

## Measurement, Learning & Evaluation (MLE) Project Health Facility audit – Nigeria - 2017

CITY NAME & CODE _____ <span style="margin-left: 150px;">(Ilorin=4, Kaduna=5, Jos=9)</span>	[ ]																																																
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<b>TYPE OF HEALTH FACILITY</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>PUBLIC SECTOR</b></td> </tr> <tr> <td>GOVT. HOSPITAL.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>WOMEN AND CHILDREN HOSPITAL.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>CHILD WELFARE CLINIC.....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>GOVT. HEALTH CENTRE.....</td> <td style="text-align: right;">14</td> </tr> <tr> <td>GOVT. HEALTH POST/DISPENSARY.....</td> <td style="text-align: right;">15</td> </tr> <tr> <td>MATERNITY HOME.....</td> <td style="text-align: right;">16</td> </tr> <tr> <td>OTHER PUBLIC.....</td> <td style="text-align: right;">18</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="2"><b>PRIVATE SECTOR</b></td> </tr> <tr> <td>PRIVATE HOSPITAL.....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>PRIVATE CLINIC.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>PRIVATE DOCTOR'S OFFICE.....</td> <td style="text-align: right;">23</td> </tr> <tr> <td>NURSING/MATERNITY HOME.....</td> <td style="text-align: right;">24</td> </tr> <tr> <td>OTHER PRIVATE.....</td> <td style="text-align: right;">29</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="2"><b>FBO</b></td> </tr> <tr> <td>MISSION HOSPITAL.....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>FAITH-BASED HOME/HEALTH CENTRE.....</td> <td style="text-align: right;">32</td> </tr> <tr> <td colspan="2"><b>OTHER</b></td> </tr> <tr> <td>OTHER NGO HOSPITAL.....</td> <td style="text-align: right;">41</td> </tr> <tr> <td>OTHER NGO CLINIC.....</td> <td style="text-align: right;">42</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Specify)</td> </tr> </table>	<b>PUBLIC SECTOR</b>		GOVT. HOSPITAL.....	11	WOMEN AND CHILDREN HOSPITAL.....	12	CHILD WELFARE CLINIC.....	13	GOVT. HEALTH CENTRE.....	14	GOVT. HEALTH POST/DISPENSARY.....	15	MATERNITY HOME.....	16	OTHER PUBLIC.....	18	(SPECIFY)		<b>PRIVATE SECTOR</b>		PRIVATE HOSPITAL.....	21	PRIVATE CLINIC.....	22	PRIVATE DOCTOR'S OFFICE.....	23	NURSING/MATERNITY HOME.....	24	OTHER PRIVATE.....	29	(SPECIFY)		<b>FBO</b>		MISSION HOSPITAL.....	31	FAITH-BASED HOME/HEALTH CENTRE.....	32	<b>OTHER</b>		OTHER NGO HOSPITAL.....	41	OTHER NGO CLINIC.....	42	Other.....	96	(Specify)	
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<b>FACILITY WAS INTERVIEWED AT ENDLINE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO .....	2																																												
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NO .....	2																																																

INTERVIEWER VISITS							
VISIT No.	1	2	3	FINAL VISIT			
DATE	DAY/ MONTH/ YEAR [ _ / _ / 17 ]	DAY/ MONTH/ YEAR [ _ / _ / 17 ]	DAY/ MONTH/ YEAR [ _ / _ / 17 ]	DAY [ _ ] [ _ ] MONTH [ _ ] [ _ ] YEAR [ 2 ] [ 0 ] [ 1 ] [ 7 ]			
INTERVIEWER'S NAME	_____	_____	_____	_____			
INTERVIEWER CODE	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]			
RESULT*	[ ]	[ ]	[ ]	[ ]			
NEXT VISIT: DATE	[ _ / _ / 17 ]	[ _ / _ / 17 ]	[ _ / _ / 17 ]	TOTAL NO. OF VISITS [ ]			
TIME	[ ] [ ] [ ] [ ] H H M M	[ ] [ ] [ ] [ ] H H M M	[ ] [ ] [ ] [ ] H H M M				
<b>*RESULT CODES:</b> 1. COMPLETED 2. FACILITY MOVED OR IS DESTROYED 3. RESPONDENT NOT AVAILABLE (NOT AT WORK, ON STRIKE, ETC) 4. RESPONDENT REFUSED 5. PARTLY COMPLETED 6. POSTPONED 7. OTHER _____ (Specify)							
<b>LANGUAGE</b>							
LANGUAGE OF INTERVIEW	ENGLISH 1	HAUSA 2	YORUBA 3	IGBO 4	PIDGIN 5	OTHER (SPECIFY) 6 _____	TRANSLATOR USED? YES 1 NO 2
<b>POSITION OF MAIN PERSON INTERVIEWED - CIRCLE ONE</b> CLINIC MANAGER/FACILITY ADMINISTRATOR.....01 PHYSICIAN.....02 NURSE.....03 MIDWIFE.....04 NURSE/ MIDWIFE.....05 CHEW.....06 OTHER _____ 96 (SPECIFY)						<b>SEX OF MAIN PERSON INTERVIEWED</b> MALE.....1 FEMALE.....2	
NAME _____							
MOBILE PHONE NUMBER _____							
<b>SUPERVISOR</b>		<b>OFFICE EDITOR</b>			<b>KEYED BY</b>		
NAME.....		NAME.....			NAME.....		
CODE: [ ] [ ]		CODE: [ ] [ ]			CODE: [ ] [ ]		
DATE [ _ / _ / 17 ] DD MM YY		DATE [ _ / _ / 17 ] DD MM YY			DATE [ _ / _ / 17 ] DD MM YY		

GENERAL FACILITY INFORMATION			
Source	Questions	Coding	Skip/Notes
Q1.	RECORD THE TIME (IN 24 HOUR FORMAT) Hour ..... <input type="text"/> <input type="text"/> Minutes ..... <input type="text"/> <input type="text"/>		
Q2.	In what year did this facility open?  <b>PROBE, IF RESPONDANT SAYS DON'T KNOW: THIS IS VERY IMPORTANT.</b> Can you tell me how old this facility is? For example, would you say it is about 3 years old? 7 years old? (etc.)  <b>FILL IN EITHER YEAR OPENED <u>OR</u> YEARS OLD.</b>	Year opened ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b> Years old ..... <input type="text"/> <input type="text"/> Don't know ..... 9998	
Q3.	On average, how many days per week is the facility open?	Days per week. .... <input type="text"/>	
Q4.	What time does the facility typically open?  WRITE ANSWER ON 24-HOUR CLOCK (IE. IF OPENS AT 7:00 AM, MARK 07:00)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Open 24 hours a day.....99:91 →	Q6a
Q5.	What time does the facility typically close?  WRITE ANSWER ON 24-HOUR CLOCK (IE. IF CLOSES AT 7:00 PM, MARK 19:00)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Q6a.	Is this facility linked with PPFN or SFH or another organization that provides family planning methods and materials at a discounted rate or for free?	Yes.....1 No.....2 → Don't know.....8 →	Q7 Q7
	6b. What is the name of this organization?	6c.What year did this facility begin to associate with each organization named?	
	1.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	2.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	3.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	4	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
Q7	Was there renovation done in this facility in the last five years?	Yes.....1 No.....2 → Don't know.....8 →	Q8a Q8a
Q8	What kinds of renovation?  MULTIPLE RESPONSES POSSIBLE	NURHI 72 hours makeover (PLAQUE OBSERVED)..... A NURHI 72 hours makeover (PLAQUE NOT OBSERVED)..... B CRUFFY..... C Other _____ X Renovation types _____ X (Specify)	

Q8a	Has this facility ever participated in a Whole Site Orientation?	YES.....1 NO.....2 DON'T KNOW.....8	→ →	Q9 Q9
Q8b	When was the last Whole Site Orientation?	2017.....1 2016.....2 2015.....3 2014.....4 2013.....5 2012.....6 BEFORE 2012.....7 DON'T KNOW.....8		
Q8c	Which organization coordinated the Whole Site Orientation?  MULTIPLE RESPONSES POSSIBLE	NURHI.....A MOH.....B MARIE STOPES.....C PPFN.....D SFH.....E OTHER.....X		
Q9.	How many <b>permanent</b> staff of each type (cadre) does this facility have?  1. Obstetrician/Gynecologists (OB/GYN) 2. General surgeons 3. Pediatricians 4. General physicians 5. Theatre nurse 6. Nurse/Midwives 7. Nurses 8. Midwives 9. Community health extension workers (CHEWs) 10. Community health officers (CHO) 11. VCT Counsellor  <b>FOR LARGE MEDICAL HOSPITALS AND COLLEGES, PLEASE PROBE TO ESTIMATE TO YOUR BEST ABILITY.</b> <b>*NOTE: PERMANENT STAFF DOES NOT INCLUDE DOCTORS IN RESIDENCY TRAINING INTERNS OR NYSC</b>	OB/GYNS [ ] [ ] [ ] [ ]  GENERAL SURGEONS [ ] [ ] [ ] [ ]  PEDIATRICIANS [ ] [ ] [ ] [ ]  GENERAL PHYSICIANS [ ] [ ] [ ] [ ]  THEATRE NURSES [ ] [ ] [ ] [ ]  NURSE/MIDWIVES [ ] [ ] [ ] [ ]  NURSES [ ] [ ] [ ] [ ]  MIDWIVES [ ] [ ] [ ] [ ]  CHEW [ ] [ ] [ ] [ ]  CHO [ ] [ ] [ ] [ ]  VCT PROVIDER [ ] [ ] [ ] [ ]		
Q9a	Would you say that a year ago, the facility's staffing capacity to provide FP services was: understaffed, properly staffed or over-staffed?	UNDERSTAFFED.....1 PROPERLY STAFFED.....2 OVER-STAFFED.....3 DON'T KNOW.....8		
Q9b	Would you say that currently the facility's staffing capacity to provide FP services was: understaffed, properly staffed or over-staffed?	UNDERSTAFFED.....1 PROPERLY STAFFED.....2 OVER-STAFFED.....3 DON'T KNOW.....8	→ → →	Q10a Q10a Q10a
Q9c	How many position vacancies of each type (cadre) that provide FP services does this facility have?  1. Obstetrician/Gynecologists (OB/GYN) 2. General surgeons 3. Pediatricians 4. General physicians 5. Theatre nurse 6. Nurse/Midwives 7. Nurses 8. Midwives 9. Community health extension workers (CHEWs) 10. Community health officers (CHO) 11. VCT Counsellor	OB/GYNS [ ] [ ] [ ] [ ] GENERAL SURGEONS [ ] [ ] [ ] [ ] PEDIATRICIANS [ ] [ ] [ ] [ ] GENERAL PHYSICIANS [ ] [ ] [ ] [ ] THEATRE NURSES [ ] [ ] [ ] [ ] NURSE/MIDWIVES [ ] [ ] [ ] [ ] NURSES [ ] [ ] [ ] [ ] MIDWIVES [ ] [ ] [ ] [ ] CHEW [ ] [ ] [ ] [ ] CHO [ ] [ ] [ ] [ ] VCT PROVIDER [ ] [ ] [ ] [ ]  DON'T KNOW..... 998		

Now I would like to ask you some questions about the permanent staff who work in this facility. We would like to ask their names, positions and departments, so that we can randomly sample a few to interview using a separate questionnaire. These few will then represent the group. Remember that this is for research purposes only and we will keep all details strictly confidential.

STAFF										
LIST NAMES OF ALL PERMANENT STAFF INVOLVED IN PROVIDING REPRODUCTIVE HEALTH SERVICES, INCLUDING FAMILY PLANNING, MATERNAL AND CHILD HEALTH AND STI/VCT/HIV SERVICES. CODE "YES" IN Q10c FOR THOSE PROVIDERS ON DUTY TODAY AND "NO" FOR THOSE NOT ON DUTY AT ANY TIME TODAY. FOR EACH PERMANENT SERVICE PROVIDER WHO IS <b>NOT</b> ON DUTY TODAY, WRITE "999" (NOT ELIGIBLE) IN <b>Q10d</b> . FOR ALL PERMANENT SERVICE PROVIDERS WHO <b>ARE</b> ON DUTY TODAY, ASSIGN A NUMBER TO EACH OF THEM (SERIALIZE) IN Q10d STARTING WITH "01" TO THE LAST NUMBER. DO NOT CONSIDER THE "999" AS PART OF THE NUMBERING.										
FOR FACILITIES WITH FOUR OR FEWER PROVIDERS ON DUTY TODAY, INTERVIEW ALL OF THEM. FOR FACILITIES WITH FIVE OR MORE PROVIDERS ON DUTY TODAY, WRITE ALL NUMBERS FROM Q10d (EXCEPT FOR "999") ON SMALL PIECES OF PAPER AND RANDOMLY SELECT FOUR PROVIDERS. ONCE YOU HAVE BALLOTTED/SELECTED FOUR PROVIDERS FROM Q10d, CAREFULLY AND NEATLY CIRCLE THE NUMBERS IN Q10d FOR THOSE SELECTED.										
Q10a. No. of staff	Q10b. NAME	Q10c. Is NAME scheduled to be on duty any time today?	Q10d. Serial number of sampled on-duty staff	Q10e. POSITION CODE	Q10f. Does NAME work full- time?	Q10g. SEX	Does NAME provide service(s)?			
							Q10h. FAMILY PLANNING	Q10i. MATERNAL HEALTH	Q10j. CHILD HEALTH	Q10k. VCT/STI/HIV SERVICES
(01)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(02)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(03)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(04)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(05)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(06)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(07)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(08)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(09)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(10)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(11)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(12)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(13)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(14)		YES . . . . 1 NO . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2

CODE: Obstetrician/Gynecologists=01	Pediatricians=03	Theatre nurse=05	Nurses=07	CHEWs=09	VCT Counselors=11
General surgeons=02	General physicians=04	Nurse/Midwives=06	Midwives=08	Community health officers (CHO)=10	Other=96

STAFF										
Q10a. No. of staff	Q10b. NAME	Q10c. Is NAME scheduled to be on duty any time today?	Q10d. Serial number of sampled on-duty staff	Q10e. POSITION CODE	Q10f. Does NAME work full-time?	Q10g. SEX	Does NAME provide service(s)?			
							Q10h. FAMILY PLANNING	Q10i. MATERNAL HEALTH	Q10j. CHILD HEALTH	Q10k. VCT/STI/HIV SERVICES
(15)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(16)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(17)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(18)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(19)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(20)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(21)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(22)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(23)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(24)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(25)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(26)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(27)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(28)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(29)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(30)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(31)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(32)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(33)		YES . . . . 1 NO . . . . . 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2

CODE: Obstetrician/Gynecologists=01      Pediatricians=03      Theatre nurse=05      Nurses=07      CHEWs=09      VCT Counselors=11  
 General surgeons=02      General physicians=04      Nurse/Midwives=06      Midwives=08      Community health officers (CHO)=10      Other=96

STAFF										
Q10a. No. of staff	Q10b. NAME	Q10c. Is NAME scheduled to be on duty any time today?	Q10d. Serial number of sampled on-duty staff	Q10e. POSITION CODE	Q10f. Does NAME work full-time?	Q10g. SEX	Does NAME provide service(s)?			
							Q10h. FAMILY PLANNING	Q10i. MATERNAL HEALTH	Q10j. CHILD HEALTH	Q10k. VCT/STI/HIV SERVICES
(34)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(35)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(36)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(37)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(38)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(39)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(40)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(41)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(42)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(43)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(44)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(45)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(46)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(47)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(48)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(49)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(50)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(51)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(52)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2

CODE: Obstetrician/Gynecologists=01      Pediatricians=03      Theatre nurse=05      Nurses=07      CHEWs=09      VCT Counselors=11  
 General surgeons=02      General physicians=04      Nurse/Midwives=06      Midwives=08      Community health officers (CHO)=10      Other=96

STAFF										
Q10a. No. of staff	Q10b. NAME	Q10c. Is NAME scheduled to be on duty any time today?	Q10d. Serial number of sampled on-duty staff	Q10e. POSITION CODE	Q10f. Does NAME work full-time?	Q10g. SEX	Does NAME provide service(s)?			
							Q10h. FAMILY PLANNING	Q10i. MATERNAL HEALTH	Q10j. CHILD HEALTH	Q10k. VCT/STI/HIV SERVICES
(53)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(54)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(55)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(56)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(57)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(58)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(59)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(60)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(61)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(62)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(63)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(64)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(65)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(66)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(67)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(68)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(69)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(70)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(71)		YES . . . . 1 NO . . . . . 2	<input type="text"/>	<input type="text"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2

CODE: Obstetrician/Gynecologists=01      Pediatricians=03      Theatre nurse=05      Nurses=07      CHEWs=09      VCT Counselors=11  
 General surgeons=02      General physicians=04      Nurse/Midwives=06      Midwives=08      Community health officers (CHO)=10      Other=96



STAFF										
Q10a. No. of staff	Q10b. NAME	Q10c. Is NAME scheduled to be on duty any time today?	Q10d. Serial number of sampled on-duty staff	Q10e. POSITION CODE	Q10f. Does NAME work full-time?	Q10g. SEX	Does NAME provide service(s)?			
							Q10h. FAMILY PLANNING	Q10i. MATERNAL HEALTH	Q10j. CHILD HEALTH	Q10k. VCT/STI/HIV SERVICES
(72)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(73)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(74)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(75)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(76)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(77)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(78)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(79)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(80)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(81)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(82)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(83)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(84)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(85)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(86)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(87)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
(88)		YES . . . . 1 NO . . . . . 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES . . . 1 NO . . . . 2	MALE . . . 1 FEMALE...2	YES . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2
CODE: Obstetrician/Gynecologists=01		Pediatricians=03		Theatre nurse=05		Nurses=07		CHEWs=09		VCT Counselors=11
General surgeons=02		General physicians=04		Nurse/Midwives=06		Midwives=08		Community health officers (CHO)=10		Other=96
CHECK THE BOX IF ANOTHER FORM IS USED: <input type="checkbox"/> TOTAL NUMBER OF FORMS: <input type="checkbox"/> FORM NUMBER: <input type="checkbox"/>										

<b>GENERAL MCH AND FP</b>				
SERVICE	Q11a. Does this facility provide the following Maternal and Child Health SERVICES?	Q11b. How many days per week is SERVICE available?	Q11c. 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.	Q11d. WHAT WAS THE SOURCE OF THIS INFORMATION?
(1) Maternity care/delivery services	Yes . . . . 1 No . . . . . 2 → <b>(2)</b>	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(2) Counseling on initiating breast-feeding (after delivery)	Yes . . . . 1 No . . . . . 2			
(3) Emergency care for prolonged or obstructed labor (cesarean section, blood transfusion)	Yes . . . . 1 No . . . . . 2 → <b>(4)</b>	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(4) Consultation for infertility	Yes . . . . 1 No . . . . . 2 → <b>(5)</b>	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(5) Post-abortion care	Yes . . . . 1 No . . . . . 2 → <b>(6)</b>	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(6) Ante-natal care	Yes . . . . 1 No . . . . . 2 → <b>(12)</b>	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(7) Complete Regimen of Tetanus Toxoid immunization during pregnancy (5 doses)	Yes . . . . 1 No . . . . . 2			
(8) Syphilis screening during pregnancy	Yes . . . . 1 No . . . . . 2			
(9) Iron supplementation during pregnancy	Yes . . . . 1 No . . . . . 2			
(10) Intermittent preventive treatment for malaria (IPT)	Yes . . . . 1 No . . . . . 2			
(11) Nutrition counseling during pregnancy	Yes . . . . 1 No . . . . . 2			

SERVICE	Q11a. Does this facility provide the following Maternal and Child Health SERVICE?	Q11b. How many days per week is SERVICE available?	Q11c. 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.	Q11d. WHAT WAS THE SOURCE OF THIS INFORMATION?
(12) Post natal care	Yes . . . . 1 No . . . . 2 → (14)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(13) Vitamin A supplementation after pregnancy	Yes . . . . 1 No . . . . 2			
(14) Child immunization	Yes . . . . 1 No . . . . 2 → (15)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(15) Child growth monitoring	Yes . . . . 1 No . . . . 2 → (16)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(16) Child respiratory disease	Yes . . . . 1 No . . . . 2 → (17)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(17) Oral rehydration therapy services	Yes . . . . 1 No . . . . 2 → (18)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(18) Detection and treatment of sexually transmitted infections (STIs)	Yes . . . . 1 No . . . . 2 → (19)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(19) Voluntary counseling and testing (VCT)	Yes . . . . 1 No . . . . 2 → (20)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(20) PMTCT	Yes . . . . 1 No . . . . 2 → (21)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(21) HIV/AIDS Management	Yes . . . . 1 No . . . . 2 → (22)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(22) Family planning counseling & services	Yes . . . . 1 No . . . . 2 → (Q13)	Days . . . <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>NOT AVAILABLE.....99993</b>	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

Q12.	Approximately, what percentage of the clients who received family planning counseling and services in the past 3 months were between the ages of 15 and 19 years old?	<input type="text"/> <input type="text"/> <input type="text"/> NONE.....000 DON'T KNOW....998	
Q13.	Does this facility ever refer clients to other health care facilities?	Yes ..... 1 No ..... 2	→ Q15
Q14.	For which services are these referrals?  [MULTIPLE RESPONSE POSSIBLE]	FAMILY PLANNING.....A IMMUNIZATION.....B ANTENATAL CARE.....C DELIVERY CARE.....D EMERGENCY DELIVERY CARE (C-SECTION).....E POSTNATAL CARE.....F DISEASE PREVENTION.....G TREATMENT OF ADULT.....H TREATMENT FOR CHILD.....I GROWTH MONITORING OF CHILD.....J HEALTH CHECK-UP .....K VCT.....L HIV/AIDS MANAGEMENT.....M PMTCT.....N OTHER.....X (SPECIFY)	

Now I would like to ask you some questions about other health services.

Q15.	CHECK Q11A. IF YES TO (14) CHILD IMMUNIZATION, (15) CHILD GROWTH MONITORING, OR (16) CHILD RESPIRATORY DISEASE	<input type="checkbox"/>	IF NO TO ALL CHILD SERVICES (14-16) <input type="checkbox"/>	→ Q19
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Q16.	What is the normal practice for this facility if a woman who has come for a <b>child health visit</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 → Q19 Other.....96 (SPECIFY)	
Q17.	If a woman who has come for a <b>child health visit</b> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q18.	If a woman who has come for a <b>child health visit</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	

Q19.	CHECK Q11A: IF YES TO (1) MATERNITY CARE/ DELIVERY SERVICES	<input type="checkbox"/>	IF NO TO (1) MATERNITY CARE/DELIVERY SERVICES <input type="checkbox"/>	→ Q23
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Q20.	What is the normal practice for this facility if a woman who has come for <b>maternity care/delivery service</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 → Q23 Other.....96 (SPECIFY)	
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Q21.	If a woman who has come for <b>maternity care/delivery service</b> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q22.	If a woman who has come for <b>maternity care/delivery service</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day.....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q23.	CHECK Q11A: IF YES TO (12) POST NATAL CARE <input type="checkbox"/>	IF NO TO (12) POST NATAL CARE <input type="checkbox"/>	Q27
Q24.	What is the normal practice for this facility if a woman who has come for a <b>postnatal care visit</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 Other.....96 (SPECIFY)	Q27
Q25.	If a woman who has come for a <b>postnatal care visit</b> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q26.	If a woman who has come for a <b>postnatal care visit</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q27.	CHECK Q11A. IF YES TO (5) POST-ABORTION CARE <input type="checkbox"/>	IF NO TO (5) POST-ABORTION CARE <input type="checkbox"/>	Q31
Q28.	What is the normal practice for this facility if a woman who has come for <b>post-abortion care</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 Other (specify).....96	Q31

Q29.	If a woman who has come for <b>post-abortion care</b> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96  (SPECIFY)	
Q30.	If a woman who has come for <b>post-abortion care</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96	
<p>Q31. CHECK Q11A: IF YES TO ANY (18) Detection and treatment of STIs, (19) VCT, (20) PMTCT, OR (21) HIV/AIDS management IF NO TO ALL (18-21) <input type="checkbox"/> → Q35</p> <p style="text-align: center;"><input type="checkbox"/> ↓</p>			
Q32.	What is the normal practice for this facility if a woman or man who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>receiving information</b> on FP, is she/he able to receive this information on the day of her/his visit, or is she/he asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 → Q35 Other.....96  (SPECIFY)	
Q33.	If a woman who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>receiving a hormonal method</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96  (SPECIFY)	
Q34.	If a woman who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96	
Q35.	[SEE Q11A (22) FAMILY PLANNING COUNSELING & SERVICES] → IF FP <b>IS OFFERED</b> ,  YES, <input type="checkbox"/> ↓	[SEE Q11A (22) FAMILY PLANNING COUNSELING & SERVICES] → IF FP <b>IS NOT OFFERED</b> ,  NO, <input type="checkbox"/> ↓ Would FP counseling and services be appropriate to include into the existing services offered?  Yes ..... 1 No ..... 2 Don't know ..... 8 } →	ALL SKIP TO Q65

ASK IF THE FOLLOWING CONTRACEPTIVES ARE PROVIDED IN THIS FACILITY. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE.					
METHOD	Q36a. Does this facility provide the following FP methods/services?	Q36b. How many days per week is the method provided?	Q36c. What year was METHOD first offered at this facility?  <b>Don't know = 9998</b>	Q36d. Are there requirements for partner's consent to receive the following METHOD?	Q36e. How many staff do you have that can provide METHOD?
(01) Combined oral pill	YES.....1 NO.....2 ↓ <b>(02)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(02) Progestin only pill	YES.....1 NO.....2 ↓ <b>(03)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(03) Emergency contraceptive	YES.....1 NO.....2 ↓ <b>(04)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(04) Male condom	YES.....1 NO.....2 ↓ <b>(05)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(05) Female condom	YES.....1 NO.....2 ↓ <b>(06)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(06) Injectables	YES.....1 NO.....2 ↓ <b>(07)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(07) Implants (Jadelle/Implanon)	YES.....1 NO.....2 ↓ <b>(08)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	[ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ]
(08) IUCD	YES.....1 NO.....2 ↓ <b>(09)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	[ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ]
(09) Female sterilization/tubal ligation	YES.....1 NO.....2 ↓ <b>(10)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	[ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ]
(10) Male sterilization	YES.....1 NO.....2 ↓ <b>(11)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	[ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ]
(11) SDM/Cycle beads	YES.....1 NO.....2 ↓ <b>(12)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(12) LAM	YES.....1 NO.....2 ↓ <b>(13)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	
(13) Other (specify) _____	YES.....1 NO.....2 ↓ <b>(Q31a)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	

ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED AT THE FACILITY FROM Q36a.		
METHOD	Q37a. How many [NAMED METHOD] do you usually provide to a <b>new acceptor</b> on her first visit?	Q37b. How many [NAMED METHOD] do you usually provide to a woman coming for <b>resupply/continuing to use the same method?</b>
(01) Combined oral contraceptives (number of cycles)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(02) Progestin-only oral contraceptives (number of cycles)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(03) Male condoms (number of pieces)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(04) Female condoms (number of pieces)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q36a.</b>				
METHOD	Q38a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q38b. Do fees for METHOD vary depending on the product available?	Q38c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b><u>FROM LOWEST TO HIGHEST PRICE.</u></b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q38A AND Q38C is “FREE”, GO TO NEXT METHOD  Q38d. What percent of clients pay the charge for METHOD/PROCEDURE?
(01) Combined oral pill	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(02) Progestin only pill	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(03) Emergency contraceptive	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per package/cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(04) Male condom	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per piece  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]

Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q36a.</b>				
METHOD	Q38a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q38b. Do fees for METHOD vary depending on the product available?	Q38c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b><u>FROM LOWEST TO HIGHEST PRICE.</u></b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q38A AND Q38C is “FREE”, GO TO NEXT METHOD  Q38d. What percent of clients pay the charge for METHOD/PROCEDURE?
(05) Female condom	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per piece  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(06) Injectables [Depo (DMPA), Noristorat]	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] per injectable  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(07) Implants (Jadelle/Implanon)	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] per implant  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(08) IUCD	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → <b>Q38d</b>  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available..... 2 Don't know .....8	[ ] [ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] per IUD  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]

Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods.

**ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q36a.**

METHOD	Q38a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q38b. Do fees for METHOD vary depending on the product available?	Q38c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b><u>FROM LOWEST TO HIGHEST PRICE.</u></b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q38A AND Q38C is “FREE”, GO TO NEXT METHOD  Q38d. What percent of clients pay the charge for METHOD/PROCEDURE?
(09) Female sterilization/ tubal ligation	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → Q38d  FREE.....999995 DON'T KNOW.....999998		[ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] PER OPERATION  REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ] [ ] [ ] [ ]
(10) Male sterilization	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → Q38d  FREE.....999995 DON'T KNOW.....999998		[ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] PER OPERATION  REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ] [ ] [ ] [ ]
(11) SDM/Cycle beads	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → Q38d  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available.... 2 Don't know .....8	[ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] per UNIT  PRESCRIPTION/REFERRAL ONLY....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]
(12) Other (specify)  _____	CONSULTATION....1 [ ] [ ] [ ] [ ] [ ] [ ] OR PACKAGE DEAL.....2 [ ] [ ] [ ] [ ] [ ] [ ] → Q38d  FREE.....999995 DON'T KNOW.....999998	Yes . . . . .1 No/only one brand or product available.... 2 Don't know .....8	[ ] [ ] [ ] [ ] [ ] TO [ ] [ ] [ ] [ ] [ ] [ ] per UNIT  PRESCRIPTION/REFERRAL ONLY....9994 FREE.....9995 DON'T KNOW.....9998	[ ] [ ] [ ] [ ]

<p><b>Q39a.</b> How many clients received family planning services in the <i>last 12 completed months</i>?</p> <p>[               ]</p> <p>NOT AVAILABLE..999993 → <b>Q40a</b></p>	<p><b>Q39b.</b> RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q39a</p> <p>[   ]</p>	<p><b>Q39c.</b> INDICATE FROM WHERE STATISTICS COME :</p> <p>OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS..2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER.....6 (SPECIFY)</p>
<p><b>Q40a.</b> Total new family planning acceptors/users in the <i>last 12 completed months</i>?</p> <p>[               ]</p> <p>NOTE: New acceptors/users = new to clinic and those who switch methods on day of service.</p> <p>NOT AVAILABLE...999993 → <b>Q41a</b></p>	<p><b>Q40b.</b> RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q40a</p> <p>[   ]</p>	<p><b>Q40c.</b> INDICATE FROM WHERE STATISTICS COME :</p> <p>OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS..2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER.....6 (SPECIFY)</p>
<p><b>Q41a.</b> Total FP visits in the <i>last 12 completed months</i>?</p> <p>[               ]</p> <p>NOT AVAILABLE...999993 → <b>Q42a</b></p>	<p><b>Q41b.</b> RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q41a</p> <p>[   ]</p>	<p><b>Q41c.</b> INDICATE FROM WHERE STATISTICS COME :</p> <p>OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS..2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER.....6 (SPECIFY)</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.

Q42. METHOD  ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q36a.	Q42a. Number of <u>new acceptors / users</u> last month	Q42b. Number of <u>resupply / continuing clients</u> last month	Q42c. INDICATE FROM WHERE STATISTICS COME FOR Q42a AND Q42b  IF BOTH Q42a AND Q42b EQUAL 9993, SKIP TO Q42d	Q42d. Number of <u>new acceptors/users</u> last 12 months	Q42e. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42d	Q42f. INDICATE FROM WHERE STATISTICS COME FOR Q42d	Q42g. Number of <u>resupply / continuing clients</u> last 12 months	Q42h. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42g	Q42i. INDICATE FROM WHERE STATISTICS COME FOR Q42g
(01) Combined oral pill	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (02)	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)
(02) Progestin only pill	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (03)	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)

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Q42. METHOD  ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q36a.	Q42a. Number of <u>new acceptors / users</u> last month	Q42b. Number of <u>resupply / continuing clients</u> last month	Q42c. INDICATE FROM WHERE STATISTICS COME FOR Q42a AND Q42b  IF BOTH Q42a AND Q42b EQUAL 9993, SKIP TO Q42d	Q42d. Number of <u>new acceptors/users</u> last 12 months	Q42e. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42d	Q42f. INDICATE FROM WHERE STATISTICS COME FOR Q42d	Q42g. Number of <u>resupply / continuing clients</u> last 12 months	Q42h. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42g	Q42i. INDICATE FROM WHERE STATISTICS COME FOR Q42g
(03) Emergency contraceptive	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE...9993	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE ...9993 → Q42g	[ ][ ][ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE ...9993 → (04)	[ ][ ][ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)
(04) Male condom	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE...9993	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE ...9993 → Q42g	[ ][ ][ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ][ ][ ][ ][ ][ ]  NOT AVAILABLE ...9993 → (05)	[ ][ ][ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)

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Q42. METHOD  ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q36a.	Q42a. Number of <u>new acceptors / users</u> last month	Q42b. Number of <u>resupply / continuing clients</u> last month	Q42c. INDICATE FROM WHERE STATISTICS COME FOR Q42a AND Q42b  IF BOTH Q42a AND Q42b EQUAL 9993, SKIP TO Q42d	Q42d. Number of <u>new acceptors/users</u> last 12 months	Q42e. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42d	Q42f. INDICATE FROM WHERE STATISTICS COME FOR Q42d	Q42g. Number of <u>resupply / continuing clients</u> last 12 months	Q42h. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42g	Q42i. INDICATE FROM WHERE STATISTICS COME FOR Q42g
(05) Female condom	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (06)	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)
(06) Injectables (Depo/Noristerat)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (07)	[ ] [ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)

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(07) Implants (Jadelle/ Implanon)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (08)	[ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)
(08) IUCD	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → Q42g	[ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (09)	[ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)
(09) Female sterilization	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE.....9993 → Q42d		OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[ ] [ ] [ ] [ ] [ ]  NOT AVAILABLE ...9993 → (10)	[ ] [ ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)			



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(10) Male sterilization	[         ]  NOT AVAILABLE..... 9993 → Q42d		OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[         ]  NOT AVAILABLE ...9993 → (11)	[     ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)			
(11) SDM/Cycle beads	[         ]  NOT AVAILABLE..... 9993 → Q42d		OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[         ]  NOT AVAILABLE ...9993 → (12)	[     ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)			
(12) LAM	[         ]  NOT AVAILABLE..... 9993 → Q42d		OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[         ]  NOT AVAILABLE ...9993 → (13)	[     ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)			

**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.

Q42. METHOD  ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q36a.	Q42a. Number of <u>new acceptors / users</u> last month	Q42b. Number of <u>resupply / continuing clients</u> last month	Q42c. INDICATE FROM WHERE STATISTICS COME FOR Q42a AND Q42b  IF BOTH Q42a AND Q42b EQUAL 9993, SKIP TO Q42d	Q42d. Number of <u>new acceptors/users</u> last 12 months	Q42e. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42d	Q42f. INDICATE FROM WHERE STATISTICS COME FOR Q42d	Q42g. Number of <u>resupply / continuing clients</u> last 12 months	Q42h. RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q42g	Q42i. INDICATE FROM WHERE STATISTICS COME FOR Q42g
(13) Other (Specify)  _____	[           ]  NOT AVAILABLE...9993	[           ]  NOT AVAILABLE...9993	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, REGISTER MONTHLY TOTAL.....2 OBSERVED, FROM MONTHLY REPORT.....3 ESTIMATED.....4 OTHER:.....6 (SPECIFY)	[           ]  NOT AVAILABLE ...9993 → (Q42j)	[     ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)	[           ]  NOT AVAILABLE ...9993 → (Q42j)	[     ]	OBSERVED, COUNTED IN REGISTER.....1 OBSERVED, SUMMED FROM REGISTER MONTHLY TOTALS.....2 OBSERVED, SUMMED FROM MONTHLY REPORTS.....3 OBSERVED, FROM YEARLY REPORT.....4 ESTIMATED.....5 OTHER:.....6 (SPECIFY)

TRAINING AND PARTNERSHIPS			
Q42j	Does this facility have a budget for staff FP training?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ → Q42I Q42I
Q42k	About how often does this facility sponsor FP trainings?	WEEKLY ..... 1 MONTHLY ..... 2 QUARTERLY ..... 3 ANNUALLY ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
Q42l	What organizations provide FP training at this facility?  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	NURHI/FPPN ..... A UNFPA ..... B WHO ..... C SFH ..... D JHPIEGO ..... E MARIE STOPES ..... F PATH ..... G PPFN ..... H STATE/ MOH ..... I MCHIP ..... J TSHIP ..... K OTHER (SPECIFY) ..... X  NONE ..... Y DON'T KNOW ..... Z	
Q42m	What organizations provide in-kind resources to this facility for FP (ie: sample FP methods, job aids, etc)?  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	NURHI/FPPN ..... A UNFPA ..... B WHO ..... C SFH ..... D JHPIEGO ..... E MARIE STOPES ..... F PATH ..... G PPFN ..... H STATE/ MOH ..... I MCHIP ..... J TSHIP ..... K OTHER (SPECIFY) ..... X  NONE ..... Y DON'T KNOW ..... Z	
Q42n	What organizations provide financial resources to this facility for FP?  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	NURHI/FPPN ..... A UNFPA ..... B WHO ..... C SFH ..... D JHPIEGO ..... E MARIE STOPES ..... F PATH ..... G PPFN ..... H STATE/ MOH ..... I MCHIP ..... J TSHIP ..... K OTHER (SPECIFY) ..... X  NONE ..... Y DON'T KNOW ..... Z	

IEC MATERIALS AND OUTREACH ACTIVITIES						
Q43.	Are the following family planning IEC materials displayed and/or available for use?	OBSERVED, with NURHI logo	OBSERVED, with no NURHI logo	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
	a) Posters	0	1	2	3	8
	b) Informational flip chart	0	1	2	3	8
	c) Brochures/pamphlets	0	1	2	3	8
	d) Information sheets	0	1	2	3	8
	e) Job aids	0	1	2	3	8
	f) Demonstration models		1	2	3	8
	g) Counseling cards	0	1	2	3	8
	h) Samples of various FP methods		1	2	3	8
	i) Other (specify) _____	0	1	2	3	8
Q44.	Does this facility have a health outreach program for IEC (Information, Education and Communication)?			Yes .....1 No ..... 2 → <b>Q48</b> Don't know.....8 → <b>Q48</b>		
Q45.	Does this outreach program discuss family planning/birth spacing?			Yes ..... 1 No ..... 2 Don't know.....8		
Q46.	How many communities are regularly visited through this outreach program?			NUMBER ..... [ ][ ]		
Q47.	About how often are these communities visited through this outreach program?			WEEKLY.....1 MONTHLY ..... 2 QUARTERLY ..... 3 ANNUALLY ..... 4 OTHER ..... 6 (Specify)		
Q48.	Does this facility give health talks for members of the community?			Yes ..... 1 No ..... 2 → <b>Q52</b> Don't know.....8 → <b>Q52</b>		
Q49.	Has this facility ever given a health talk on family planning/birth spacing to the community?			Yes .....1 No ..... 2 Don't know.....8		
Q50.	How often does this facility give health talks to the community?			EVERY DAY ..... 1 WEEKLY ..... 2 MONTHLY.....3 QUARTERLY.....4 OTHER ..... 6 (Specify)		
Q51.	How often do the topics of the health talks change?			EVERY DAY ..... 1 WEEKLY ..... 2 MONTHLY.....3 QUARTERLY.....4 OTHER ..... 6 (Specify)		
Q51a	Does this facility have a budget for community FP clinical outreach, i.e. where providers from this facility provide FP services at community sites or mobile clinics?			YES ..... 1 NO ..... 2 DON'T KNOW.....8		
Q51b	Does this facility have a budget for community FP in-reach efforts, i.e. where providers from this facility provide FP services at another health facility?			YES ..... 1 NO ..... 2 DON'T KNOW.....8		
Q52.	Does this facility supervise CBDs (community-based distributors of contraceptives)?			YES ..... 1 NO ..... 2 → <b>Q54</b>		
Q53.	What organization sponsors the CBDs?  <b>CIRCLE ALL THAT APPLY</b>			MOH .....A MARIE STOPES .....B PPFN.....C SFH.....D NURHI.....E OTHER .....X (SPECIFY)		

**QUALITY ASSURANCE/STANDARD OPERATING PROCEDURES**

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.

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?

A REPORT OR MINUTES OF A MEETING WHICH MENTIONS THE QUALITY ASSURANCE ACTIVITY IS ACCEPTABLE.

Q54.	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 know .....8 →	<b>Q56</b> <b>Q56</b>
Q55.	Who is the author of these guidelines or service protocols you are using? NAME OF GUIDELINES: _____ _____ _____	Facility created guidelines.....A WHO guidelines.....B FMOH guidelines.....C Other _____X (Specify)	
<b>CHOOSE ALL THAT APPLY</b>			
Q56.	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 know .....8	
Q57.	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 know .....8 →	<b>Q59</b> <b>Q59</b>
Q58.	Do these guideline(s) recommend that you screen all patients for pregnancy before dispensing a new family planning method?	Yes .....1 No .....2 Other guidance provided _____6 (Specify) Don't know.....8	
Q59.	Do any of the guidelines recommend that family planning counseling is offered to most clients in this facility as a routine or normal practice?	Yes .....1 No .....2 No guidelines.....3 Other guidance provided _____6 (Specify) Don't know.....8	
Q60.	Are periodic audits or reports of medical records or service registers conducted/compiled at least quarterly?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know .....8	
Q61.	Does this facility receive integrated supportive supervision visit?	Yes .....1 No .....2 → Don't know.....8 →	<b>Q63</b> <b>Q63</b>
Q62.	How often does this facility receive integrated supportive supervision?	Once in month ..... 1 Once in three months ..... 2 Once every six months.....3 Less frequently .....4	
Q63.	Is there any type of quality assurance committee or staff meetings that assure quality control for family planning service delivery?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 → Don't know .....8 →	<b>Q63b</b> <b>Q63b</b>
Q63a	How often do the quality assurance committee or staff meetings occur to assure quality control for FP service delivery?	Once in month ..... 1 Once in three months ..... 2 Once every six months.....3 Less frequently .....4	
Q63b	Has anyone from this facility participated in the quarterly Facility Committee Meetings/NURHI QIT?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
Q64.	Are HMIS tools made available to relevant staff?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know .....8	

Now, I would like to ask you some questions about the physical infrastructure and equipment that you have at this facility.

**PHYSICAL INFRASTRUCTURE AND EQUIPMENT**

Are the following types of facilities/equipment available on a functioning basis at the service location?

INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.

Q65.	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		
		<b>Not Available</b>	<b>Available but not functioning</b>	<b>Available and functioning</b>
Q66	Dedicated Family planning service space	1	2	3
Q66a	Adequate seating in waiting area	1	2	3
Q66b	Ceiling fans	1	2	3
Q66c	Notice board	1	2	3
Q67.	Electricity	1	2	3
Q68.	Back-up generator	1	2	3
Q69.	Piped water supply	1	2	3
Q70.	Toilet facilities/latrine	1	2	3
Q71.	Telephone/GSM (dedicated to the facility)	1	2	3
Q72.	Storage area for drugs and supplies	1	2	3
Q73.	Sharps container for needles	1	2	3
Q74.	Laboratory	1	2	3
Q75.	Private examination room (ie, a private room for pelvic exams and IUD insertion)	1	2	3
Q76.	Exam table for gynecological examination	1	2	3
Q77.	Examination light	1	2	3
Q78.	Delivery room with bed and lighting	1	2	3
Q79.	Operating theatre with basic/required equipment	1	2	3
Q80.	Weighing scale for adults	1	2	3
Q81.	Infant weighing scale	1	2	3
Q82.	Blood pressure apparatus	1	2	3
Q83.	Stethoscope	1	2	3
Q84.	Fetal stethoscope	1	2	3
Q85.	Sterilizer	1	2	3
Q86.	Microscope	1	2	3
Q87.	Oxygen apparatus	1	2	3
Q88.	Centrifuge	1	2	3
Q89.	Thermometer	1	2	3
Q90.	Scalpels	1	2	3
Q91.	Two pairs of scissors	1	2	3
Q92.	Long needle holder	1	2	3
Q93.	Forceps	1	2	3
Q94.	Sponge holding forceps	1	2	3
Q95.	Tenacula (Volsellum forceps)	1	2	3
Q96.	Vaginal speculum (small size)	1	2	3

		Not Available	Available but not functioning	Available and functioning
Q97.	Vaginal speculum (medium size)	1	2	3
Q98.	Vaginal speculum (large size)	1	2	3
Q99.	Minor surgery kit (e.g. artery forceps, hemostat)	1	2	3
Q100.	Vacuum extractor	1	2	3
Q101.	Manual vacuum aspiration (MVA) kit	1	2	3
Q102.	Minilaparotomy kit	1	2	3
Q103.	Uterine hook	1	2	3
Q104.	Tubal hook	1	2	3
Q105.	Vasectomy kit	1	2	3
Q106.	Uterine sounds	1	2	3
Q107.	Canula and trochar for inserting implants	1	2	3

Now, I would like to ask you some questions about the physical infrastructure and equipment that you have at this facility.

### CONSUMABLE SUPPLIES

Are the following types of supplies available on a regular basis at the service location?

INTERVIEWER NEEDS TO CHECK AVAILABILITY WHERE POSSIBLE.

		Not Available	Available sometimes but not on a regular basis	Available all of the time
Q108.	Sutures	1	2	3
Q109.	Antiseptic solution (such as iodine)	1	2	3
Q110.	Methylated spirit	1	2	3
Q111.	Sterile gauze pad or cotton wool	1	2	3
Q112.	Sterile disposable latex gloves	1	2	3
Q113.	Long gloves	1	2	3
Q114.	Disposable sterile syringes and needles	1	2	3
Q115.	Intravenous kit	1	2	3
Q116.	Scalpel blades	1	2	3
Q117.	Sealed implants pack (for performing FP implant insertions)	1	2	3
Q118.	Sedatives (such as Valium)	1	2	3
Q119.	Atropine (such as Buscopan)	1	2	3
Q120.	Opioid analgesic	1	2	3
Q121.	Local anesthetic (such as lignocaine)	1	2	3

Q122	CHECK Q11A(22):  FACILITY PROVIDES FP SERVICES (Q11A(22)=YES) <input type="checkbox"/>	FACILITY DOES NOT PROVIDE FP SERVICES (Q11A(22)=NO) <input type="checkbox"/>	→ Q132
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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.

Q123.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNESS	YES ..... 1 NO ..... 2 CANNOT OBSERVE STORAGE AREA.....3	→ Q129
Q124.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES ..... 1 NO ..... 2	
Q125.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES ..... 1 NO ..... 2	
Q126.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES ..... 1 NO ..... 2	
Q127.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES ..... 1 NO ..... 2	
Q128.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.	YES ..... 1 NO ..... 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7	
Q129.	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	



Now I would like to ask you about your specific stocks of different family planning methods/products. ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q36a.								
CONTRACEPTIVE	Q130a. Where does your stock of CONTRACEPTIVE come from? CHOOSE ALL.	Q130b. When was the last time that you received a routine supply of CONTRACEPTIVE either that you ordered, or that is part of your routine supply system? READ LIST.	Q130c. Does this facility determine the quantity of each CONTRACEPTIVE that it needs and order that, or is the quantity that you receive determined elsewhere? READ LIST.	Q130d. Do you always receive a standard fixed quantity of CONTRACEPTIVE or does the quantity you receive vary according to recent need or activity level? READ LIST.	Q130e. <b>CHECK Q130c. IF Q130c IS "2", SKIP TO Q130g</b> When you order CONTRACEPTIVE, how much do you order? READ LIST.	Q130f. When do you decide to order CONTRACEPTIVE? READ LIST.	Q130g. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.	Q130h. Is METHOD usually delivered or must you go get them?
(01) Combination oral contraceptives (estrogen and progestin)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed...3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(02) Progestin-only oral contraceptives	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own Need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed...3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(03) Emergency contraceptives	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed...3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(04) Male condoms	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed...3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3

CONTRACEPTIVE	Q130a. Where does your stock of CONTRACEPTIVE come from? CHOOSE ALL.	Q130b. When was the last time that you received a routine supply of CONTRACEPTIVE either that you ordered, or that is part of your routine supply system? READ LIST.	Q130c. Does this facility determine the quantity of each CONTRACEPTIVE that it needs and order that, or is the quantity that you receive determined elsewhere? READ LIST.	Q130d. Do you always receive a standard fixed quantity of CONTRACEPTIVE or does the quantity you receive vary according to recent need or activity level? READ LIST.	Q130e. <b>CHECK Q130C. IF Q130C IS "2", SKIP TO Q130G</b> When you order CONTRACEPTIVE, how much do you order? READ LIST.	Q130f. When do you decide to order CONTRACEPTIVE? READ LIST.	Q130g. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.	Q130h. Is METHOD usually delivered or must you go get them?
(05) Female condoms	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(06) Injectables (e.g., Depo Provera, Noristerat)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(07) Implant (Norplant)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(08) IUCD	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3

CONTRACEPTIVE	Q130a. Where does your stock of CONTRACEPTIVE come from? CHOOSE ALL.	Q130b. When was the last time that you received a routine supply of CONTRACEPTIVE either that you ordered, or that is part of your routine supply system? READ LIST.	Q130c. Does this facility determine the quantity of each CONTRACEPTIVE that it needs and order that, or is the quantity that you receive determined elsewhere? READ LIST.	Q130d. Do you always receive a standard fixed quantity of CONTRACEPTIVE or does the quantity you receive vary according to recent need or activity level? READ LIST.	Q130e. <b>CHECK Q130C. IF Q130C IS "2", SKIP TO Q130G</b> When you order CONTRACEPTIVE, how much do you order? READ LIST.	Q130f. When do you decide to order CONTRACEPTIVE? READ LIST.	Q130g. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.	Q130h. Is METHOD usually delivered or must you go get them?
(09) SDM/Cycle beads	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other_____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other_____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other_____6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(10) Other (specify) _____	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/ distributor.....D Other_____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need...1→(Q130e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q130g)	Quantity based on activity level.....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other_____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks....4 Other_____6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3

Now I would like to ask you some more questions specifically about stock-outs of family planning methods.

**ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q36a.**

METHOD	Q131a. Is METHOD currently available?	Q131b. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last <b>one year</b> ?	Q131c. If Yes, how many times has this facility had a stockout of METHOD in the past one year?  (CHECK if "Yes" to Q131b)	Q131d. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the past one year?  (CHECK if "Yes" to Q131b)	Q131e. SOURCE OF INFORMATION FOR STOCKOUTS IN PAST ONE YEAR:	Q131f. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last 30 days (one month)?	Q131g. If Yes, how many times has this facility had a stockout of METHOD in the past 30 days?  (CHECK if "Yes" to Q131f)	Q131h. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the last 30 days?  (CHECK if "Yes" to Q131f)	Q131i. SOURCE OF INFORMATION ON STOCKOUTS IN PAST 30 DAYS:
(01) Combined oral pill	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(02)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(02)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(02) Progestin only pill	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(03)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(03)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(03) Emergency contraceptive	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(04)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(04)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(04) Male condom	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(05)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(05)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

METHOD	Q131a. Is METHOD currently available?	Q131b. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last <b>one year</b> ?	Q131c. If Yes, how many times has this facility had a stockout of METHOD in the past one year?  (CHECK if "Yes" to Q131b)	Q131d. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the past one year?  (CHECK if "Yes" to Q131b)	Q131e. SOURCE OF INFORMATION FOR STOCKOUTS IN PAST ONE YEAR:	Q131f. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last 30 days (one month)?	Q131g. If Yes, how many times has this facility had a stockout of METHOD in the past 30 days?  (CHECK if "Yes" to Q131f)	Q131h. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the last 30 days?  (CHECK if "Yes" to Q131f)	Q131i. SOURCE OF INFORMATION ON STOCKOUTS IN PAST 30 DAYS:
(05) Female condom	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(06)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	Days...  <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(06)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW.....98	Days...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(06) Injectable (DMPA, Noristerat)	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(07)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	Days...  <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(07)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW.....98	Days...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(07) Implants (Jadelle/ Implanon)	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(08)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	Days...  <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(08)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW.....98	Days...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(08) IUCD	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(09)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	Days...  <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(09)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW.....98	Days...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2

(09) SDM/Cycle beads	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(10)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(10)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(10) Other (specify) _____	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(Q132)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2	YES .....1 NO .....2 ↓ <b>(Q132)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

Q132.	RECORD THE TIME [24-HOUR TIME]	Hour .....	<input type="text"/> <input type="text"/>
		Minutes .....	<input type="text"/> <input type="text"/>
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!			
COMMENTS:			