

Nigeria – Oyo State Round 1 SDP Questionnaire

001a. Your name: [NAME] Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002b. Record the correct date and time.	Day: Month: Year:
003a. State	<i>['A list of states.']</i>
003b. LGA	<i>['A list of LGAs.']</i>
003c. Locality	<i>['A list of localities.']</i>
004. Enumeration Area	<i>['A list of EAs.']</i>
005. Facility number <i>Please record the number of the facility from the listing form.</i>	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Hospital <input type="radio"/> Health Centre / Clinic / PHC <input type="radio"/> Maternity Clinic <input type="radio"/> Health Post <input type="radio"/> Family Planning Centre <input type="radio"/> Youth Friendly Centre <input type="radio"/> Pharmacy <input type="radio"/> Chemist / Patent Medical Store <input type="radio"/> Other
007. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
INFORMED CONSENT <i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the greeting on the next screen:</i>	
Hello. My name is _____ and I am working for the Center for Research, Evaluation Resources, and Development in collaboration with the Centre for Advance Medical Research to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.	

<p>Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.</p> <p>We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?</p>	
009a. May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "[NAME]"	
011. Name of the facility <i>Please select the name of the facility.</i>	<i>['A list of facilities.']</i>
011. Name of the facility <i>Please record the name of the facility.</i>	
012. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i>	<input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response

Section 1 – Information About Services

Now I would like to ask about the services provided at this facility.

<p>101. When did this facility first begin offering health services / products? <i>Select "2020" to indicate "Do not know" or "No Response."</i></p>	
<p>102. How many days each week is the facility routinely open? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i></p>	
<p>104. Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.</p>	
Total number of doctors	

Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of nurses / midwives / CHOs Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of SCHEWs Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of JCHEWs Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of Nurse Aides / Clinical Assistants Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of pharmacists Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of Pharmacy/Laboratory Technicians Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
Total number of other medical staff Enter -88 for do not know, -99 for no response. 0 is a possible answer.	
105a. Do you have an estimate of the size of the current catchment population that this facility serves, that is, the target or total population living in the area served by this facility?	<input type="radio"/> No catchment area <input type="radio"/> Yes, knows size of catchment area <input type="radio"/> Doesn't know size of catchment area <input type="radio"/> No response
105b. What is the size of the catchment population? Record the number of people living in the area served by this facility.	
106. How many beds does the facility have? 0 is a possible answer. Enter -88 for do not know, -99 for no response.	
107. When was the last time an owner / supervisor from outside this facility came here to visit?	<input type="radio"/> Never external supervision <input type="radio"/> Within the past 6 months <input type="radio"/> More than 6 months ago <input type="radio"/> Don't know <input type="radio"/> No response
108a. Does this facility have electricity at this time? Select for running electricity only.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
108b. At any point today, has the electricity been out for two or more hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
109a. Does this facility have running water at this time? Select for running water only.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
109b. At any point today, has running water been unavailable for two or more hours?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
110. How many handwashing facilities are available on site for staff to use? <i>Enter -88 for do not know, -99 for no response.</i>	
111. May I see a nearby handwashing facility that is used by staff? <i>Handwashing facility must be accessible to most health workers in the facility.</i> <i>At the handwashing facility, OBSERVE:</i> <i>(select all that apply)</i>	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above <input type="checkbox"/> Did not see the facility.
LCL_002. How does this facility finally dispose of sharp items or filled sharps boxes?	<input type="checkbox"/> Burn in incinerator <input type="checkbox"/> Open Burning <input type="checkbox"/> Dump without burning <input type="checkbox"/> Remove offsite <input type="checkbox"/> Other <input type="checkbox"/> Never have sharps waste <input type="checkbox"/> No response

Section 2 – Family Planning Services

Now I would like to ask about family planning services provided at this facility. If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.

201. Do you usually offer family planning services / products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. When did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [yyyy-mm]. <i>Select "2020" to indicate "Do not know" or "No Response."</i>	Year:
LCL_001. This facility has [NUMBER OF SCHEWS FROM 104] CHEWS. Do the CHEWs provide any of the following contraceptives:	<input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Injectables <input type="checkbox"/> IUDs <input type="checkbox"/> Implants <input type="checkbox"/> None of the above <input type="checkbox"/> No response
203. How many days in a week are family planning services / products offered / sold here? <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week.</i> <i>Enter -88 for do not know, -99 for no response.</i> <i>Number of days the facility is open: \${days_open}</i>	

205. Does this facility provide family planning supervision, support, or supplies to community health volunteers?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
206. How many community health volunteers are supported by this facility to provide family planning services? <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i> <i>If CHVs were recorded as employees in 104, please do not include them here as well.</i> <i>Enter -88 for do not know, -99 for no response.</i>	
207. Do the community health volunteers provide any of the following contraceptives:	<input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Injectables <input type="checkbox"/> None of the above <input type="checkbox"/> No response
208. How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	
209. Which of the following family planning services do you offer to unmarried adolescents? <i>Read all options and select all that apply.</i>	<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response

Section 4: Provision of Family Planning Methods

401a. For which of the following methods do providers at this facility counsel women about the characteristics of the method, its benefits, and its side effects? <i>Read all options out loud.</i>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables – Depo Provera <input type="checkbox"/> Injectables - Sayana Press <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / Jelly <input type="checkbox"/> Standard Days / Cycle Beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal
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	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>401b. Which of the following methods are provided to clients at this facility? <i>Read all options out loud.</i></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables – Depo Provera <input type="checkbox"/> Injectables - Sayana Press <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / jelly <input type="checkbox"/> Standard Days / Cycle Beads <input type="checkbox"/> None of the above <input type="checkbox"/> No response

<p>401c. Are clients charged for obtaining any of the following methods at this facility? <i>Read all options out loud.</i></p>		
	<p>Yes</p>	<p>No</p>
Female sterilization	○	○
Male sterilization	○	○
Implant	○	○
IUD	○	○
Injectables – Depo Provera	○	○
Injectables - Sayana Press	○	○
Pill	○	○
Emergency contraception	○	○
Male condom	○	○
Female condom	○	○
Diaphragm	○	○
Foam / jelly	○	○
Standard days / cycle beads	○	○

<p>402. How much do you charge for one unit of each method that you provide? <i>Enter all prices in Naira.</i> <i>Enter -88 for do not know, -99 for no response.</i></p>	
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Female sterilization (full cost of procedure)	
Male sterilization (full cost of procedure)	
Implants (full cost of the implant and insertion)	
IUD (full cost of the IUD and insertion)	
One shot of injectable - depo provera	
One shot of injectable - sayana press	
One month supply of pills	
A single dose of emergency contraception	
One male condom	
One female condom	
A diaphragm	
Foam / jelly	
Standard days / cycle beads	
<p>403. Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?</p> <p>These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients.</p> <p><i>This does not include method-specific charges for obtaining a method of family planning.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>407. On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>409. Does this facility have the following supplies needed to insert and/or remove implants:</p> <p><i>Read out all supplies and select all that apply. Supplies do not need to be observed.</i></p> <p><i>Supplies must be available on the day of the interview</i></p>	<input type="checkbox"/> Clean Gloves <input type="checkbox"/> Antiseptic <input type="checkbox"/> Sterile Gauze Pad or Cotton Wool <input type="checkbox"/> Local Anesthetic <input type="checkbox"/> Sealed Implant Pack <input type="checkbox"/> Surgical Blade

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
410. Does this facility have the following supplies needed to insert and/or remove IUDs: <i>Read out all supplies and select all that apply. Supplies do not need to be observed.</i> <i>Supplies must be available on the day of the interview</i>	<input type="checkbox"/> Sponge-holding forceps <input type="checkbox"/> Speculums (large and medium) <input type="checkbox"/> Tenaculum <input type="checkbox"/> Uterine Sound <input type="checkbox"/> None of the above <input type="checkbox"/> No response
411a. May I see your family planning register from the last completed month? From family planning register, record: (1) the total number of family planning visits (new and continuing) in the last completed month, for each method. (2) the number of new clients who received family planning services in the last completed month, for each method.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Female Sterilization	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Male Sterilization	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Implants	
411a. Number of new clients: Implants	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: IUD	
411a. Number of new clients: IUD	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - Depo Provera	
411a. Number of new clients: Injectables	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - Sayana Press	
411a. Number of new clients: Injectables - Sayana Press	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Pill	
411a. Number of new clients: Pill	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Emergency contraception	
411a. Number of new clients: Emergency contraception	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Male condom	
411a. Number of new clients: Male condom	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Female condom	
411a. Number of new clients: Female condom	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Diaphragm	
411a. Number of new clients: Diaphragm	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Foam / jelly	
411a. Number of new clients: Foam / jelly	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Standard days / cycle beads	
411a. Number of new clients: Standard days / cycle beads	

411b. May I see your family planning record book from the last completed month? From family planning record book, record: <i>The total number of family planning products sold in the last completed month, for each method.</i>	
Number of units sold or provided: Implants	
Number of units sold or provided: IUD	
Number of units sold or provided: Injectables - Depo Provera	
Number of units sold or provided: Injectables - Sayana Press	
Number of units sold or provided: Pill	
Number of units sold or provided: Emergency contraception	
Number of units sold or provided: Male condom	
Number of units sold or provided: Female condom	
Number of units sold or provided: Diaphragm	
Number of units sold or provided: Foam / jelly	
Number of units sold or provided: Standard days / cycle beads	

412. In the past 6 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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413. May I see any wall charts, graphs, written reports, minutes or other written materials produced with service data from the past 6 months? <i>Select all relevant types of documentation observed. Posters or other information, education and communication (IEC) materials that do not contain service data should not be counted.</i>	<input type="checkbox"/> Observed wall chart / graph <input type="checkbox"/> Observed written report / minutes <input type="checkbox"/> Observed other means of reviewing service data <input type="checkbox"/> Other <input type="checkbox"/> Nothing observed
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414a. May I see the room where examinations for family planning are conducted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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414b. For each of the following items, check to see whether item is either in room where examinations are conducted or in an adjacent room. O: Observed; RU: Reported, Unseen; NA: Not Available					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">O</td> <td style="width: 25%; text-align: center;">RU</td> <td style="width: 25%; text-align: center;">NA</td> </tr> </table>		O	RU	NA
	O	RU	NA		

Running water (piped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other running water (bucket with tap or pour pitcher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water in bucket or basin (water reused)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand-washing soap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single-use hand drying towels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste receptacle with lid and plastic liner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharps container	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable latex gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfectant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable needles and syringes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examination table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client educational materials on FP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: Questions 416a-c will repeat for each of the methods provided at this SDP. Methods selected in 401b: [METHODS SELECTED]

416a. You mentioned that you typically provide Implants at this facility, can you show them to me?

- In-stock and observed
- In-stock but not observed
- Out of stock
- No response

416b. How many days have Implants been out of stock?
Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.

416c. Have Implants been out of stock at any time in the last 3 months?

- Yes
- No
- Do not know
- No response

416a. You mentioned that you typically provide IUDs at this facility, can you show them to me?

- In-stock and observed
- In-stock but not observed
- Out of stock
- No response

416b. How many days have IUDs been out of stock?
Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.

416c. Have IUDs been out of stock at any time in the last 3 months?

- Yes
- No

	<input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Injectables Depo Provera at this facility, can you show them to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Injectables Depo Provera been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Injectables Depo Provera been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Injectables Sayana Press at this facility, can you show them to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Injectables Sayana Press been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Injectables Sayana Press been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Pills at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Pills been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Pills been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days has Emergency Contraception been out of stock?	

<i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Has Emergency Contraception been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Male condoms at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Male condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Male condoms been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Female condoms at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Female condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Female condoms been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Diaphragms at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Diaphragms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Diaphragms been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Foam/Jelly at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response

<p>416b. How many days has Foam/Jelly been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Has Foam/Jelly been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>416a. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me?</p>	<p><input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response</p>
<p>416b. How many days have Standard Days/Cycle Beads been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Standard Days/Cycle Beads been out of stock at any time in the last 3 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>417a. May I see the room where contraceptive supplies are stored? <i>If you are already in the room, select "yes."</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>417b. Observe the place where contraceptive supplies are stored and report on the following condition.</p>				
	<p>Yes</p>	<p>No</p>		
<p>Are all the methods off the floor?</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>		
<p>Are all the methods protected from water?</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>		
<p>Are all the methods protected from the sun?</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>		
<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>		

Section 5: Family Planning Service Integration

<p>501. Which of the following services are provided at this facility? <i>Read all options and select all that apply.</i></p>	<p><input type="checkbox"/> Antenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Postnatal <input type="checkbox"/> Post-abortion <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
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<p>502. Which of the following is discussed with the mother after delivery or during the first postnatal visit? <i>Read all options and select all that apply. If your respondent is not involved in delivery or postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<p><input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Immediate and exclusive breastfeeding <input type="checkbox"/> Family planning methods available to use while breastfeeding <input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods <input type="checkbox"/> Long-acting method options <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>503. Is the woman offered a method of family planning during the postnatal visit?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>504. During post-abortion visits, which of the following is discussed with the client: <i>Read all options and select all that apply.</i></p>	<p><input type="checkbox"/> Post-abortion mental health <input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> FP methods for birth spacing <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>505. Is the woman offered a method of family planning during the post-abortion visit?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>506. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>508a. When a client comes in for HIV services, are they offered condoms by the HIV service provider? <i>If your respondent is not involved in HIV service provision, ask if they can refer you to someone at the facility who provides these services.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>508b. Does the HIV service provider offer them any other method of contraception besides condoms?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>508c. Are HIV clients given information on where they can obtain contraception elsewhere?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
508d. Are HIV clients referred for family planning services within the facility, outside the facility, or both?	<input type="radio"/> Within facility only <input type="radio"/> Outside facility only <input type="radio"/> Both <input type="radio"/> Don't know <input type="radio"/> No response
094. Ask permission to take a photo to the entrance of the facility. Did you get consent to take the photo?	<input type="radio"/> Yes <input type="radio"/> No
Thank the respondent for his / her time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i>	

Location and Questionnaire result

095. Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i>	
096. Ensure that no people are in the photo.	Always
097. How many times have you visited this service delivery point for this interview?	Always
	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Hausa <input type="radio"/> Igbo <input type="radio"/> Yoruba <input type="radio"/> Pidgin <input type="radio"/> Other
099. Record the result of the service delivery point survey	Always
	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other