

PMA2020 Ethiopia Round 6 Follow-up Survey Service Delivery Point 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. Region	<input type="radio"/> TIGRAY <input type="radio"/> AFAR <input type="radio"/> AMHARA <input type="radio"/> OROMIYA <input type="radio"/> SOMALIE <input type="radio"/> BENISHANGUL GUMZ <input type="radio"/> S.N.N.P <input type="radio"/> GAMBELA <input type="radio"/> HARARI <input type="radio"/> ADDIS ABABA <input type="radio"/> DIRE DAWA
003b. Zone	
003c. District	
003d. Locality	
004. Enumeration Area	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Hospital / Polyclinic <input type="radio"/> Health center <input type="radio"/> Health post <input type="radio"/> Health clinic <input type="radio"/> Pharmacy <input type="radio"/> Retail outlet <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
008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
INFORMED CONSENT	

<p>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:</p>	
<p>Hello. My name is _____. We are here on behalf of the Addis Ababa University, and Federal Ministry of Health to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.</p> <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>	
<p>009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "[NAME]"</p>	
<p>011. Name of the facility <i>Please record the name of the facility.</i></p>	
<p>011a. Which of the following describes the SDP you are interviewing?</p>	<p><input type="radio"/> Continually open since R6 and operating under the SAME management <input type="radio"/> Continually open since R6 and operating under DIFFERENT management <input type="radio"/> Closed and reopened under the SAME management since R6 <input type="radio"/> Closed and reopened under DIFFERENT management since R6 <input type="radio"/> Closed permanently <input type="radio"/> Closed temporarily <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>012. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i></p>	<p><input type="radio"/> Owner <input type="radio"/> In-charge / manager <input type="radio"/> Staff <input type="radio"/> No response</p>
<p>013. When did you begin working at this facility?</p>	

<p>Select "2030" to indicate "Do not know" or "No Response."</p>	<p>Year:</p>
<p>1014. Have you previously participated in the PMA2020 service delivery point survey at this facility?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>Section 1 – Information About Services</p> <p><i>Now I would like to ask about the services provided at this facility.</i></p>	
<p>101. What year did this facility first begin offering health services / products? Select "2030" to indicate "Do not know" or "No Response."</p>	<p>Year:</p>
<p>102. How many days each week is the facility routinely open? 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.</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>	
<p>104. Total number of doctors Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of nurses / midwives Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of health officers Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of ambulance staff Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of pharmacists Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of health extension workers Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of urban health extension workers Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of pharmacy technicians Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>104. Total number of other medical staff Enter -88 for do not know, -99 for no response. 0 is a possible answer.</p>	
<p>105. Have there been any changes to the organization or number of staff at this facility over the last 12 months? Read all options out loud and select all that apply. Cannot select 'no response' or 'none of the above' with other options.</p>	<p> <input type="checkbox"/> Yes, fewer staff <input type="checkbox"/> Yes, more staff <input type="checkbox"/> Yes, differently organized <input type="checkbox"/> No changes </p>

	<input type="checkbox"/> Do not know <input type="checkbox"/> No response
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? <i>Record the number of people living in the area served by this facility.</i>	
106. How many beds does the facility have? <i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i>	
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"/> Do not know <input type="radio"/> No response
108a. Does this facility have electricity at this time? <i>Select for running electricity only.</i>	<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? <i>Select for running water only.</i>	<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.

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.

<p>201. Do you usually offer family planning services / products?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>GGR_201. Has this facility received any funding or other support in the past 12 months, such as training, technical assistance, or supplies from non-governmental organizations to support its family planning services?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>GGR_202. Which non-governmental organizations provide this funding or other support? <i>Probe: Any others?</i> <i>Reminder, "other support" can include training, technical assistance, or supplies.</i> <i>Do not read responses out loud. Select all that apply.</i> <i>Scroll down to see all response options.</i></p>	<p> <input type="checkbox"/> Family Guidance Association of Ethiopia (FGAE) <input type="checkbox"/> Marie Stopes International (MSI) <input type="checkbox"/> Pathfinder <input type="checkbox"/> EngenderHealth <input type="checkbox"/> IPAS <input type="checkbox"/> Amref <input type="checkbox"/> USAID / CDC / Transform <input type="checkbox"/> DKT <input type="checkbox"/> Clinton Foundation / Clinton Health Access Initiative / CHAI <input type="checkbox"/> Other (specify) <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>
<p>Specify "other" <i>Which non-governmental organizations provide this funding?</i></p>	
<p>202. When did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [yyyy-mm]. <i>Select "2030" to indicate "Do not know" or "No Response."</i></p>	<p>Year:</p>
<p>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></p>	
<p>205. Does this facility provide family planning supervision, support, or supplies to community health volunteers?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>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></p>	

<p>207. Do the community health volunteers provide any of the following contraceptives:</p>	<input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Injectables <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>GGR_203. Did any non-governmental organizations provide funding or other support to these community health volunteers? <i>Reminder, "other support" can include training, technical assistance, or supplies.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>GGR_204. Which non-governmental organizations provide this funding or other support? <i>Probe: Any others?</i> <i>Reminder, "other support" can include training, technical assistance, or supplies.</i> <i>Do not read responses out loud. Select all that apply.</i> <i>Scroll down to see all response options.</i></p>	<input type="checkbox"/> Family Guidance Association of Ethiopia (FGAE) <input type="checkbox"/> Marie Stopes International (MSI) <input type="checkbox"/> Pathfinder <input type="checkbox"/> EngenderHealth <input type="checkbox"/> IPAS <input type="checkbox"/> Amref <input type="checkbox"/> USAID / CDC / Transform <input type="checkbox"/> DKT <input type="checkbox"/> Clinton Foundation / Clinton Health Access Initiative / CHAI <input type="checkbox"/> Other (specify) <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other" <i>Which non-governmental organizations provide this funding?</i> <i>Probe: Any others?</i></p>	
<p>208. How many times in the last 12 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></p>	
<p>GGR_205. What contraceptive methods were offered by these mobile outreach services in the past 12 months? <i>Read all options out loud and select all that apply.</i></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>GGR_206. Approximately how many family planning clients were served through these mobile outreach services in the past 12 months? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	
<p>209. Which of the following family planning services do you offer to unmarried adolescents? <i>Read all options and select all that apply.</i></p>	<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive

	<p>methods</p> <input type="checkbox"/> None of the above <input type="checkbox"/> No response
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Section 4: Provision of Family Planning Methods

<p>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></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> None of the above <input type="checkbox"/> No response
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<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 <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> None of the above <input type="checkbox"/> No response
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<p>401c. Are clients charged for obtaining any of the following methods at this facility? <i>Read all options out loud.</i></p>	
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	Yes	No
Female sterilization	<input type="radio"/>	<input type="radio"/>
Male sterilization	<input type="radio"/>	<input type="radio"/>
Implant	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>
Injectables	<input type="radio"/>	<input type="radio"/>
Pill	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>

Female condom	<input type="radio"/>	<input type="radio"/>
Standard days / cycle beads	<input type="radio"/>	<input type="radio"/>
Did the respondent answer the questions or give no response?	<input type="radio"/> Respondent answered <input type="radio"/> No response	
<p>402. How much do you charge for one unit of each method that you provide? <i>Enter all prices in Ethiopian Birr. Enter -88 for do not know, -99 for no response.</i></p>		
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 Injectables		
One month supply of pills		
A single dose of emergency contraception		
One male condom		
One female condom		
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? These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients. <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: <i>Read out all supplies and select all that apply. Supplies do not need to be observed.</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	

Supplies must be available on the day of the interview	<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> Supplies must be available on the day of the interview	<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.i. 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	
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: 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: Standard days / cycle beads	
411a. Number of new clients: Standard days / cycle beads	
411b.i. May I see your family planning record book from the last completed month? <i>From family planning record book, record the total number of family planning products sold in the last completed month, for each method. Enter -88 for do not know. Enter -99 for no response.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
411b. 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	
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: Standard days / cycle beads			
412. In the past 12 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		
413. May I see any wall charts, graphs, written reports, minutes or other written materials produced with service data from the past 12 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		
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		
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			
	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?	<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 Implants been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Implants 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 IUDs 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 IUDs been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have IUDs 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 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 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 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

<p>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></p>	
<p>416c. Has Emergency Contraception been out of stock at any time in the last 3 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>416a. You mentioned that you typically provide Male condoms at this facility, can you show it to me?</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>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></p>	
<p>416c. Have Male condoms been out of stock at any time in the last 3 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>416a. You mentioned that you typically provide Female condoms at this facility, can you show it to me?</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>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></p>	
<p>416c. Have Female condoms been out of stock at any time in the last 3 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>416a. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me?</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>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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>417a. May I see the room where contraceptive supplies are stored? <i>If you are already in the room, select "yes."</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

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

Section 5: Family Planning Service Integration

501. Which of the following services are provided at this facility? <i>Read all options and select all that apply.</i>	<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
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>	<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
503. Is the woman offered a method of family planning during the postnatal visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
504. During post-abortion visits, which of the following is discussed with the client? <i>Read all options and select all that apply.</i>	<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
505. Is the woman offered a method of family planning during the post-abortion visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
506. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<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 other than 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 <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>508d. Are HIV clients referred for family planning services within the facility, outside the facility, or both?</p>	<p><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</p>

SECTION 6: POST-ABORTION CARE

<p>This final section is on post-abortion care. If someone else is the most appropriate person to provide this information, please introduce me to that person. <i>Press OK to continue.</i></p>	<p><input type="radio"/> OK</p>
<p>For the next questions, we are referring to post-abortion care for spontaneous or induced abortions. <i>Press OK to continue.</i></p>	<p><input type="radio"/> OK</p>
<p>GGR_601. Does this facility provide post-abortion care to women with complications from either miscarriage or induced abortion?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>GGR_602. Has this facility treated at least 1 PAC patient in the last 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>The respondent answered 'do not know' to the previous question. Make sure this is the most knowledgeable person about post-abortion care at this facility.</p>	
<p>GGR_603. Which of the following methods are used for treatment of post-abortion complications in this facility? <i>Read all options out loud and select all that apply.</i></p>	<p><input type="checkbox"/> Misoprostol (not in combination with other methods) <input type="checkbox"/> Mifepristone and misoprostol (not in combination with other methods) <input type="checkbox"/> Manual vacuum aspiration (MVA) / electric vacuum aspiration (EVA) <input type="checkbox"/> Dilation & evacuation (D&E) <input type="checkbox"/> Dilation & curettage (D&C) <input type="checkbox"/> Laparotomy</p>

	<input type="checkbox"/> Other (specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other"</p> <p><i>Which of the following methods are used for treatment of post-abortion complications in this facility?</i></p>	
<p>GGR_604. Can you show me the manual vacuum aspirator (MVA) equipment? Is it functional?</p>	<input type="radio"/> Functional and observed <input type="radio"/> Function and not observed <input type="radio"/> Not functional and observed <input type="radio"/> Not functional and not observed <input type="radio"/> Do not know <input type="radio"/> No response
<p>GGR_605. Does this facility provide any of the following medicines? Anything else that a woman could use to bring back her period if she suspects that she is pregnant, or have an abortion? <i>Read all options out loud and select all that apply.</i></p>	<input type="checkbox"/> Mifepristone <input type="checkbox"/> Misoprostol <input type="checkbox"/> Contraceptive pills for the purpose of bringing back one's period <input type="checkbox"/> Other (specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other"</p> <p><i>Does this facility provide any of the following medicines? Anything else that a woman could use to bring back her period or have an abortion?</i></p>	
<p>GGR_606a. Can you show me this facility's current stock of mifepristone? <i>If no, probe: is mifepristone out of stock?</i></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"/> Do not know <input type="radio"/> No response
<p>GGR_606b. Can you show me this facility's current stock of misoprostol? <i>If no, probe: is misoprostol out of stock?</i></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"/> Do not know <input type="radio"/> No response
<p>GGR_606c. Does this facility currently have misoprostol in stock? Can you show it to me? <i>If no, probe: is misoprostol out of stock?</i></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"/> Do not stock <input type="radio"/> Do not know <input type="radio"/> No response
<p>GGR_607. In this facility, are post-abortion patients treated as outpatients only, inpatients only, or both? <i>If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted.</i> <i>If the respondent answers, "do not know", PROBE: Is there someone else I should be asking about post abortion caseloads?</i></p>	<input type="radio"/> Inpatient only <input type="radio"/> Outpatient only <input type="radio"/> Both <input type="radio"/> Do not know <input type="radio"/> No response
<p>For the next questions, please provide your responses from memory without referring to log books.</p>	

<p>GGR_608. During an AVERAGE month, about how many post-abortion care patients would you estimate are treated as OUTPATIENTS in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced.</p> <p><i>0 is a possible answer. Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_609. In the LAST COMPLETED month, about how many post-abortion care patients would estimate are treated as OUTPATIENTS in this facility as a whole?</p> <p><i>0 is a possible answer. Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_610. During an AVERAGE month, about how many post-abortion care patients would you estimate are treated as INPATIENTS in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced.</p> <p><i>0 is a possible answer. Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_611. In the LAST COMPLETED month, about how many post-abortion care patients would you estimate are treated as INPATIENTS in this facility as a whole?</p> <p><i>0 is a possible answer. Enter -88 for do not know and -99 for no response</i></p>	
<p>Just to confirm what you have told me, in an AVERAGE month, your facility treated $\{outpatient_avg_m_disp\}$ OUTPATIENTS and $\{inpatient_avg_m_disp\}$ INPATIENTS for abortion complications, for a total of $\{patient_tot_avg_m_disp\}$ cases. Is this correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>And in the LAST COMPLETED month, your facility treated $\{outpatient_last_m_disp\}$ OUTPATIENTS and $\{inpatient_last_m_disp\}$ INPATIENTS for abortion complications, for a total of $\{patient_tot_last_m_disp\}$. Is this correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>GGR_612. How many of the $\{patient_tot_last_m_disp\}$ post-abortion care patients treated in the last completed month had complications that included a perforated uterus or gut requiring laparotomy, intensive care unit admission, or organ failure? Please include cases whether or not the patient survived.</p> <p><i>0 is a possible answer.</i></p> <p><i>Probe: If DK, ask for the approximate number of patients.</i></p> <p><i>Enter -88 for do not know and -99 for no response.</i></p>	
<p>GGR_613. How many of the $\{patient_tot_last_m_disp\}$ post-abortion care patients were referred to your facility after having been treated at another facility in the last completed month?</p> <p><i>0 is a possible answer.</i></p> <p><i>Probe: If DK, ask for the approximate number of patients.</i></p> <p><i>Enter -88 for do not know and -99 for no response.</i></p>	
<p>GGR_614. How many of the $\{patient_tot_last_m_disp\}$ post-abortion care patients did you refer to another facility to complete</p>	

<p>treatment, after having treated them (either as inpatients or outpatients), in the last completed month? <i>0 is a possible answer.</i> <i>Probe: If DK, ask for the approximate number of patients.</i> <i>Enter -88 for do not know and -99 for no response.</i></p>	
<p>GGR_615. Which of the following services and drugs does this facility provide? <i>Read all options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Antibiotics <input type="checkbox"/> Analgesics <input type="checkbox"/> Local anesthesia <input type="checkbox"/> Intravenous replacement fluids <input type="checkbox"/> Oxytocics <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Laparotomy <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>GGR_615b. According to the facility records, in the last completed month how many post-abortion care patients were treated as INPATIENTS in this facility as a whole? <i>0 is a possible answer.</i> <i>Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_615c. According to the facility records, in the last completed month how many post-abortion care patients were treated as OUTPATIENTS in this facility as a whole? <i>0 is a possible answer.</i> <i>Enter -88 for do not know and -99 for no response</i></p>	
<p>We just asked you a number of questions about post-abortion care. This next section asks about safe abortion care at your facility. By safe abortion care, we mean care for women who are pregnant and who wish to intentionally induce an abortion at your facility.</p>	
<p>GGR_616. Does this facility provide safe abortion care services?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>GGR_617a. How many safe abortions are provided in an AVERAGE month? <i>0 is a possible answer.</i> <i>Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_617b. How many safe abortions were provided in the LAST COMPLETED month? <i>0 is a possible answer.</i> <i>Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_618. How many of the $\{abt_count_last_m\}$ safe abortions provided in the last completed month were for pregnancies more than 12 weeks? <i>0 is a possible answer.</i> <i>Enter -88 for do not know and -99 for no response</i></p>	
<p>GGR_619. How many abortion clients were referred to your facility in the last completed month by Health Extension Workers? <i>0 is a possible answer.</i></p>	

<p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_620. How many abortion clients were referred to your facility in the last completed month by public health facilities (not including referrals from Health Extension Workers at the Health Posts)?</p> <p><i>0 is a possible answer.</i></p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_621. How many abortion clients were referred to your facility in the last completed month by NGOs?</p> <p><i>0 is a possible answer.</i></p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_622. How many abortion clients were referred to your facility in the last completed month by private health facilities?</p> <p><i>0 is a possible answer.</i></p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_626. How many safe abortion clients have you referred to a/another facility for an abortion in the last completed month?</p> <p><i>0 is a possible answer.</i></p> <p><i>If 0, probe: is this because no clients needed a referral in the last completed month or because this facility does not provide outside referrals for abortion services?</i></p> <p>Enter -77 if facility does not provide referrals for abortion services.</p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_627a. According to the facility records, in the last completed month how many safe abortion care patients were treated as inpatients in this facility as a whole?</p> <p><i>0 is a possible answer.</i></p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_627b. According to the facility records, in the last completed month how many safe abortion care patients were treated as outpatients in this facility as a whole?</p> <p><i>0 is a possible answer.</i></p> <p>Enter -88 for do not know and -99 for no response</p>	
<p>GGR_628. Have the Health Extension Workers (HEWs) at this facility EVER received in-service training or orientation on abortion?</p> <p><i>Note: Training on abortion can include information about the abortion law, what abortion services women can access, and how to refer. This would include the Integrated refresher training (IRT) provided by the MOH.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>GGR_629. How long ago was the most recent in-service training or orientation on abortion for Health Extension Workers?</p>	<p><input type="radio"/> X months ago</p> <p><input type="radio"/> X years ago</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>Enter a value for "\${hew_cac_training_lab}"</p> <p><i>How long ago was the most recent in-service CAC training for Health Extension Workers?</i></p>	
<p>GGR_630. How many of the Health Extension Workers at this facility have ever received in-service training or orientation on abortion?</p> <p><i>0 is a possible answer.</i></p>	

Enter -88 for do not know and -99 for no response

SECTION 7 – GGR

GGR_700. Have you heard about a United States Government Policy called “Protecting Life in Global Health Assistance”? This policy is also known as the Global Gag Rule, or the Mexico City Policy. This policy requires that private non-governmental organizations and organizations they partner with do not provide abortions, abortion referrals, or engage in abortion education or advocacy in order to be eligible for any future United States global health funding.

- Yes
- No
- Do not know
- No response

GGR_701. What impact, if any, has this policy had on your facility and the services it provides?
Select all that apply (Do not read aloud).

- Lost funding
- Partnership(s) with NGO(s) ended
- Changed services: stopped offering PAC
- Changed services: stopped offering CAC
- Changed services: stopped offering CHW outreach
- No longer receiving training on CAC
- Laid off staff
- No impact
- Other (Specify)
- Do not know
- No response

Specify "other"
What impact, if any, has this policy had on your facility and the services it provides?

094. Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo?

- Yes
- No

Thank the respondent for his / her time.
The respondent is finished, but there are still more questions for you to complete outside the facility.

Location and Questionnaire result

095. Take a GPS point outside near the entrance to the facility.
Record location when the accuracy is smaller than 6m.

096. Ensure that no people are in the photo.

097. How many times have you visited this service delivery point for this interview?

- 1st time
- 2nd time
- 3rd time

098. In what language was this interview conducted?

- English
- Amharic
- Oromiiffa
- Tigringna
- Other

099. Questionnaire Result

Record the result of the questionnaire.

- Completed
- Not at facility
- Postponed
- Refused
- Partly completed
- Facility closed
- Other