

PMA Nigeria Phase 1

Service Delivery Point Questionnaire

001a. Your name: \${your_name}. Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	

002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No

002b. Record the correct date and time.	Day: Month: Year:
003a. State	<input type="radio"/> KANO <input type="radio"/> LAGOS
003b. LGA	
003c. Locality	
004. Enumeration Area	
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

008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
INFORMED CONSENT <i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Administer the consent procedures.</i>	
<p>Hello. My name is _____ and I am working for the Center for Research, Evaluation Resources, and Development. We are conducting a local survey about various health issues. Your facility has been selected to participate. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>I am going to ask you questions about family planning and other services that are being provided in this facility. We would be glad to be directed to any other facility staff to answer any questions that you may fill that he/she has more information.</p> <p>If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Musa Sani Zakirai at Center for Research, Evaluation Resources and Development in Ile-ife, Nigeria at +2348094749830.</p> <p>At this time, do you want to ask me anything about the survey?</p>	
<p>Hello, my name is _____. I am one of the interviewers for the PMA/Lagos survey that is supported by the Centre for Research Evaluation Resources and Development. The survey will collect information from selected health facilities. Your facility is one of those selected to participate in the survey.</p> <p>As part of the survey, I would like to ask you some questions about your health facility. There is little or no risk to either you or your facility for participating in this survey. Some of the questions in the survey ask about services your facility offers. There are no consequences for not participating. There are no direct benefits to you for participating in this survey. You will not be paid for being in this survey and you are free to stop the interview at anytime.</p> <p>I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. You have the right to stop the interview at</p>	

any time, or to skip any questions that you don't want to answer. There are no 'Right' or 'Wrong' answers.

Your participation is completely voluntary but your experiences could be very helpful to others.

Would it be alright for me to ask you some questions?

The questions should take only about 45 minutes to complete.

There are a few things you should know about this survey: 1. You get to decide if you want to be in the survey and whatever you decide is OK. 2. It is also OK to say 'Yes' and change your mind later. You can stop being in the survey at any time. If you want to stop, please tell me and I will not be upset. 3. You can say 'Yes' to the study and as I ask you questions, you can say 'No' to any question that you do not want to answer. 4. Your answers will be kept strictly confidential. That means that your answers will just be between you and me and will never be connected to your name or any other personal information. 5. Sometimes you might not know the answer to a question or might not want to answer a question. I would rather you say you don't know or that you don't want to answer a question than tell me a story that isn't true. You can also direct me to someone else in the facility that may know the answer. 6. We will document your address so we can visit your facility at least one time a year for the 4-year duration of this study.

Do you have any questions?

For any further concerns about your rights in this survey or the procedures you may contact Dr. Funmilola OlaOlorun at 08131733297 who is prepared to address your concerns. Please feel free to write down this information for future reference.

010a. May I begin the interview now?

☐ Yes
☐ No

010b. Respondent's signature

Please ask the respondent to sign or check the box in agreement of their participation.

Checkbox

☐

WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.

You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

010. Interviewer's name: \${your_name}

Mark your name as a witness to the consent process.

☐

010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."	
011. Name of the facility <i>Please select the name of the facility.</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.

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 and provide family planning services. Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.
Enter -88 for do not know and -99 for no response. 0 is a possible answer.

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: doctors	
104b. Present today FP: doctors	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: nurses / midwives / CHOs	
104b. Present today FP: nurses / midwives / CHOs	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: SCHEWs	
104b. Present today FP: SCHEWs	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: JCHEWs	
104b. Present today FP: JCHEWs	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: Nurse Aides / Clinical Assistants	
104b. Present today FP: Nurse Aides / Clinical Assistants	

	104. Enter -88 for do not know, -99 for no response. 0 is a possible answer.
104. Total number FP: pharmacists	
104b. Present today FP: pharmacists	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: Pharmacy/Laboratory Technicians	
104b. Present today FP: Pharmacy/Laboratory Technicians	

	104. Enter -88 for do not know,-99 for no response. 0 is a possible answer.
104. Total number FP: other medical staff	
104b. Present today FP: other medical staff	

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.
<div style="text-align: center;"> <h2>Section 2 - Family Planning Services</h2> <p><i>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.</i></p> </div>	
201. Do you usually offer family planning services / products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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. Enter -88 for do not know, -99 for no response.</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 who receive supervision, support, or supplies for family planning.</i> <i>If 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 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>	

209. Which of the following family planning services do you offer to unmarried adolescents age 10-19?

Read all options and select all that apply.

- ☐ Counsel for contraceptive methods
- ☐ Provide contraceptive methods
- ☐ Prescribe / refer for contraceptive methods
- ☐ None of the above
- ☐ No response

Section 4: Provision of Family Planning Methods

401b. Which of the following methods are provided to clients at this facility?

Read all options out loud.

- ☐ Female sterilization
- ☐ Male sterilization
- ☐ Implant
- ☐ IUD
- ☐ Injectables - Intramuscular
- ☐ Injectables - Sayana Press
- ☐ Pill
- ☐ Emergency contraception
- ☐ Male condom
- ☐ Female condom
- ☐ Diaphragm
- ☐ Foam / jelly
- ☐ Standard Days / Cycle Beads
- ☐ None of the above
- ☐ No response

401c. Are clients charged for obtaining any of the following methods at this facility?

Read all options out loud.

	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 - Intramuscular	<input type="radio"/>	<input type="radio"/>
Injectables - Sayana Press	<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"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>
Foam / jelly	<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	

402. How much do you charge for one unit of each method that you provide? <i>Enter all prices in Naira.</i> Enter -88 for do not know, -99 for no response.	
<i>Female sterilization (full cost of procedure)</i>	
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 3-month injectable (intramuscular)	
One shot of 3-month 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	

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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
407. On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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, but must be available on the day of the interview.</i>	<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"/> Mosquito forceps (straight or curved) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
409a. If a woman came in today needing an implant inserted, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409b. If a woman came today needing her implant removed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409c. If a woman comes to your facility today needing her implant removed, but it is deeply placed, could that service be provided to her today onsite?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409d. Would someone at this facility know where to send her to have the implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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, but must be available on the day of the interview.</i>	<input type="checkbox"/> Exam gloves <input type="checkbox"/> Antiseptic (povidone iodine) <input type="checkbox"/> Drapes <input type="checkbox"/> Scissors <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 - Intramuscular	
411a. Number of new clients: Injectables - Intramuscular	

	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? <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>	
Number of units sold or provided: Implants	
Number of units sold or provided: IUD	
Number of units sold or provided: Injectables - Intramuscular	

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	
<p>NOTE: Questions 416a-e will repeat for each of the methods provided at this SDP. Methods selected in 401b: \${methods_selected}</p>	
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
416d. Why is this facility out of stock for Implants? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Implants?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_implants_lab}:	

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
416d. Why is this facility out of stock for IUD? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of IUDs?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_IUD_lab}:	
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
416d. Why is this facility out of stock for Injectables Sayana Press? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption

	<input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Injectables Sayana Press?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_sp_lab}:	
416a. You mentioned that you typically provide Injectables Intramuscular 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 Intramuscular 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 Intramuscular 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
416d. Why is this facility out of stock for Injectables Intramuscular? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Injectables Intramuscular?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_dp_lab}:	
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
416d. Why is this facility out of stock for Pills? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Pills?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_pills_lab}:	
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
416d. Why is this facility out of stock for Emergency Contraception? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Emergency Contraception?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_ec_lab}:	

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
416d. Why is this facility out of stock for Male condoms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Male condoms?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_male_condoms_lab}:	
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
416d. Why is this facility out of stock for Female condoms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption

	<input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Female condoms?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_female_condoms_lab}:	
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
416d. Why is this facility out of stock for Diaphragms? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Diaphragms?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_diaphragm_lab}:	
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
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>	
416c. Has Foam/Jelly 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
416d. Why is this facility out of stock for Foam/Jelly? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Foam/Jelly?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_foam_lab}:	
416a. You mentioned that you typically provide Standard Days/Cycle Beads 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 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>	
416c. Have Standard Days/Cycle Beads 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
416d. Why is this facility out of stock for Standard Days/Cycle Beads ? PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?	<input type="radio"/> Did not place order for shipment <input type="radio"/> Ordered but did not receive shipment <input type="radio"/> Did not order right quantities <input type="radio"/> Ordered but did not receive right quantities <input type="radio"/> Unexpected increase in consumption <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
416e. When do you expect to receive your next shipment of Standard Days/Cycle Beads?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Don't know <input type="radio"/> No response
416e. Enter a value for \${ship_beads_lab}:	

417. Is Miso-fem (misoprostol) available in the facility for management of postpartum hemorrhage or other gynecologic issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
418. Can you show it to me? If no, probe: Is it out of stock today?	<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
419. Is Mifepak (misoprostol & mifepristone) available in the facility for management of postpartum hemorrhage or other gynecologic issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
420. Can you show it to me? If no, probe: Is it out of stock today?	<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

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 during an antenatal care visit? <i>Read all options and select all that apply. If your respondent is not involved in antenatal 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. Which of the following is discussed with the mother after delivery and before discharge from the facility? <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
504. Is the woman offered a method of family planning before discharge from the facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
505. Which of the following is discussed with the mother during a postnatal care 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
506. Is the woman offered a method of family planning during a postnatal care visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
507. Which of the following is discussed with the woman during a post-abortion visit? <i>Read all options and select all that apply. If your respondent is not involved in post-abortion care, ask if they can refer you to someone at the facility who provides these services.</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"/> Family planning methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response
508. Is the woman offered a method of family planning during a post-abortion visit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
509. 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
510. 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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
511. Does the HIV service provider offer them any other method of contraception besides condoms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
094. Ask permission to take a photo of 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.	

The respondent is finished, but there are still more questions for you to complete outside the facility.

Location and Questionnaire result

SDP is not selected for client exit interviews

SDP is selected for client exit interviews. Interview as many women as possible in two days.

095. Ensure that no people are in the photo.

096. Take a GPS point outside near the entrance to the facility.

Record location when the accuracy is smaller than 6m.

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
- ☐ Hausa
- ☐ Yoruba
- ☐ Pidgin
- ☐ Other

099. Questionnaire Result

Record the result of the questionnaire.

- ☐ Completed
- ☐ Not at facility
- ☐ Postponed
- ☐ Refused
- ☐ Partly completed
- ☐ Other