width: 100%;"> <tr><td>Doctor</td><td></td></tr> <tr><td>Nurse/Midwife/CH O</td><td></td></tr> <tr><td>JCHEW</td><td></td></tr> <tr><td>SCHEW</td><td></td></tr> <tr><td>Nurse aide/Clinical Assistants</td><td></td></tr> <tr><td>Pharmacist</td><td></td></tr> <tr><td>Pharmacy/Laboratory technicians</td><td></td></tr> <tr><td>Community health worker / volunteer</td><td></td></tr> <tr><td>Other Medical Staff</td><td></td></tr> </table>	Doctor		Nurse/Midwife/CH O		JCHEW		SCHEW		Nurse aide/Clinical Assistants		Pharmacist		Pharmacy/Laboratory technicians		Community health worker / volunteer		Other Medical Staff		009a=1 AND 006 ≠ 7-8
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102b	<p>Now I have some questions about staffing for this facility. Please tell me how many staff with this qualification are currently present today at this facility.</p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	<p style="text-align: right;">Total #</p> <table border="1" style="width: 100%;"> <tr><td>Doctor</td><td></td></tr> <tr><td>Nurse/Midwife/CH O</td><td></td></tr> <tr><td>JCHEW</td><td></td></tr> <tr><td>SCHEW</td><td></td></tr> <tr><td>Nurse aide/Clinical Assistants</td><td></td></tr> <tr><td>Pharmacist</td><td></td></tr> <tr><td>Pharmacy/Laboratory technicians</td><td></td></tr> <tr><td>Community health worker / volunteer</td><td></td></tr> <tr><td>Other Medical Staff</td><td></td></tr> </table>	Doctor		Nurse/Midwife/CH O		JCHEW		SCHEW		Nurse aide/Clinical Assistants		Pharmacist		Pharmacy/Laboratory technicians		Community health worker / volunteer		Other Medical Staff		
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102c	<p>How many staff at each of these levels are trained to provide family planning?</p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	<p style="text-align: right;"># trained on FP</p> <table border="1" style="width: 100%;"> <tr><td>Doctor</td><td></td></tr> <tr><td>Nurse/Midwife/CH O</td><td></td></tr> <tr><td>JCHEW</td><td></td></tr> <tr><td>SCHEW</td><td></td></tr> <tr><td>Nurse aide/Clinical Assistants</td><td></td></tr> <tr><td>Pharmacist</td><td></td></tr> <tr><td>Pharmacy/Laboratory technicians</td><td></td></tr> <tr><td>Community health worker / volunteer</td><td></td></tr> <tr><td>Other Medical Staff</td><td></td></tr> </table>	Doctor		Nurse/Midwife/CH O		JCHEW		SCHEW		Nurse aide/Clinical Assistants		Pharmacist		Pharmacy/Laboratory technicians		Community health worker / volunteer		Other Medical Staff		
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103a	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility?	No catchment area 1 Yes, knows size of catchment area 2 Doesn't know size of catchment area 3 No response.....-99	006 ≠ 5-8
103b	What is the size of the catchment population? <i>Record the number of people living in the area served by this facility.</i>	Number of people <input type="text"/>	103a=2
103c	On average how many clients does this facility see daily? [Obtain the number.]	Number of clients <input type="text"/>	
104	Does this facility have electricity at this time? <i>Select for running electricity only.</i>	Yes 1 No..... 0 No response.....-99	009a = 1
105	Does this facility have running water at this time? <i>Select for running water only.</i>	Yes 1 No..... 0 No response.....-99	009a = 1
Section 2 – General MNCH data Availability <i>Now I would like to ask about MNCH services provided at this facility.</i> <i>If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.</i>			
106a	Does this facility provide Maternity care/delivery services	Yes 1 No..... 0	
106b	How many clients received this service here in the past 3 months? ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
106c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	
107a	Does this facility provide Post-abortion care services	Yes 1 No..... 0	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:					
107b	<p>How many clients received PAC service here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-bottom: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
107c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						
108a	Does this facility provide Ante-natal care services	Yes 1 No..... 0						
108b	<p>How many clients received Ante-natal care service here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-bottom: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
108c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						
109a	Does this facility provide Post-natal care services	Yes 1 No..... 0						
109b	<p>How many clients received (4) Post-natal care service here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-bottom: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
109c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						
110a	Does this facility provide Child immunization/ Child growth monitoring services	Yes 1 No..... 0						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:					
110b	<p>How many clients received Child immunization/ Child growth monitoring service here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
110c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						
111a	Does this facility provide Voluntary counseling and testing (VCT) and HIV/AIDS Management services	Yes 1 No..... 0						
111b	<p>How many clients received Voluntary counseling and testing (VCT) and HIV/AIDS Management service here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
111c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						
<p>Section 2 – Family Planning Service Availability</p> <p><i>Now I would like to ask about family planning services provided at this facility.</i></p> <p><i>If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.</i></p>								
200	Do you usually offer family planning services / products?	Yes 1 No..... 0 No response.....-99	009a=1 and if No, go to 202					
200b	<p>How many clients received Family planning services and counseling here in the past 3 months?</p> <p>ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.</p>	<table border="1" style="width: 100px; height: 20px; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
200c	WHAT WAS THE SOURCE OF THIS INFORMATION?	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
201	<p>In what month and what year did this facility first begin offering family planning services / products?</p> <p><i>The respondent reported that the facility opened in [YEAR AND MONTH FROM SQ101]</i></p> <p><i>Enter Jan 2020 for do not know</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	200=1
202	<p>Does this facility ever refer family planning clients to other health care facilities?</p> <p><i>This includes counseling and consultation and provision/sale of family planning methods</i></p>	<p>Yes.....1</p> <p>No.....2</p>	201=0
204	<p>How many days in a week are family planning services here?</p> <p>The facility is open [DAYS FROM SQ102] per week.</p> <p><i>Enter a number between 0 and 7.</i></p> <p><i>Enter 0 for less than 1 day per week.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	<p>Number of days <input type="text"/></p>	200=1
205	<p>Does this facility provide family planning supervision, support, or supplies to community health volunteers?</p>	<p>Yes 1</p> <p>No..... 0</p> <p>No response.....-99</p>	200=1 and 006≠7-8
206	<p>Has the facility received any family planning supportive supervision visits in the past 3 months?</p> <p><i>These are routine visits from oversight authorities from any authorized source of quality supervision</i></p>	<p>Yes 1</p> <p>No..... 0</p> <p>No response.....-99</p>	200 = 1 and If No, go to 301a
207	<p>How often does this facility receive supportive supervision visits?</p>	<p>Once in month 1</p> <p>Once in three months 2</p> <p>Once every six months.....3</p> <p>Less frequently4</p>	

SECTION 3: PROVISION OF FAMILY PLANNING METHODS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																								
301a	<p>Which of the following methods are provided to clients at this facility?</p> <p><i>Read all options out loud.</i></p>	Female sterilization 1/0 Male sterilization 1/0 Implant (Jadelle/Implanon) 1/0 IUD 1/0 Injectables – Sayana Press 1/0 Injectables: Other 1/0 Combined oral pill 1/0 Progestin only pill 1/0 Emergency Contraceptive 1/0 Male Condom 1/0 Female Condom 1/0 Others Specify -99	200=1																								
301b	<p>Are clients charged for obtaining any of the following methods at this facility?</p> <p><i>Read all options out loud.</i></p> <p><i>[ODK will only display methods selected in SQ 301a]</i></p>	Female sterilization 1/0 Male sterilization 1/0 Implant (Jadelle/Implanon) 1/0 IUD 1/0 Injectables – Sayana Press 1/0 Injectables: Other 1/0 Combined oral pill 1/0 Progestin only pill 1/0 Emergency Contraceptive 1/0 Male Condom 1/0 Female Condom 1/0 Others Specify -99	200=1																								
302	<p>How much do you charge today for one unit of each method that you provide?</p> <p><i>Enter all prices in Nigerian Naira.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p><i>[ODK will only display the methods for which the facility charges from SQ 301b.]</i></p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Amount per Unit</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td></td></tr> <tr><td>Male sterilization</td><td></td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td></td></tr> <tr><td>IUD</td><td></td></tr> <tr><td>Injectables – Sayana Press</td><td></td></tr> <tr><td>Injectables: Other</td><td></td></tr> <tr><td>Combined oral pill</td><td></td></tr> <tr><td>Progestin only pill</td><td></td></tr> <tr><td>Emergency Contraceptive</td><td></td></tr> <tr><td>Male Condom</td><td></td></tr> <tr><td>Female Condom</td><td></td></tr> </tbody> </table>		Amount per Unit	Female sterilization		Male sterilization		Implant (Jadelle/Implanon)		IUD		Injectables – Sayana Press		Injectables: Other		Combined oral pill		Progestin only pill		Emergency Contraceptive		Male Condom		Female Condom		200=1 and 301b ≠ -77
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303	How many days per week is the method provided?	<table border="1"> <thead> <tr> <th></th> <th># of days</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td></td></tr> <tr><td>Male sterilization</td><td></td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td></td></tr> <tr><td>IUD</td><td></td></tr> <tr><td>Injectables – Sayana Press</td><td></td></tr> <tr><td>Injectables: Other</td><td></td></tr> <tr><td>Combined oral pill</td><td></td></tr> <tr><td>Progestin only pill</td><td></td></tr> <tr><td>Emergency Contraceptive</td><td></td></tr> <tr><td>Male Condom</td><td></td></tr> <tr><td>Female Condom</td><td></td></tr> </tbody> </table>		# of days	Female sterilization		Male sterilization		Implant (Jadelle/Implanon)		IUD		Injectables – Sayana Press		Injectables: Other		Combined oral pill		Progestin only pill		Emergency Contraceptive		Male Condom		Female Condom		
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304	How many staff do you have that can provide METHOD?	<table border="1"> <thead> <tr> <th></th> <th># of staff</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td></td></tr> <tr><td>Male sterilization</td><td></td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td></td></tr> <tr><td>IUD</td><td></td></tr> <tr><td>Injectables – Sayana Press</td><td></td></tr> <tr><td>Injectables: Other</td><td></td></tr> <tr><td>Combined oral pill</td><td></td></tr> <tr><td>Progestin only pill</td><td></td></tr> <tr><td>Emergency Contraceptive</td><td></td></tr> <tr><td>Male Condom</td><td></td></tr> <tr><td>Female Condom</td><td></td></tr> </tbody> </table>		# of staff	Female sterilization		Male sterilization		Implant (Jadelle/Implanon)		IUD		Injectables – Sayana Press		Injectables: Other		Combined oral pill		Progestin only pill		Emergency Contraceptive		Male Condom		Female Condom		
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305	Are there requirements for partner's consent to receive the following METHOD?	<table border="1"> <tbody> <tr><td>Female sterilization</td><td>1/0</td></tr> <tr><td>Male sterilization</td><td>1/0</td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td>1/0</td></tr> <tr><td>IUD</td><td>1/0</td></tr> <tr><td>Injectables – Sayana Press</td><td>1/0</td></tr> <tr><td>Injectables: Other</td><td>1/0</td></tr> <tr><td>Combined oral pill.....</td><td>1/0</td></tr> <tr><td>Progestin only pill.....</td><td>1/0</td></tr> <tr><td>Emergency Contraceptive</td><td>1/0</td></tr> <tr><td>Male Condom</td><td>1/0</td></tr> <tr><td>Female Condom</td><td>1/0</td></tr> <tr><td>Others Specify</td><td>-99</td></tr> </tbody> </table>	Female sterilization	1/0	Male sterilization	1/0	Implant (Jadelle/Implanon)	1/0	IUD	1/0	Injectables – Sayana Press	1/0	Injectables: Other	1/0	Combined oral pill.....	1/0	Progestin only pill.....	1/0	Emergency Contraceptive	1/0	Male Condom	1/0	Female Condom	1/0	Others Specify	-99	
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306	<p>How many [NAMED METHOD] do you usually provide to a new acceptor on her first visit?</p> <p>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED AT THE FACILITY</p>	<p style="text-align: right;">count of product</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Combined oral pill</td> <td style="width: 20%;"></td> </tr> <tr> <td>Progestin only pill</td> <td></td> </tr> <tr> <td>Emergency Contraceptive</td> <td></td> </tr> <tr> <td>Male Condom</td> <td></td> </tr> <tr> <td>Female Condom</td> <td></td> </tr> </table>	Combined oral pill		Progestin only pill		Emergency Contraceptive		Male Condom		Female Condom		
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307	<p>How many [NAMED METHOD] do you usually provide to a woman coming for resupply/continuing to use same method?</p> <p>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED AT THE FACILITY</p>	<p style="text-align: right;">count of product</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Combined oral pill</td> <td style="width: 20%;"></td> </tr> <tr> <td>Progestin only pill</td> <td></td> </tr> <tr> <td>Emergency Contraceptive</td> <td></td> </tr> <tr> <td>Male Condom</td> <td></td> </tr> <tr> <td>Female Condom</td> <td></td> </tr> </table>	Combined oral pill		Progestin only pill		Emergency Contraceptive		Male Condom		Female Condom		
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308	<p>Does this facility conduct family planning community outreach events?</p>	<p>Yes 1 No..... 0 No response.....-99</p>	<p>200=1</p>										
309	<p>On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<p>Yes 1 No..... 0 No response.....-99</p>	<p>200=1 and 301a: implant=1</p>										
310	<p>On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<p>Yes 1 No..... 0 No response.....-99</p>	<p>200=1 and 301a: implant=1</p>										
311	<p>On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<p>Yes 1 No..... 0 No response.....-99</p>	<p>200=1 and 301a: IUD=1</p>										
312	<p>On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	<p>Yes 1 No..... 0 No response.....-99</p>	<p>200=1 and 301a: IUD=1</p>										
<p>SERVICE STATISTICS Now I want to ask about service statistics for the following contraceptive methods. For each method I ask about, please tell me the number of new acceptors/users and the number of resupply/continuing users for both the last month and the last 12 months.</p>													

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																																																																	
313	<p>Fill the number of new FP acceptors / revisiting clients in the last 3 completed months?</p>	<p>How many clients received family planning services in the <i>last 3 completed months?</i></p> <p>Total new family planning acceptors/users in the <i>last 3 completed months?</i></p> <p>Total FP visits in the <i>last 3 completed months?</i></p> <table border="1" data-bbox="1166 309 1361 495"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>																																																																		
314		<table border="1" data-bbox="935 566 1369 1417"> <thead> <tr> <th></th> <th># new clients last month</th> <th># resupply/continuing clients last month</th> <th># new clients in last 3 months</th> <th># resupply/continuing clients in last 3 months</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td></td><td></td><td></td><td></td></tr> <tr><td>Male sterilization</td><td></td><td></td><td></td><td></td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td></td><td></td><td></td><td></td></tr> <tr><td>IUD</td><td></td><td></td><td></td><td></td></tr> <tr><td>Injectables – Sayana Press</td><td></td><td></td><td></td><td></td></tr> <tr><td>Injectables: Other</td><td></td><td></td><td></td><td></td></tr> <tr><td>Combined oral pill</td><td></td><td></td><td></td><td></td></tr> <tr><td>Progestin only pill</td><td></td><td></td><td></td><td></td></tr> <tr><td>Emergency Contraceptive</td><td></td><td></td><td></td><td></td></tr> <tr><td>Male Condom</td><td></td><td></td><td></td><td></td></tr> <tr><td>Female Condom</td><td></td><td></td><td></td><td></td></tr> <tr><td>Others Specify</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		# new clients last month	# resupply/continuing clients last month	# new clients in last 3 months	# resupply/continuing clients in last 3 months	Female sterilization					Male sterilization					Implant (Jadelle/Implanon)					IUD					Injectables – Sayana Press					Injectables: Other					Combined oral pill					Progestin only pill					Emergency Contraceptive					Male Condom					Female Condom					Others Specify					
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320a	<p>You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?</p> <p>If no, probe: Is the [METHOD] out of stock today?</p> <p>[320a-c will repeat for each of the methods that are provided at the facility according to SQ 401b, except Female and Male Sterilization]</p>	<p>In-stock and observed1</p> <p>In-stock but not observed2</p> <p>Out of stock3</p> <p>No Response-99</p>	<p>200=1 and If 320a=3, go to 320b and if 320a=1 or 2, go 320c</p>																																																																	

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320b	<p>How many days has the [METHOD] been out of stock?</p> <p>[320a-c will repeat for each of the methods that are provided at the facility according to 401b, except Female and Male Sterilization]</p> <p>Enter 1 if only for today. Enter -88 for Do not know. Enter -99 for No response.</p>	<p>Number of days <input data-bbox="810 427 1031 510" type="text"/></p>	200=1 and 320a=3																								
320c	<p>Has this facility had a stockout of [METHOD] that lasted at least 24 hours in the last 30 days (one month)?</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response.....-99</p>	200=1																								
320d	<p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[320a-c will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response.....-99</p>	200=1 and 320a=1 or 2																								
320e	<p>If Yes, how many total days of stockout of METHOD did this facility experience in the last 30 days?</p>	<p>Number of days <input data-bbox="810 1211 1031 1294" type="text"/></p>																									
321	<p>You mentioned that you typically provide the [METHOD] at this facility and that it is in stock. How many units are present today?</p> <p>If no, probe: Is the [METHOD] out of stock today?</p> <p>[321 will repeat for each of the methods that are in-stock and observed according to 320a, except Female and Male Sterilization]</p>	<table border="1"> <thead> <tr> <th></th> <th># of days</th> </tr> </thead> <tbody> <tr><td>Female sterilization</td><td><input type="text"/></td></tr> <tr><td>Male sterilization</td><td><input type="text"/></td></tr> <tr><td>Implant (Jadelle/Implanon)</td><td><input type="text"/></td></tr> <tr><td>IUD</td><td><input type="text"/></td></tr> <tr><td>Injectables – Sayana Press</td><td><input type="text"/></td></tr> <tr><td>Injectables: Other</td><td><input type="text"/></td></tr> <tr><td>Combined oral pill</td><td><input type="text"/></td></tr> <tr><td>Progestin only pill</td><td><input type="text"/></td></tr> <tr><td>Emergency Contraceptive</td><td><input type="text"/></td></tr> <tr><td>Male Condom</td><td><input type="text"/></td></tr> <tr><td>Female Condom</td><td><input type="text"/></td></tr> </tbody> </table>		# of days	Female sterilization	<input type="text"/>	Male sterilization	<input type="text"/>	Implant (Jadelle/Implanon)	<input type="text"/>	IUD	<input type="text"/>	Injectables – Sayana Press	<input type="text"/>	Injectables: Other	<input type="text"/>	Combined oral pill	<input type="text"/>	Progestin only pill	<input type="text"/>	Emergency Contraceptive	<input type="text"/>	Male Condom	<input type="text"/>	Female Condom	<input type="text"/>	200=1 and if 320a=1 or 2
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SECTION 4: FAMILY PLANNING SERVICE INTEGRATION

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
401	<p>Which of the following services are provided at this facility:</p> <p><i>Read all options and select all that apply.</i></p>	Antenatal 1/0 Delivery 1/0 Postnatal 1/0 Post-abortion 1/0 None of the above -77 No response -99	009a=1 AND 006#7-8
402	<p>Is the woman offered a method of family planning during the postnatal visit?</p>	Yes 1 No 0 No response -99	200=1 AND 401: postnatal = 1
403	<p>Is the woman offered a method of family planning during the post-abortion visit?</p>	Yes 1 No 0 No response -99	200=1 AND 401: post-abortion= 1
404	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	Yes 1 No 0 No response -99	009a=1, if No go to 406
405a	<p>When a client comes in for HIV services, are they given condoms by the HIV service provider?</p> <p><i>If your respondent is not involved in HIV service provision, ask if they can refer you to someone at the facility who provides these services.</i></p>	Yes 1 No 0 Don't know -88 No response -99	404=1
405b	<p>Does the HIV service provider offer them any other method of contraception besides condoms?</p>	Yes 1 No 0 Don't know -88 No response -99	404=1
IEC MATERIALS AND OUTREACH ACTIVITIES			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																																																												
406	Are the following family planning SBCC materials displayed and/or available for use?	<table border="1"> <thead> <tr> <th></th> <th>Observed (General materials)</th> <th>Observed (NUR HI/T CI Materials)</th> <th>Reported (not seen)</th> <th>Not available</th> </tr> </thead> <tbody> <tr><td>Posters</td><td></td><td></td><td></td><td></td></tr> <tr><td>Danglers</td><td></td><td></td><td></td><td></td></tr> <tr><td>Banner</td><td></td><td></td><td></td><td></td></tr> <tr><td>Information flipchart</td><td></td><td></td><td></td><td></td></tr> <tr><td>Brochures/Pamphlets</td><td></td><td></td><td></td><td></td></tr> <tr><td>Information sheets</td><td></td><td></td><td></td><td></td></tr> <tr><td>Job aids</td><td></td><td></td><td></td><td></td></tr> <tr><td>Demonstration models</td><td></td><td></td><td></td><td></td></tr> <tr><td>Counselling cards</td><td></td><td></td><td></td><td></td></tr> <tr><td>Samples of various FP methods</td><td></td><td></td><td></td><td></td></tr> <tr><td>Others Specify</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Observed (General materials)	Observed (NUR HI/T CI Materials)	Reported (not seen)	Not available	Posters					Danglers					Banner					Information flipchart					Brochures/Pamphlets					Information sheets					Job aids					Demonstration models					Counselling cards					Samples of various FP methods					Others Specify					
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407	Does this facility have a health outreach program for SBCC (Information, Education and Communication)?	Yes1 No 2 Don't know.....8	IF NO, GO TO 411																																																												
408	Does this outreach program discuss family planning/birth spacing?	Yes 1 No 2 Don't know.....8																																																													
409	How many communities are regularly visited through this outreach program?	NUMBER[___ ___]																																																													
410	About how often are these communities visited through this outreach program?	WEEKLY.....1 MONTHLY 2 QUARTERLY 3 ANNUALLY 4 OTHER 6 (Specify)																																																													
411	Does this facility give health talks for members of the community?	Yes 1 No 2 → Don't know.....8 →	If NO, GO to 414																																																												
412	Has this facility ever given a health talk on family planning/birth spacing to the community?	Yes1 No 2 Don't know.....8																																																													

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
413	How often does this facility give health talks to the community?	EVERY DAY 1 WEEKLY 2 MONTHLY.....3 QUARTERLY.....4 OTHER.....6 (Specify)	
QUALITY ASSURANCE/STANDARD OPERATING PROCEDURES			
<p>Now I want to ask about common quality assurance activities and guidelines. For each activity or guideline mentioned, please tell me if this exists anywhere in the facility.</p> <p>IF QUALITY ASSURANCE ACTIVITIES ARE REPORTED TO BE CARRIED OUT, ASK: Can I see some document or record that shows this has been carried out during the past year?</p> <p>A REPORT OR MINUTES OF A MEETING WHICH MENTIONS THE QUALITY ASSURANCE ACTIVITY IS ACCEPTABLE.</p>			
414	Are there any written guidelines or service protocols in this facility for family planning services?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3→ Don't know8→	IF NO, GO TO 416
415	Who is the author of these guidelines or service protocols you are using? CHOOSE ALL THAT APPLY	Facility created guidelines.....A WHO guidelines.....B FMOH guidelines.....C OtherX (Specify)	
416	Are there any written guidelines or service protocols in this facility for the integration of family planning and other health services?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know8	
417	Are there any written guidelines or service protocols in this facility for the integration of family planning and HIV services?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know8	
418	Are you using any guideline(s) or tool(s) to screen patients for pregnancy?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3→ Don't know8→	IF NO, GO TO 420
419	Do these guideline(s) recommend that you screen all patients for pregnancy before dispensing a new family planning method?	Yes1 No2 Other guidance provided 6 (Specify) Don't know.....8	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			Relevant if:	
			Not available	Available but not functioning	Available & Functioning	
	Are the following types of facilities/equipment available on a functioning basis at the service location?	Electricity	1	2	3	
		Back-up generator	1	2	3	
		Piped water supply	1	2	3	
		Toilet facilities/latrine	1	2	3	
		Telephone/GSM (dedicated to the facility)	1	2	3	
		Storage area for drugs and supplies	1	2	3	
		Sharps container for needles	1	2	3	
		Laboratory	1	2	3	
		Private examination room (i.e. a private room for pelvic exams and IUD insertion)	1	2	3	
		Exam table for gynecological examination	1	2	3	
		Examination light	1	2	3	
		Delivery room with bed and lighting	1	2	3	
		Operating theatre with basic/required equipment	1	2	3	
		Weighing scale for adults	1	2	3	
		Infant weighing scale	1	2	3	
		Blood pressure apparatus	1	2	3	
		Stethoscope	1	2	3	
		Fetal stethoscope	1	2	3	
		Sterilizer	1	2	3	
		Microscope	1	2	3	
		Oxygen apparatus	1	2	3	
		Centrifuge	1	2	3	
		Thermometer	1	2	3	
		Scapels	1	2	3	
		Two pairs of scissors	1	2	3	
		Long needle holder	1	2	3	
		Forceps	1	2	3	
		Sponge holding forceps	1	2	3	
		Tenacula (Volsellum forceps)	1	2	3	
		Vaginal speculum	1	2	3	
424.	INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.					
	Nigeria					18

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CONSUMABLE SUPPLIES

	<p>Are the following types of supplies available on a regular basis at the service location?</p> <p>INTERVIEWER NEEDS TO CHECK AVAILABILITY WHERE POSSIBLE.</p>	<table border="1"> <thead> <tr> <th></th> <th>Not available</th> <th>Available sometimes but not regular</th> <th>Available all the time</th> </tr> </thead> <tbody> <tr> <td>Sutures</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Antiseptic solution (such as iodine)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Methylated spirit</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Sterile gauze pad or cotton wool</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Sterile disposable latex gloves</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Long gloves</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Disposable sterile syringes and needles</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Intravenous kit</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Scalpel blades</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Sealed implants pack (for performing FP implant insertions)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Sedatives (such as Valium)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Atropine (such as Buscopan)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Opioid analgesic</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Local anesthetic (such as lignocaine)</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Not available	Available sometimes but not regular	Available all the time	Sutures	1	2	3	Antiseptic solution (such as iodine)	1	2	3	Methylated spirit	1	2	3	Sterile gauze pad or cotton wool	1	2	3	Sterile disposable latex gloves	1	2	3	Long gloves	1	2	3	Disposable sterile syringes and needles	1	2	3	Intravenous kit	1	2	3	Scalpel blades	1	2	3	Sealed implants pack (for performing FP implant insertions)	1	2	3	Sedatives (such as Valium)	1	2	3	Atropine (such as Buscopan)	1	2	3	Opioid analgesic	1	2	3	Local anesthetic (such as lignocaine)	1	2	3	
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STORAGE: Now I would like to see the place where contraceptive methods are stored. We are just trying to get an idea of how facilities keep their stock and store contraceptive methods. Remember that my findings will be just used for research purposes and will be kept strictly confidential.

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
426	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNES	YES 1 NO 2 CANNOT OBSERVE STORAGE AREA.....3 →	
427	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES 1 NO 2	
428	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES 1 NO 2	
429	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES 1 NO 2	
430	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES 1 NO 2	
431	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.	YES 1 NO 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7	
432	Does the pharmacy separate damaged and/or expired family planning methods from the usable products, and remove them from the inventory? IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED. ALSO ASK FOR THE TALLY CARD TO CHECK FOR RECORDED BALANCE.	YES, DAMAGED/EXPIRED ITEM REMOVED FROM INVENTORY 1 REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT..... 2 EXPIRED ITEMS OBSERVED 3 REPORTED YES BUT CANNOT OBSERVE....4 NO 5	
433	DOES THIS FACILITY HAVE A SIGN POSTED WITH ITS HOURS OF OPERATION AND SERVICES?	Observed, both hours and services.1 Observed, hours only..... 2 Observed, services only.....3 Reported, both hours and services.....4 Reported, hours only.....5 Reported, services only.....6 No sign.....7	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
PERMISSION, LOCATION AND QUESTIONNAIRE RESULT			
434	<p>You have indicated that some of your staff have not been trained in IUD insertion or Sayana Press, or that you are out-of-stock of certain commodities. Can we share your facility name with an organization that can help improve your family planning services?</p>	<p>Yes 1 No..... 0 No response -99</p>	
<p>Thank the respondent for her / his time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>			
435	<p>Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i></p>	<p>RECORD LOCATION</p>	<p>Always</p>
436	<p>In what language was this interview conducted?</p>	<p>English 1 Hausa..... 2 Igbo 3 Yoruba..... 4 Pidgin..... 5 Other 96</p>	<p>009a=1</p>
437	<p>Record the result of the Baseline Service Delivery Point/fFacility Questionnaire.</p>	<p>Completed..... 1 Not at facility 2 Postponed 3 Refused..... 4 Partly completed..... 5 Other 6</p>	<p>Always</p>

Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept confidential. Have a good day!