



**Nigerian Urban Reproductive Health Initiative**

# 2010-2011 Baseline Facility Survey for the Nigerian Urban Reproductive Health Initiative



**MLE** MEASUREMENT, LEARNING & EVALUATION PROJECT  
FOR THE URBAN REPRODUCTIVE HEALTH INITIATIVE



**Nigerian Urban Reproductive  
Health Institute**  
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Nigerian Urban Reproductive Health Initiative**

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This report presents some of the key findings from a baseline facility survey designed by the Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative (MLE) and the Nigeria Urban Reproductive Health Initiative (NURHI). The survey was executed by Data Mapping and Research Consult, Ltd. (DRMC). NURHI is being implemented by a consortium led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU/CCP). The MLE project is being implemented in Nigeria by the Carolina Population Center (CPC) at the University of North Carolina at Chapel Hill (UNC) and the African Population and Health Research Center (APHRC). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization, the Bill & Melinda Gates Foundation.

Information about the Nigeria Urban Reproductive Health Initiative and the MLE project may be obtained at [www.nurhi.org](http://www.nurhi.org) and [www.urbanreproductivehealth.org](http://www.urbanreproductivehealth.org)

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## Contents

List of Tables .....	vi
List of Acronyms.....	xi
Foreword.....	xiii
Executive Summary.....	xiv
Chapter 1. Introduction .....	1
1.1 Overview of the Nigerian health system .....	1
1.2 Health care financing .....	2
1.3 Human resources for health .....	2
1.4 Fertility and population growth in Nigeria.....	3
1.5 Contraceptive prevalence .....	3
1.6 National Reproductive Health Policy .....	3
1.7 Integrated Maternal, Newborn and Child Health (IMNCH) Strategy.....	4
1.8 Strengthening family planning services .....	4
1.9 Integrating family planning and HIV services in Nigeria .....	5
1.10 The Urban Reproductive Health Initiative .....	6
1.11 The Measurement, Learning & Evaluation (MLE) Project.....	6
Chapter 2. Methods .....	8
2.1 Survey organization .....	8
2.2 Objectives.....	8
2.3 Sampling.....	8
2.4 Survey implementation.....	11
2.5 Data collection instruments.....	11
2.6 Training .....	12
2.7 Data collection .....	12

2.8	Data management .....	13
2.9	Data analysis and report writing.....	13
Chapter 3.	Family Planning in Health Facilities.....	14
3.1	Sample size and background characteristics .....	14
3.2	Staffing levels and composition .....	21
3.3	Basic facility infrastructure to support provision of services.....	24
3.4	Maternal, newborn and child health services offered.....	26
3.5	Frequency of family planning services.....	31
3.6	Provision of family planning methods .....	33
3.7	Availability of equipment and supplies for specific methods.....	37
3.8	Integration of MNCH and family planning services .....	38
3.9	Availability of contraceptives and stock-outs .....	46
3.10	Sources of contraceptive stock and delivery time.....	49
3.11	Ordering .....	51
3.12	Cost of consultation and method to clients.....	53
3.13	Number of condoms and pill cycles provided.....	55
3.14	Storage conditions .....	57
3.15	Management practices that support quality services .....	59
3.16	Provider training .....	61
3.17	Provider capacity to offer family planning services.....	65
3.18	Family planning counseling.....	71
3.19	Provider restrictions on access to contraceptive methods .....	73
3.20	Client waiting time and satisfaction with services.....	75
3.21	Access to services and choice of health facility .....	78
3.22	Client motivations to use family planning .....	82

3.23	Outreach programs .....	83
3.24	IEC materials .....	85
Chapter 4.	Family Planning in Pharmacies and Patent Medicine Stores .....	87
4.1	The role of pharmacies and patent medicine stores .....	87
4.2	Sample size and background characteristics .....	88
4.3	Availability of family planning methods.....	96
4.4	Current stocks of contraceptive methods .....	97
4.5	Stock-out of contraceptives in PMSs and pharmacies.....	99
4.6	Storage of contraceptive methods .....	102
4.7	Stocking patterns for contraceptive methods .....	106
4.8	Training of pharmacy and patent medicine store operators.....	112
4.9	Provider barriers in provision of family planning service .....	117
4.10	Social marketing of family planning methods.....	120
Chapter 5.	Key Findings and Program Implications .....	122
References	.....	125
Appendix A.	Data Collection Instruments .....	128
Appendix B:	List of Functionaries .....	240

## List of Tables

Table 3.1: Number of audits of service delivery points, provider interviews, and client exit interviews, by city, type of service of delivery point, and person interviewed, Urban RH Initiative, Nigeria, 2011 .....	14
Table 3.2: Percent distribution of health facilities audited, by background characteristics, according to city, Urban RH Initiative, Nigeria, 2011 .....	15
Table 3.3: Percent distribution of service providers interviewed, by background characteristics, according to city, Urban RH Initiative, Nigeria, 2011.....	17
Table 3.4: Percent distribution of women who participated in exit interviews at high-volume facilities, by main service received and background characteristics, according to city, Urban RH Initiative, Nigeria, 2011 .....	19
Table 3.5: Percent distribution of facilities, by number of health professionals on staff who provide family planning, maternal, newborn, and child health, or STI/HIV services, according to facility type and city, Urban RH Initiative, Nigeria, 2011.....	22
Table 3.6: Percentage of facilities with available and functioning infrastructure items, by city and facility type, Urban RH Initiative, Nigeria, 2011.....	25
Table 3.7: Percentage of facilities that offer specific health services, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	27
Table 3.8: Among facilities providing a specific health service, mean number of days per week the service is offered, mean number of years facility has offered the service, and mean number of clients in past three months, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	30
Table 3.9: Percentage of facilities providing family planning (FP) counseling services and among these facilities, mean number of days per week FP services are offered and mean number of FP clients in past three months, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	32
Table 3.10: Percent distribution of facilities by number of modern family planning (FP) methods offered and percentage of facilities that refer clients for FP services, according to city and facility type, Urban RH Initiative, Nigeria, 2011.....	34
Table 3.11: Percentage of facilities that currently provide specific modern family planning (FP) methods, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	36
Table 3.12: Percentage of facilities with available and functioning equipment and supplies needed to provide general family planning (FP) services and with the capacity to provide IUDs and implants, by city, Urban RH Initiative, Nigeria, 2011 .....	37

Table 3.13a: Percent distribution of facilities that provide child health and postnatal services, by practices used to integrate family planning (FP) counseling services, according to city and facility type, Urban RH Initiative, Nigeria, 2011 .....	39
Table 3.13b: Percent distribution of facilities that provide post-abortion care and STI/HIV testing or care, by practices used to integrate family planning (FP) counseling services, according to city and facility type, Urban RH Initiative, Nigeria, 2011 .....	40
Table 3.14: Percentage of providers who offer a specific service and, among them, percentage who say they routinely provide family planning (FP) information to clients seeking that service, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	42
Table 3.15: Percentage of clients visiting high-volume facilities for services other than family planning (FP) who received FP information, percent distribution by FP service received, and among clients who did not receive FP services, percentage who would have been interested in a method if the provider had offered, according to city, Urban RH Initiative, Nigeria, 2011 .....	45
Table 3.16: Among facilities that offer a specific contraceptive method, percentage with method currently in stock and percentage that report a stock-out in the last 30 days or 1 year, by type of facility and city, Urban RH Initiative, Nigeria, 2011.....	47
Table 3.17: Among facilities that stock contraceptive commodities, percentage that get contraceptive methods from specific sources and percent distribution by date of last routine supply preceding the survey visit, average length of time to receive supplies, and mode of delivery, according to facility type and method, Urban RH Initiative, Nigeria, 2011 .....	50
Table 3.18: Percentage of facilities where facility staff place orders for contraceptive methods and, among these, percent distribution by criteria used to decide how much to order and when to order, according to method and facility type, Urban RH Initiative, Nigeria, 2011.....	52
Table 3.19: Mean amount charged for family planning (FP) method and consultation, and mean percentage of clients at each facility who pay the charge, by method and city, Urban RH Initiative, Nigeria, 2011.....	54
Table 3.20: Among facilities that offer condoms and pills, percentage that provide more than one piece (condoms) or one cycle (pills) to new acceptors and resupply clients, by city and method, Urban RH Initiative, Nigeria, 2011 .....	56
Table 3.21: Among facilities that currently offer family planning services, percentage with correct storage conditions for contraceptive commodities, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	58
Table 3.22: Among facilities offering family planning (FP) services, percentage with observed standard operating manuals or other quality assurance (QA) documentation, by type of protocol, city, and facility type, Urban RH Initiative, Nigeria, 2011 .....	60



Table 3.23: Percentage of providers that received pre-service training or in-service training during the past 12 months on any family planning (FP) topic or method, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	62
Table 3.24: Percentage of providers who received pre-service training on family planning (FP) or in-service training during the 12 months preceding the survey, by training topic and city, Urban RH Initiative, Nigeria, 2011 .....	64
Table 3.25: Percentage of service providers who have ever provided a specific contraceptive method at their current facility, by city and provider type, Urban RH Initiative, Nigeria, 2011 .....	66
Table 3.26: Percent distribution of service providers by their ability to counsel on and provide specific contraceptive methods, according to city, Urban RH Initiative, Nigeria, 2011 .....	69
Table 3.27: Percentage of clients who say provider discussed specific topics during family planning (FP) counseling, and percentage of providers who say they usually discuss specific topics during FP counseling, by facility type and client type, Urban RH Initiative, Nigeria 2011 .....	72
Table 3.28: Among service providers that have ever provided a specific contraceptive method at their current facility, percentage that restrict clients' use of that method for reasons of parity, marital status, or partner's consent, by city, Urban RH Initiative, Nigeria, 2011 .....	74
Table 3.29: Percent distribution of family planning (FP) and other maternal, neonatal, and child health (MNCH) clients at high-volume facilities by waiting time, and percentage who report positive perceptions of their visit, by city and client type, Urban RH Initiative, Nigeria, 2011.....	76
Table 3.30: Among family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities, percentage who reported the facility was not the closest health facility to their home; and among these clients, percent distribution by main reason they did not go to the closest facility, according to city, Urban Reproductive Health Initiative, Nigeria, 2011 .....	79
Table 3.31: Travel time to high-volume facility for family planning (FP) and maternal, neonatal, and child health (MNCH) clients, main means of transport, and reasons for selecting that facility, by city and type of client, Urban RH Initiative, Nigeria, 2011.....	81
Table 3.32: Percentage of family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities who recall hearing or seeing a FP message in the past three months, and the percentage of married FP/MNCH clients who have ever discussed FP with their spouse, by city, Urban RH Initiative, Nigeria, 2011 .....	82
Table 3.33: Percent distribution of family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities by their reproductive intentions, according to city, Urban RH Initiative, Nigeria, 2011 .....	83

Table 3.34: Among facilities that offer family planning services, percentage that conduct family planning (FP) outreach activities, by city and type of facility, Urban RH Initiative, Nigeria, 2011 .....	84
Table 3.35: Among facilities that offer family planning (FP) services, percentage with observed information, education, and communication (IEC) materials, by city and facility type, Urban RH Initiative, Nigeria, 2011 .....	86
Table 4.1a: Percent distribution of pharmacies by characteristics of business, according to city, Urban RH Initiative, Nigeria, 2011 .....	89
Table 4.1b: Percent distribution of patent medicine stores (PMS) by characteristics of business, according to city, Urban RH Initiative, Nigeria, 2011.....	92
Table 4.2: Percent distribution of patent medicine stores (PMS) by family planning (FP) counseling and services, according to city, Urban RH Initiative, Nigeria, 2011 .....	95
Table 4.3: Percent distribution of pharmacies and patent medicine stores (PMS) by the number of modern family planning (FP) methods they usually sell, according to city, Urban RH Initiative, Nigeria, 2011.....	96
Table 4.4: Among pharmacies and patent medicine stores (PMS) that usually sell a family planning (FP) method, percentage that have that method in stock, by method, facility type, and city, Urban Reproductive Health Initiative, Nigeria, 2011.....	98
Table 4.5a: Among pharmacies that usually sell a family planning (FP) method, percentage that currently have any brand in stock and percentage that have experienced a stock-out in the last 12 months or 30 days, by city and method, Urban RH Initiative, Nigeria, 2011 .....	100
Table 4.5b: Among patent medicine stores (PMS) that usually sell a family planning (FP) method, percentage that currently have any brand in stock and percentage that have experienced a stock-out in the last 12 months or 30 days, by city and method, Urban RH Initiative, Nigeria, 2011 .....	101
Table 4.6a: Among pharmacies that sell contraceptive methods, percent distribution by storage conditions and inventory practices, according to city, Urban RH Initiative, Nigeria, 2011 .....	103
Table 4.6b: Among patent medicine stores (PMS) that sell contraceptive methods, percent distribution by storage conditions and inventory practices, according to city, Urban RH Initiative, Nigeria, 2011.....	105
Table 4.7: Among pharmacies and patent medicine stores (PMS) that currently sell a family planning (FP) method and source that method from a pharmaceutical wholesaler, distributor, or manufacturer, percent distribution by the length of time to receive ordered supplies, according to method, outlet type, and city, Urban RH Initiative, Nigeria, 2011.....	107

Table 4.8: Among pharmacies and patent medicine stores (PMS) who sell family planning (FP) methods, percent distribution by most common procedure used for contingency orders of FP supplies in the event of a stock-out between routine orders, according to outlet type and city, Urban RH Initiative, Nigeria, 2011 .....	109
Table 4.9: Percent distribution of pharmacies and patent medicine stores (PMS) by management practices for family planning (FP) and medical supplies, according to outlet type and city, Urban RH Initiative, Nigeria, 2011 .....	110
Table 4.10: Among pharmacies and patent medicine stores (PMS) that have a stock register, percent distribution by how often register is updated and whether stock maintenance system is computerized, according to outlet type and city, Urban RH Initiative, Nigeria, 2011.....	111
Table 4.11: Percent distribution of pharmacy respondents by background characteristics and family planning (FP) training, according to city, Urban RH Initiative, Nigeria, 2011 .....	113
Table 4.12: Among pharmacy respondents who have received training on family planning (FP), percent distribution by timing of last training and percentage who were instructed on specific topics covered during the last training, according to city, Urban RH Initiative, Nigeria, 2011 .....	114
Table 4.13: Percent distribution of patent medicine store (PMS) respondents by background characteristics and family planning (FP) training, according to city, Urban RH Initiative, Nigeria, 2011 .....	115
Table 4.14: Among patent medicine store (PMS) respondents who have received training on family planning (FP), percent distribution by timing of last training and percent who were instructed on specific topics during the last training, according to city, Urban RH Initiative, Nigeria, 2011 .....	116
Table 4.15a: Among respondents at pharmacies that sell a family planning (FP) method, percentage who restrict clients' eligibility to use that method for reasons of parity, marital status, or partner's consent, by method and city, Urban RH Initiative, Nigeria, 2011 .....	118
Table 4.15b: Among respondents at patent medicine stores (PMS) that sell a family planning (FP) method, percentage who restrict clients' eligibility to use that method for reasons of parity, marital status, or partner's consent, by method and city, Urban RH Initiative, Nigeria, 2011 .....	119
Table 4.16: Percentage of pharmacies and patent medicine stores (PMS) that have links with organizations that provide discounted or free family planning (FP) methods, and percentage that have socially marketed contraceptives in stock, Nigeria, 2011 .....	121

## List of Acronyms

ACPN	Association of Community Pharmacists of Nigeria
AGPMPN	Association of General Private Medical Practitioners of Nigeria
AGPNP	Association of Private Nurse Practitioners of Nigeria
ANC	Antenatal Care
APHRC	African Population and Health Research Center
BMGF	Bill and Melinda Gates Foundation
CBD	Community-based Distribution
CHEW	Community Health Extension Worker
CMH	Commission for Macroeconomics and Health
CPC	Carolina Population Center at the University of North Carolina Chapel Hill
CSPRO	Census and Survey Processing System
DRMC	Data Research and Mapping Consult
EC	Emergency Contraception
ECP	Emergency Contraceptive Pills
FBO	Faith-based Organizations
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
FP	Family Planning
GIS	Geographic Information System
GMD	Guild of Medical Directors
GPS	Geographic Positioning System
GSM	Global System for Mobile Communications
HIV	Human Immunodeficiency Virus
HV	High-volume
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMNCH	Integrated Maternal Newborn Child Health
IUD	Intrauterine Device
JHU/CCP	Johns Hopkins Bloomberg School of Public Health, Center for Communications Programs
LAM	Lactational Amenorrhea
LAPM	Long Acting and Permanent Method
LGA	Local Government Area
MCNH	Maternal, Newborn and Child Health
MDG	Millennium Development Goal
MLE	Measurement, Learning and Evaluation
MMR	Maternal Mortality Ratio
MVA	Manual Vacuum Aspiration
NAPPMED	Nigerian Association of Proprietary and Patent Medicine Dealers

NARHS	National HIV/AIDS and Reproductive Health Survey
NDHS	Nigeria Demographic and Health Survey
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
NPPSD	National Policy on Population for Sustainable Development
NSHDP	National Strategic Health Development Plan
NURHI	Nigerian Urban Reproductive Health Initiative
PCN	Pharmaceutical Council of Nigeria
PHC	Primary Health Center
PMNCH	Partnership for Maternal, Newborn and Child Health
PMS	Patent Medicine Stores
PMTCT	Prevention of Mother to Child Transmission
PMV	Patent Medicine Vendors
PPFN	Planned Parenthood Federation of Nigeria
PSU	Primary Sampling Unit
RH	Reproductive Health
QA	Quality Assurance
SDP	Service Delivery Points
SFH	Society for Family Health
SMOH	State Ministry of Health
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNC	University of North Carolina
US	United States of America
VCT	Voluntary Counseling and Testing

## Foreword

A key objective of the Measurement, Learning and Evaluation (MLE) project in Nigeria is to undertake a rigorous impact evaluation of the Nigeria Urban Reproductive Health Initiative (NURHI) being implemented in six cities of Nigeria: Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. To achieve this goal, the MLE project designed and commissioned a health facility survey (referred to as the NURHI/MLE 2011 Baseline Facility Survey) to generate data that will provide evidence and a knowledge base for the design and implementation of the interventions and provide baseline information upon which the impact of the facility-based interventions will be measured. The survey included health facilities, pharmacies, and patent medicine stores (PMS); the health facilities were managed by government, non-governmental organizations (NGOs), private providers, and faith-based organizations. Data collection was implemented by the Data Research and Mapping Consult (DRMC), a private-for-profit research company that conducts surveys for both local and international organizations in Nigeria.

On behalf of the entire MLE team, it is my pleasure to present the final report of this health facility survey. I want to acknowledge the commitment and dedication of the entire DRMC team, especially Mr. Fasiku David who worked tirelessly to ensure the successful implementation of the data collection exercise. Our special thanks go to the NURHI team, for their contributions during the questionnaire development and review process as well as during the report writing meetings.

I also would like to acknowledge the role played by the MLE technical team: Ilene Speizer, Meghan Corroon, and Tom Grey, all from the Carolina Population Center, University of North Carolina; and Gwendolyn Morgan, Mike Mutua, and our Nigeria MLE Country Manager, Akinsewa Akiode, all from the African Population Health Research Centre (APHRC). The MLE Quality Assurance Supervisors (MLE-QAS), who were recruited for the survey, provided the field teams with real-time technical and administrative support in order to ensure high quality data.

My sincere appreciation also goes to the entire field team who ensured that we have high quality data even in the face of serious operational challenges. The efforts and contributions of data processing personnel, who worked hard to ensure that the data processing was completed with high quality and in a timely manner, are also appreciated. Last but not least, the report writing team (from DRMC, NURHI, and MLE) worked with great dedication to draft the final report.

I sincerely hope that this report will provide NURHI and the entire reproductive health and family planning community in Nigeria and beyond with the necessary information on the availability and quality of family planning services in urban Nigeria, as well as barriers and access to these services.

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## Executive Summary

### **Background**

The Nigerian Urban Reproductive Health Initiative (NURHI) aims to significantly increase modern contraceptive use in six cities in Nigeria: Abuja, Benin, Ibadan, Ilorin, Kaduna, and Zaria. It is a component of the Reproductive Health (RH) Strategy of the Bill & Melinda Gates Foundation (BMGF), which seeks to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary family planning services.

### **Methodology**

A survey of service delivery points in the six project cities was conducted during February–June 2011 to provide the information needed to support the expansion and development of family planning programs in target urban areas. Audits were conducted at a sample of 400 public- and private-sector health facilities (including hospitals, health centers, maternity and nursing homes, and child welfare clinics), 433 pharmacies, and 555 patent medicine stores. In addition, interviews were conducted with 1,479 service providers assigned to provide family planning and other maternal, newborn, and child health (MNCH) services and 5,440 women age 15-49 years who received those services.

### **Findings from health facilities**

Most health facilities surveyed were hospitals (58 percent) and public health centers (25 percent). In Ibadan and Zaria, public-sector facilities made up nearly two-thirds of the sample; elsewhere most were private-sector facilities. Nurse-midwives, nurses, and community health extension workers (CHEWs) each accounted for about one-quarter of the providers interviewed; less than 6 percent were doctors. Most of the women interviewed came for antenatal care or child immunizations; only 2 percent to 17 percent said that family planning was the main reason for their visit.

At least three-quarters of health facilities, regardless of city and facility type, offer some form of family planning services. Outside of Zaria, the majority of facilities offer three or more modern contraceptive methods, most often combined oral pills, male condoms, injectables, and intrauterine devices (IUDs). Nurses provide the majority of family planning and other maternal, newborn, and child health (MNCH) services at public facilities. Private-sector facilities are more likely to have higher level staff (doctors and nurse-midwives) providing these services.

According to facility audits and provider interviews, family planning information and counseling is well integrated with other MNCH services. However, client exit interviews tell a different story. In each city, only 21 percent to 44 percent of women visiting high-volume facilities for non-family planning services also received family planning information, and no more than 7 percent received a contraceptive method, referral, or prescription.

At least three-quarters of facilities, regardless of city and facility type, had IUDs, injectables, and combined oral pills available in stock at the time of the survey. Availability of other methods varied across cities and facility types. Stock-outs were relatively common, but affected different methods depending

on the city and facility type. Only 23 percent to 64 percent of facilities had all the supplies and equipment needed to provide IUDs; slightly less had the capacity to provide implants.

The survey found that some preconditions for good quality services were lacking. For example, management practices that support high quality family planning services, such as written guidelines and service protocols and periodic audits, are largely absent at most facilities. Recent in-service training on family planning was also lacking, although almost all providers had pre-service training on family planning. While most providers in all cities feel capable of providing combined oral pills, injectables, male condoms, and natural methods or the lactational amenorrhea method (LAM), their ability to provide other methods varies by city. Many say they cannot even offer counseling on female sterilization, male sterilization, and implants. Providers frequently restrict the client's eligibility to use a method—especially injectables, IUDs, and female sterilization—based on marital status and partner's consent.

The proportion of family planning clients who reported “high” overall satisfaction with their visit ranged from 36 percent in Abuja to 79 percent in Zaria. From the client's perspective, lack of visual privacy during the consultation is a common problem.

One-third to two-thirds of family planning and MNCH clients did not visit the facility closest to their home. According to family planning clients, they primarily choose a health facility based on its good reputation and service quality, along with perceptions that providers treat patients well, although practical considerations such as cost and location also play a role.

### ***Findings from pharmacies and patent medicine stores***

In every city, most pharmacies and patent medicine stores are open at least six days a week and at least 11 hours a day. Over 90 percent of pharmacies in Abuja, Benin City, Ilorin, and Kaduna provide information and counseling on family planning, as do about 70 percent of pharmacies in Ibadan and Zaria. However, only 22 percent to 61 percent of pharmacy respondents have received training on family planning and, for the most part, that training took place more than one year ago.

Most patent medicine store operators (from 53 percent in Kaduna to 97 percent in Abuja) say they discuss family planning and birth spacing with clients. They are also likely to refer clients to other stores or facilities for family planning services (from 71 percent in Ilorin to 93 percent in Abuja). Except in Benin City, however, most patent medicine store respondents have no professional medical qualification or training on family planning.

Patent medicine stores tend to carry fewer modern family planning methods than pharmacies. The majority of both outlets had male condoms and combined oral pills in stock at the time of the survey. Most pharmacies also had emergency contraception and injectables in stock. The incidence of stock-outs varies widely across cities, but in the last 30 days more than one-quarter of pharmacies in Abuja, Benin City, and Ibadan reported stock-outs of combined oral pills, while half to two-thirds of patent medicine stores in Benin City, Ibadan, and Ilorin reported stock-outs of injectables.



Around nine in ten pharmacies and patent medicine stores protect stored contraceptive commodities from water, sun, and pests. Stocking patterns vary by city. Except in Abuja, at least three-quarters of pharmacies and patent medicine stores receive contraceptives within one week of placing an order.

Pharmacies are more likely than patent medicine stores to have socially marketed contraceptives in stock in Abuja, Kaduna, Benin City, and Zaria. The opposite is true in Ibadan and Ilorin.

Both pharmacy and patent medicine store respondents sometimes impose restrictions on access to contraceptive methods based on the client's parity, marital status, and partner's consent. Generally, they are most likely to restrict access to combined oral pills and injectables and least likely to restrict access to male and female condoms. Pharmacy respondents are somewhat more likely to restrict eligibility based on marital status and spousal consent than on parity.

### ***Program implications***

The survey findings suggest a number of opportunities for programs to improve the delivery of family planning services and promote contraceptive use. Programs can help:

- Routinely integrate family planning messaging, counseling, and method provision into antenatal care and child immunization services in order to reach out to women who do not currently use family planning.
- Address contraceptive method stock-outs, and ensure that health facilities that can offer long-term and permanent methods are equipped to do so, especially for the insertion and removal of IUDs and implants.
- Strengthen providers' knowledge of, ability to counsel on, and capacity to provide a wider range of family planning methods by sponsoring in-service training on family planning, especially on implants, male sterilization, and female sterilization.
- Improve the quality of care by assisting management in establishing—and ensuring the implementation of—written guidelines, service protocols, and schedules for periodic audits.
- Respond to client concerns about the lack of visual privacy during consultations by sensitizing providers to the issue, working with facilities to establish needed structures, and including privacy in the periodic audits plan.
- Overcome providers' biases by emphasizing evidence-based, medical criteria for family planning provision over personal beliefs, conducting training on interpersonal communication and counseling, and focusing on the health benefits of spacing, even for women of low parity.
- Move individuals who currently rely on condoms, pills, and emergency contraception from pharmacies and patent medicine stores to more reliable methods by fostering a robust referral strategy within family planning provider networks.

## Chapter 1. Introduction

### 1.1 Overview of the Nigerian health system

The Nigerian health system includes a mix of public and private service delivery. The public health sector is divided across the three tiers of government responsible for providing social services: the Federal Government, 36 States plus the Federal Capital Territory (FCT) of Abuja, and 774 Local Government Areas (LGAs). Each tier of government is highly autonomous, which allows for considerable discretion over the allocation and utilization of resources, but may lead to poor and fragmented coordination. The arrangement also constrains the influence of the federal government over state and local governments. The roles and responsibilities of each tier of government are not clearly defined, and the existence of well-funded parastatals and vertical programs dedicated to single diseases adds to the fragmentation.

The Nigerian health care system is stratified into three levels:

- The tertiary level includes highly specialized services and focuses mainly on curative care, teaching, and research. The Federal Ministry of Health (FMoH) is responsible for policy formulation, technical assistance, and the provision of services through tertiary and teaching hospitals.
- The secondary level of care is administered by state governments and provided at comprehensive health centers and general hospitals. Each State Ministry of Health (SMoH) oversees the delivery of secondary-level services, including statewide radiological, diagnostic, referral, and emergency medical services, and also supports the effective delivery of primary health care (PHC) services through the National Primary Health Care Development Agency (NPHCDA).
- At the primary level, local governments are responsible for managing the bulk of service delivery points, which consist of primary health care centers (65 percent), dispensaries (18 percent), health posts (14 percent), and maternity centers (3 percent). Primary health services include basic care, health education, simple laboratory tests, and preventive care services.

Relationships between the three tiers will be guided in future by the National Strategic Health Development Plan (NSHDP) 2010-2015. The NSHDP is the first of its kind in the history of the development of the Nigerian health care delivery system and was approved by the Federal Government of Nigeria and all 36 States. It was developed using a participatory, bottom-up approach to ensure ownership by all the three tiers of the Nigerian government. It will serve as the overarching, all-encompassing reference document for actions in health by all stakeholders to ensure transparency and mutual accountability for results in the health sector.

The private-sector component of the Nigerian health system includes formal and informal providers, for-profit and not-for-profit organizations, as well as individuals. Private care providers in Nigeria far outnumber public sector providers, but the type of services they provide and their quality are less well documented. A number of private health facilities are believed to be operating without appropriate licensure by the necessary regulatory agencies, making it difficult to accurately estimate their number. However, the World Health Organization (WHO) estimates that private-sector expenditures constitute

more than 60 percent of all health care expenditures in Nigeria (WHO, 2011). Private-sector providers play an especially important role in urban areas. In Ogun and Lagos States, for example, more than 75 percent of private health facilities were situated in urban areas (AHCS, 1987, Jeboda, 1989; Ogunbekun, 1996). In Oyo State, 83 percent of all registered physicians and 93 percent of specialists in private practice worked in the state capital of Ibadan, although only 41 percent of the state's population lives there (Olubuyide, 1994). These numbers illustrate the crucial role played by the private sector in the provision of health care services in urban Nigeria, as well as the need for an increased focus on support and documentation to private-sector providers in order to achieve access and quality of care objectives.

## **1.2 Health care financing**

Limited funding for health care services at all levels hampers the performance of the health care system in Nigeria and is reflected in the poor quality of resources and management. Currently, public health sector spending is less than the minimum needed (\$34-\$40 per person per year) to achieve the Millennium Development Goals (MDGs) and New Partnership for Africa's Development (NEPAD), as estimated by the Commission for Macroeconomics and Health (CMH). Progress towards the target of \$34 per capita or the Abuja Declaration's target of a 15 percent allocation to health from the national budget has been slow, with public health spending viewed as "consumption" rather than "investment."

Within the Nigerian government structure, the bulk of financial resources come from oil and flow into the Federation account. These resources are shared among federal, state, and local governments according to an allocation plan. Transfers to the state and local governments are not earmarked, so they are free to decide how to spend their allocations. In addition, state and local governments are not required to provide budget and expenditure reports to the federal government. As a result, the federal government does not have any significant influence on funds allocated for secondary and primary health care services (FMoH, 2009a). This lack of accountability needs to be addressed if the National Health Plan and Integrated Maternal Newborn Child Health (IMNCH) strategy are to have the desired impact.

## **1.3 Human resources for health**

Nigeria has one of the largest supplies of human resources for health in Africa, comparable only to Egypt and South Africa. There are 39,210 doctors, 124,629 nurses, and 88,796 midwives registered in Nigeria, which translates into about 30 doctors and 100 nurses per 100,000 population, well above the regional average for sub-Saharan Africa of 15 doctors and 72 nurses per 100,000 population (AHWO, 2008).

While the overall number of health workers seems high, ensuring the availability of competent health care providers where their services are most needed has been a major challenge in Nigeria in the face of shifting health needs and demands, declining resources, and global economic, political, and technological change (AHWO, 2008). The uneven distribution of the health workforce deprives vulnerable groups of access to lifesaving services. This problem is aggravated by accelerated migration in open labor markets, which draws skilled workers away from the poorest communities and countries.

## 1.4 Fertility and population growth in Nigeria

Nigeria has one of the fastest population growth rates in the world, 3.2 percent according to the 2006 Population and Housing Census. At this rate, it would only take only 22 years for Nigeria's population to double. The population increased from 88.5 million in 1991 to 140 million in 2006. Fertility and mortality patterns have also resulted in a young population structure, with children under age 15 accounting for more than two-fifths of the population (Federal Republic of Nigeria Official Gazette, 2009). According to the 2008 Nigeria Demographic and Health Survey (NDHS), the total fertility rate (TFR) is 5.7 births per woman, only slightly lower than the TFR of 6.0 births found by the 1990 NDHS. Rural women give birth to two more children than urban women, on average (NPC and ICF Macro, 2009).

Compared with other countries on the continent, the transition from high to low fertility in Nigeria appears to be one of the slowest. In 1988, the Federal Government of Nigeria responded by establishing a National Policy on Population for Development. This policy was reviewed in 2005, giving way to the National Policy on Population for Sustainable Development (NPPSD). The NPPSD recognizes that population factors, environmental issues, and social and economic developments are interconnected, and that their management is critical to the achievement of sustainable development in Nigeria. One of the targets of the 2005 NPPSD is the reduction of the total fertility rate by at least 0.6 children every five years by encouraging child spacing through the use of family planning (Adebayo and Gayawan, 2011).

## 1.5 Contraceptive prevalence

Limited use of family planning is a major factor contributing to current fertility patterns and high population growth. According to the 2008 NDHS, the contraceptive prevalence rate (CPR) for Nigeria was 15 percent for any method and 10 percent for modern methods, which include female and male sterilization, the pill, intrauterine devices (IUDs), injectables, implants such as Norplant, female and male condoms, the lactational amenorrhea method (LAM), emergency contraception, diaphragms, and foam, jelly or spermicide. These figures are only slightly higher than the 2003 NDHS findings of 13 percent for any method and 8 percent for modern methods (NPC and ORC Macro, 2004).

Factors associated with low contraceptive prevalence rates include cultural support for large family size, misconceptions about family planning methods, low levels of communication between spouses, low levels of male involvement in women's health issues, and a strong preference for male children (Ujuju et al., 2011). On the supply side, the challenges include inadequate access to family planning services and poor quality of services. In the past, inadequate demand creation efforts by the government have also contributed to low uptake of family planning.

## 1.6 National Reproductive Health Policy

As part of its commitment to the International Conference on Population and Development (ICPD), Nigeria launched a National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians in 2001. This was followed by the development of a National Reproductive Health Strategic Framework and Plans to support the policy implementation process. A 2007 assessment found that the targets were not met and the overall reproductive health status of the Nigerian population remained poor. However, progress was made on some fronts, including:

- improved visibility of the safe motherhood agenda,
- increased access to maternal health services through free services provided by some states,
- improved male involvement in family planning,
- improved policy environment for family planning services,
- wider implementation of the school-based National Family Life and HIV Education curriculum,
- greater involvement of stakeholders in the provision of adolescent reproductive health services,
- increased awareness of HIV/AIDS and other sexually transmitted infections (STIs), and
- passage of bills against harmful practices against women in five states.

The review also noted the development of policy and strategic frameworks on HIV/AIDS as well as standards of practice for family planning and STIs. All of these have been included in the new 2010 National Reproductive Health Policy (FMOH, 2010).

### **1.7 Integrated Maternal, Newborn and Child Health (IMNCH) Strategy**

In Africa, Nigeria has the highest number of both maternal and neonatal deaths per annum. Each year, there are some 33,000 maternal deaths and almost 241,000 children die in the first month of life. Nigeria is one of three African countries that account for 20 percent of all maternal deaths worldwide. The national maternal mortality ratio (MMR) is 545 maternal deaths per 100,000 live births (NPC and ICF Macro, 2009). Gender inequalities, rooted in socio-cultural practices and norms, perpetuate a high number of maternal and neonatal deaths. Underlying factors include the low educational status of women and their limited decision-making abilities, cultural practices around childbirth, and early marriage, all of which impede women's access maternal health services.

An Integrated Maternal, Newborn and Child Health (IMNCH) Strategy was developed in 2007 to improve maternal, newborn, and child health care service delivery in Nigeria and keep alive the hope of achieving MDGs 4 and 5 (FMOH, 2007). The IMNCH Strategy is a paradigm shift in the distribution and utilization of health resources among Nigeria's health care services; the emphasis is on providing a continuum of health care service delivery in ways that are cost-effective and maximize impact. The strategy identifies three service delivery modes for health care: family/community-based services, population-oriented services, and clinical-based individual services. The strategy is designed to be implemented in three phases, from 2007 to 2015.

### **1.8 Strengthening family planning services**

There have been efforts over a period of many years to expand and improve the provision of family planning services in Nigeria, but they resulted in little change in contraceptive prevalence and unmet need for family planning. More recently, the FMOH has moved forward on several fronts to strengthen its reproductive health program.

The literature suggests that improving the quality of family planning services may increase women's satisfaction with services, continued use of contraceptive methods, and, ultimately, their ability to achieve their fertility goals (Bruce, 1990), although there is little empirical evidence demonstrating whether or how these impacts can be achieved. Based on this presumption, the FMOH introduced a set

of performance standards for family planning services in Nigerian hospitals in 2009 to ensure that facilities and providers implement best practices (FMoH, 2009b). The FMoH also recognized the critical importance of support systems—such as management information systems, commodity logistics, physical infrastructure, and supervision—to the improvement of service quality.

The 2010 National Reproductive Health Policy reaffirmed the need to strengthen the nation’s family planning program, which has historically been driven by external funding resources and donors. A strategic focus of that policy is to enable Nigerian families to achieve “desired and intended fertility, including prevention of mistimed and unwanted pregnancies through the provision of high quality services for family planning, including infertility services” (FMoH, 2010: 37). The recent move to improve maternal health through an integrated maternal, newborn and child health strategy also has stimulated a new sense of direction and focus on family planning, because family planning is acknowledged as key to achieving improved maternal health.

Pressures to assure an adequate supply of contraceptive commodities at the national, state, LGA, and facility levels have led to critical innovations by stakeholders, including government, and a renewed resolve to reposition family planning and achieve increased contraceptive prevalence. This culminated in the Federal Government’s decision to launch a National Free Family Planning Commodity Policy on April 17, 2010. State and local governments are bound by this policy commitment to offer free contraceptives at public health facilities. This landmark event symbolized a new era of transformation in the implementation of the family planning program. In December 2011, the FMoH signed a memorandum with the United Nations Population Fund (UNFPA) making US\$3 million available for commodity procurement as the beginning of an anticipated long-term government agenda to ensure a sufficient supply of contraceptives for a successful family planning program.

## **1.9 Integrating family planning and HIV services in Nigeria**

Family planning plays a pivotal role in delay of first pregnancy, child spacing, and prevention of STIs, and thus in maternal and child health outcomes. It contributes to both mitigating the HIV epidemic and improving women’s health. The FMoH has developed a policy document to promote the integration of reproductive health and HIV/AIDS services. This will increase service delivery coverage, reduce missed opportunities, increase cost-effectiveness, maximize impacts, and improve the quality of care.

In this environment, a vast opportunity exists to integrate family planning into HIV services and provide comprehensive reproductive health services that will reduce new infections. Given that most clients of HIV services are sexually active and of reproductive age, integrating contraceptive services into these programs allows providers to holistically address clients’ dual risks of HIV infection and unintended pregnancy. At the same time, the integration of HIV messages and services into family planning programs also serves to expand HIV prevention and treatment by capitalizing on an existing service delivery system. The integration of family planning and HIV services also provides both programs an opportunity to reach clients who might not seek standalone services for reproductive health or STIs.

## 1.10 The Urban Reproductive Health Initiative

The Reproductive Health (RH) Strategy of the Bill & Melinda Gates Foundation (BMGF) aims to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary family planning services. The four-country Urban RH Initiative—which is being implemented in Kenya, Nigeria, Senegal, and Uttar Pradesh, India—is a component of the RH Strategy. In Nigeria, the Urban RH Initiative is being implemented through the Nigerian Urban Reproductive Health Initiative (NURHI), led by the Johns Hopkins Bloomberg School of Public Health Center for Communications Programs (JHU/CCP). NURHI aims to significantly increase modern contraceptive use in six selected urban areas of Nigeria: Abuja (FCT), Benin City, Ibadan, Ilorin, Kaduna, and Zaria.

The objectives of the NURHI program are to:

- Develop cost-effective interventions for integrating quality family planning with maternal and newborn health, HIV and AIDS, postpartum and post-abortion care programs.
- Improve the quality of family planning services for the urban poor with emphasis on high-volume clinical settings.
- Test novel public-private partnerships and innovative private-sector approaches to increase access to and use of family planning by the urban poor.
- Develop interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations.
- Increase funding and financial mechanisms and a supportive policy environment for ensuring access to family planning supplies and services for the urban poor.

By reaching urban women with the greatest need, this comprehensive strategy is expected to increase contraceptive use among women in urban and peri-urban areas and potentially to diffuse to rural areas to which urban women are linked. Beginning in 2010, baseline surveys were undertaken to provide the information needed by NURHI to support evidence-based expansion and development of family planning programs in areas with high rates of unintended pregnancy and maternal and infant mortality.

## 1.11 The Measurement, Learning & Evaluation (MLE) Project

The Measurement, Learning & Evaluation (MLE) Project is the evaluation component of the Urban RH Initiative. The project's goal is to promote evidence-based decision-making in the design of integrated family planning and reproductive health interventions for the Urban RH Initiative. The MLE project is responsible for evaluating NURHI from the outset, using rigorous and state-of-the-art methods to measure the impact of the Initiative on modern contraceptive use in diverse population groups.

The MLE project will address the evaluation gap for urban FP initiatives by:

- explicitly examining intra-urban differences in program impacts through comparison of the wealthy and the poor and of populations in formal and non-formal settlements;
- using a strong program framework to examine steps along the causal pathway and assessing the plausibility of program effects on outcomes;

- using a longitudinal design to ensure the highest possible standard of evidence with minimal disruption to program implementation; and
- developing study tools and methods that permit generalization beyond the particular intervention areas and countries under study.

The MLE project was initiated one year prior to the implementation of NURHI program activities so that baseline conditions in the Nigerian project cities could be documented and the data used to guide the design of program activities and to provide the MLE team with crucial information about family planning and reproductive health issues on the eve of program implementation. A household survey was conducted from October 2010 to April 2011, and data were collected from a representative sample of more than 16,000 households in Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. All eligible women age 15-49 in selected households were questioned individually during a face-to-face interview, as were men age 15-59 in half of selected households in four cities.

Findings from the baseline household survey, which have been fully reported elsewhere (MLE et al., 2011), were used to design a facility survey that could provide a comprehensive picture of the strengths and weakness of family planning service delivery points in all six project cities. This report presents the results of the NURHI/MLE 2011 Baseline Facility Survey.



## Chapter 2. Methods

The NURHI/MLE 2011 Baseline Facility Survey was designed to provide information that will support the expansion and development of family planning programs in target urban areas that have high rates of unintended pregnancy and maternal and infant mortality. Information was collected from a sample of facilities and other service delivery points (SDPs) managed by government, private providers, non-governmental organizations (NGOs), and faith-based organizations (FBOs) in six cities: Abuja, Kaduna, Benin City, Ibadan, Ilorin, and Zaria.

### 2.1 Survey organization

Data Mapping and Research Consult, Ltd (DMRC) implemented the NURHI/MLE 2011 Baseline Facility Survey, in collaboration with the FMOH and NURHI. The survey received technical support from MLE. Financial support for the survey came from the Bill and Melinda Gates Foundation.

### 2.2 Objectives

The primary objective of the baseline facility survey was to generate data that will provide knowledge for the design, implementation, and impact evaluation of the project. A second objective was to serve as the baseline for an impact evaluation of NURHI facility-based interventions.

Other secondary objectives were to:

- Assess the preparedness of selected health facilities in Nigeria to provide high quality, integrated family planning services.
- Describe the processes followed by providers in providing family planning counseling and services.
- Document the extent to which family planning services are integrated into other maternal, newborn, and child health (MNCH) services.
- Identify gaps in equipment, training, commodity availability, support services, and resources needed by facilities and providers to offer high-quality family planning counseling and services.
- Compare findings by city, facility type, and managing authority (public versus private).
- Understand clients' perceptions of family planning services provided at high-volume sites.

### 2.3 Sampling

Data were collected from a sample of service delivery points (SDPs) that provide, or have the potential to provide, family planning services and/or methods, including health facilities, pharmacies, and patent medicine stores. The sampling methodology also included the selection of service providers and women for interviews.

#### 2.3.1 Sampling frame

As part of the preparation for the sampling design, a secondary list of health facilities was obtained from relevant agencies such as the National Bureau of Statistics, FMOH, National Primary Health Care

Development Agency (NPHCDA), SMOH offices, Guild of Medical Directors (GMD), Association of General Private Medical Practitioners of Nigeria (AGPMPN), Association of Private Nurse Practitioners of Nigeria (AGPNP), Association of Community Pharmacists of Nigeria (ACPN), and Nigerian Association of Proprietary and Patent Medicine Dealers (NAPPMED). A list of registered pharmacies located within project cities and LGAs was also consulted for sampling purposes. Data Research and Mapping Consult then physically verified and updated the master list in each city. The verification procedure included the administration of a simple questionnaire that collected basic information, including name, type, ownership, community, address, and LGA where the facility was located. A geographic information system (GIS) point was also collected at each service delivery point, using a geographic positioning system (GPS) device.

### **2.3.2 Sample of health facilities**

The facility sample was carefully designed to allow an analytic link to be drawn between women who participated in the NURHI/MLE 2010–2011 Baseline Household Survey and the facilities sampled in the 2011 Baseline Facility Survey. Two categories of health facilities were included in the sample:

- *High-volume facilities* are facilities selected for intervention activities by the NURHI program.<sup>1</sup>
- *Preferred providers* are facilities frequently named by the 16,000 women in the NURHI/MLE 2010-2011 Baseline Household Survey described in section 1.11.

All high-volume facilities were included in the survey as well as a sample of preferred providers. To select preferred providers, women’s reports of where they go for child health, maternal health, family planning visits, and HIV testing were examined. The health facility most commonly mentioned by women in the same primary sampling unit (PSU) was considered to be the preferred provider. Sometimes the preferred provider was already included in the sample as a high-volume facility; in that case, the second most commonly reported facility was included in the sample. If the second most commonly reported provider was also a high-volume facility, no further selection was made. In cities where the total sample of preferred providers was small, we selected additional facilities named by women in the PSUs to increase the sample size. Including preferred providers in the sample of health facilities served two purposes: it increased the total sample size and also ensured that the facilities in the sample were ones that urban women actually visit. Over time improvements in NURHI-targeted facilities may lead to improvements in other facilities, and the preferred providers permit the assessment of this type of program diffusion.

The sample included a variety of facility types: hospitals, health centers, maternity and nursing homes, and child welfare clinics under public, faith-based, private, and NGO managing authorities. A sample of

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<sup>1</sup> For program purposes, NURHI defined “high-volume facilities” as the top service delivery sites by client load that offered both antenatal care (ANC) and immunization services and that see more than 1,000 ANC clients per year. High-volume facilities include tertiary, secondary, and military hospitals, as well as Public Comprehensive Health Centers and other sites offering free MCNH Services. All of these sites were included in the baseline survey.

400 health facilities across the six cities was selected for the survey. Most, but not all, of the high-volume facilities were in the public sector.

### ***2.3.3 Sample of health service providers***

For the purposes of this survey, a health service provider is defined as a person who is eligible (i.e., medically qualified) to provide clinical services and is currently assigned to provide direct clinical family planning, MNCH, or STI/HIV services to clients in each of the selected health facilities. In addition, providers were only interviewed if they were employed on a permanent basis. Providers meeting these criteria were eligible for an interview regardless of whether they were employed full-time or part-time at the selected health facility. Health workers were **not** eligible for an interview: if they only performed administrative duties and never provided any type of direct clinical services, if they were serving as an intern or volunteer, if their qualifications did not permit direct provision of services (e.g., nurses' aides and volunteers), or if they provided services other than family planning, MNCH, or STI/HIV services.

Selection of the service providers to be interviewed was carried out on the day of the facility audit by the field research team assigned to that city. The names of all providers at a facility who offered family planning and/or MNCH services and were on duty on the day of the study were listed on a roster in the facility audit questionnaire. A maximum of four providers per facility were sampled. In facilities where more than four eligible providers were available, a simple random sampling procedure was used to select four providers for interviews from those listed. In facilities with fewer than five eligible providers, all eligible providers were interviewed. A total of 1,479 providers were interviewed for this survey across the six cities. No weighting was applied in the analysis.

### ***2.3.4 Sample of women for exit interviews***

Women age 15-49 years who visited a high-volume facility for family planning, MNCH, and/or certain related services, such as prevention of mother-to-child transmission of HIV (PMTCT), postpartum care, and post-abortion care, were eligible for client exit interviews. After identifying clinic days at high-volume facilities, a group of three interviewers visited each facility to conduct exit interviews. They approached women who came for services that day, screened them for eligibility using the women's exit interview questionnaire, and asked for verbal consent to an interview. The interviewers remained at each facility until they had conducted the required number of exit interviews. The study design called for a sample of 850 interviews in each city across all high-volume facilities, for a total of 5,100 interviews. That target was exceeded, and a total of 5,440 exit interviews were conducted.

### ***2.3.5 Sample of pharmacies***

A master sampling frame of pharmacies was first compiled in each city. Although the study design called for a sample of 100 pharmacies per city, this was only possible in Abuja, Ibadan, and Kaduna because there were fewer than 100 pharmacies listed in each of the other three cities. A simple random sampling procedure was used to select 100 pharmacies in Abuja and Kaduna, where the compiled list of pharmacies outnumbered the sample required. In Ibadan, the list only slightly exceeded the target of

100. Therefore, all listed pharmacies were included in the survey sample in Benin City, Ibadan, Ilorin, and Zaria.

### **2.3.6 Sample of patent medical stores (PMSs)**

The survey design called for a sample of 100 patent medicine stores in each city. After compiling a list of all such stores, 100 stores were randomly selected in each city except Abuja. Abuja had less than 100 patent medicine stores, so all listed stores were included in the survey sample.

## **2.4 Survey implementation**

The NURHI/MLE Baseline Facility Survey was implemented by Data Research and Mapping Consult Limited (DRMC) from January 2011 to July 2011. Eight principal officers of DRMC formed a core team in the day-to-day implementation of the survey.

Major tasks performed included overall planning of the survey, finalization of the master sampling frame through compilation of pre-existing lists, design of questionnaires, development of training materials, pretesting, recruiting of fieldworkers and supervisors, training and data collection, supervision and other data quality assurance procedures, data entry, analysis, and report writing. Overall technical supervision was provided by MLE.

## **2.5 Data collection instruments**

Five instruments were used to collect data for the facility survey, including three facility audit questionnaires (for health facilities, pharmacies, and patent medicine stores), a service provider questionnaire, and a women's exit interview questionnaire. The questionnaires were adapted from other facility survey tools (e.g., the DHS Service Provision Assessment and the Population Council's Situation Analysis) to reflect issues relevant to Nigeria. The women's exit questionnaire was translated into Hausa and Yoruba, the main spoken vernacular languages in the six focal cities.

The questionnaires were pretested on 9-15 December 2010 to improve the quality and the flow of questions as well as the translations. Three female research assistants, eight male DRMC staff, and one medical doctor from the FMOH participated in the pretest training and field exercise. During the pretest period, participants practiced collecting data at 16 facilities, 24 pharmacies, and 16 patent medicine stores in Keffi, Nassarawa State. None of these pretest facilities were included in the main sample. The questionnaires were then finalized for fieldwork and data collection.

At health facilities, pharmacies, and patent medicine stores, field workers interviewed a manager or other representative to obtain information on the:

- Number of family planning clients served
- Quality of services
- Types of services provided
- Types of providers
- Prescription requirements
- Availability of each family planning method offered

- Occurrence and duration of stock-outs

The provider questionnaire elicited information on areas such as:

- Background information of respondent
- Training on family planning
- Knowledge and provision of family planning services by type of method
- Integration of family planning with other services
- Provider barriers to providing family planning services

The women's exit interview questionnaire was used to collect information from women visiting high-volume facilities for family planning, child health, PMTCT, postpartum care, or post-abortion care. The women were asked questions regarding:

- The nature of the visit and the services sought
- For non-family planning clients, whether integrated family planning information or services were offered
- Client's satisfaction with the visit
- Choice of and access to the facility
- Personal characteristics of the client, such as age, education, religion, experience with family planning, media habits, and exposure to family planning messages

## 2.6 Training

Over 90 people were recruited by DRMC to serve as interviewers, supervisors/editors, and city coordinators. Prior to the commencement of the training, research assistants were selected across the six cities where the survey was to be conducted. It was anticipated that research assistants would be familiar with the terrain, language and cultural diversity of their own cities. They participated in the main interviewer training, which was conducted on 6-11 January 2011 in Keffi, Nassarawa State.

All research assistants from the six survey cities as well as the facilitators and MLE representatives participated in the training. The training was conducted in English and included lectures, presentations, practical demonstrations, written tests, and practice interviewing in small groups. Practice interviews were conducted in Yoruba and Hausa, the languages of the questionnaires.

## 2.7 Data collection

Fieldwork for the NURHI/MLE Baseline Facility Survey took place over a five-month period, from February to June 2011. A team of 10 female interviewers, 3 male interviewers, and 2 supervisors/editors collected data in each city. Care was taken to monitor and ensure the quality of data collection. The field supervisor/editors were responsible for reviewing all questionnaires for quality and consistency of data collected. The nine principal officers of DRMC who facilitated the training visited each team to observe progress and the quality of work, clarify questions in the instruments, collect completed questionnaires, and advise on how to solve logistical problems. They also reviewed the questionnaires, observed inter-

views, and gave feedback to teams. The MLE project also performed monitoring, using a team of city-based consultants to perform back-checks and to review questionnaires.

## **2.8 Data management**

Processing of the survey data began shortly after the fieldwork commenced. Completed questionnaires were returned periodically from the field to DRMC headquarters in Abuja, where they were entered and edited by data processing personnel who were specially trained for the task. The data processing personnel included 1 supervisor, 1 assistant supervisor, 1 questionnaire administrator (who ensured that the expected number of questionnaires for each facility in each city was received), 4 editors, and 10 data entry clerks.

The Census and Survey Processing System (CSPPro) was used for data entry, validation, and cleaning. Once the questionnaires from each facility arrived at DRMC headquarters, they were reviewed and sorted to ensure that none was missing and that accompanying provider interviews were present. Office editors then edited questionnaires to improve flow and reduce errors. In cases where there was a problem with the questionnaires from a facility, the data collection team was consulted so that the problem could be rectified. In some extreme cases, the facility questionnaire was returned to the data collection team to check on the data. The data entry, validation, and cleaning process involved double entry and verification/reconciliation (first entry, structure checks, verification, and a consistency check). Technical support on data entry and management was provided by MLE through a comprehensive hands-on training of all personnel involved in this task. Data entry took place from March to July 2011.

## **2.9 Data analysis and report writing**

MLE project team members designed table shells, performed analysis in Stata Version 10, and produced data tables from June through August 2011. A report writing workshop was held in Ibadan and Abuja, including staff members from DRMC, NURHI, MLE, FMOH, NPC, and other institutions. During the workshops, some tables were revised on the basis of feedback from the DRMC management team.

## Chapter 3. Family Planning in Health Facilities

This chapter focuses on the provision and quality of family planning services at health facilities. The availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilization of services at health facilities (NCAPD, 2011).

The chapter begins by examining the facility’s readiness to offer family planning services—including a range of modern contraceptive methods—based on staffing levels and composition, infrastructure, the management of contraceptive commodities, and other management practices. Then it looks at the capacity of providers to offer good quality family planning services. Finally, it reviews service quality and access from the client’s perspective.

### 3.1 Sample size and background characteristics

As shown in Table 3.1, facility audits were conducted at a total of 400 health facilities, including 96 high-volume facilities and 304 preferred providers. Sample size for health facilities varied considerably between cities. The number of high-volume facilities audited ranged from 9 in Zaria to 27 in Ibadan, while the number of preferred providers audited ranged from 35 in Ibadan to 76 in Kaduna.

Individual interviews were conducted with a total of 1,479 service providers at these health facilities, plus 5,440 women seeking care at high-volume facilities. The sample of providers ranged from less than 190 in Abuja and Zaria to 360 in Kaduna. Zaria had the smallest number of exit interviews with women (784), while Ibadan had the largest (1,362).

**Table 3.1: Number of audits of service delivery points, provider interviews, and client exit interviews, by city, type of service of delivery point, and person interviewed, Urban RH Initiative, Nigeria, 2011**

City	Audits of service delivery points				Provider interviews	Client exit interviews
	High-volume facilities	Preferred providers	Pharmacies	PMS		
Abuja	11	37	96	94	189	855
Benin City	14	57	89	95	235	818
Ibadan	27	35	97	90	240	1,362
Ilorin	19	53	48	90	273	809
Kaduna	16	76	80	90	360	812
Zaria	9	46	23	96	182	784
Total	96	304	433	555	1,479	5,440

### 3.1.1 Facility sample

Table 3.2 presents characteristics of the 400 health facilities in the survey sample. In Abuja, Ilorin, and Kaduna, hospitals predominate (from 69 percent to 75 percent). In Zaria, health centers (51 percent) outnumber hospitals (29 percent), while the sample in Ibadan is evenly divided between hospitals and health centers (47 percent each). The sample in Benin City includes an unusually large proportion of maternity homes (21 percent) and clinics (18 percent).

Over half of the health facilities in Abuja, Benin City, Ilorin, and Kaduna are in the private sector, with Benin City having the highest proportion of private management, at 75 percent. In Ibadan and Zaria, over 60 percent of facilities are managed by the government. Regardless of city, less than 10 percent of health facilities are run by NGOs or FBOs. High-volume facilities selected as intervention sites by NURHI make up about one-fourth or fewer of the facilities audited in every city except Ibadan, where high-volume facilities account for 44 percent of the sample. Thus, preferred providers mentioned by women during the household survey make up most of the sample in every city.

**Table 3.2: Percent distribution of health facilities audited, by background characteristics, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Type of facility</b>						
Hospital	68.8	46.5	46.8	75.0	70.7	29.1
Health center	12.5	12.7	46.8	11.1	21.7	50.9
Maternity home	4.2	21.1	1.6	1.4	1.1	5.5
Clinic	14.6	18.3	3.2	5.6	2.2	12.7
Health post/dispensary/other	0.0	1.4	1.6	0.0	1.1	0.0
Missing	0.0	0.0	0.0	6.9	3.3	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Managing authority</b>						
Government	39.6	19.7	62.9	38.9	29.3	61.8
Other private	58.3	74.6	32.3	54.2	58.7	29.1
NGO / FBO*	2.1	5.6	4.8	0.0	8.7	7.3
Missing	0.0	0.0	0.0	6.9	3.3	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Volume</b>						
High-volume	22.9	19.7	43.5	26.4	17.4	16.4
Preferred providers	77.1	80.3	56.5	73.6	82.6	83.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	48	71	62	72	92	55

\*NGO= non-governmental organization; FBO= faith-based organization



### ***3.1.2 Sample of providers interviewed***

Table 3.3 presents the characteristics of the providers interviewed. In Benin City, Ilorin, and Kaduna, most providers (from 57 percent to 75 percent) worked in the outpatient department. An unusually large proportion of the providers interviewed in Ibadan (45 percent) worked in a family planning unit, compared with less than 20 percent of providers elsewhere. Zaria had a high proportion (31 percent) of providers who worked in the antenatal care (ANC) unit.

Over 70 percent of providers interviewed, regardless of city, were nurse-midwives, nurses, or community health extension workers (CHEWs). The proportion of providers who were physicians, regardless of specialty, ranged from 2 percent in Kaduna to 11 percent in Benin City. A large majority of providers in every city were female (from 81 percent to 93 percent) and employed full-time (from 90 percent to 98 percent).

**Table 3.3: Percent distribution of service providers interviewed, by background characteristics, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Department/unit</b>						
Outpatient	40.2	71.9	19.6	57.1	75.3	26.4
Obstetrics and gynecology	4.8	4.3	2.1	2.2	2.2	4.9
Surgery	0.0	0.4	0.4	1.8	0.3	0.0
Pediatrics	2.1	0.4	0.0	3.3	0.6	0.5
Family planning	9.0	6.4	45.0	18.3	3.6	14.3
Infant/child care	21.2	8.1	21.3	9.9	5.6	15.4
ANC	15.3	2.1	10.0	3.7	4.4	31.3
STI/HIV testing and treatment	1.1	1.3	0.0	1.5	1.7	3.8
Other	5.3	0.9	1.7	1.8	5.3	3.3
Missing	1.1	4.3	0.0	0.4	1.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Qualification of provider</b>						
Obstetrician/gynecologist	1.6	2.1	0.0	0.4	0.3	1.1
General surgeon	1.6	2.1	0.4	0.7	0.0	0.0
Pediatrician	1.1	0.0	0.0	0.7	0.0	0.0
General physician	5.3	6.8	2.1	2.9	1.9	6.6
Theatre nurse	4.2	0.4	2.1	3.7	2.5	0.5
Nurse-midwife	28.0	30.6	14.2	36.6	22.5	31.9
Nurse	21.7	23.8	32.1	18.7	32.2	18.1
Midwife	7.9	7.7	6.7	2.9	5.0	1.1
Community Health Extension Worker (CHEW)	21.7	23.0	28.7	23.8	27.5	36.3
Community Health Officer (CHO)	4.8	2.1	8.8	8.4	5.0	3.8
VCT counselor	0.5	0.9	0.0	0.4	1.7	0.0
Other	1.6	0.0	5.0	0.7	1.4	0.5
Missing	0.0	0.4	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Sex of provider</b>						
Male	15.3	13.2	5.8	6.6	10.8	18.7
Female	82.5	86.8	93.3	93.4	89.2	81.3
Missing	2.1	0.0	0.8	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Employment status</b>						
Full-time	89.9	96.6	97.1	92.7	92.2	98.4
Part-time	0.0	0.9	1.3	5.5	7.8	1.1
Missing	10.1	2.6	1.7	1.8	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

**Table 3.3, continued**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Religion</b>						
Roman Catholic	23.8	11.9	5.0	5.1	13.3	15.9
Protestant / other Christian	64.6	86.8	80.4	35.9	47.5	30.2
Muslim	11.6	0.0	13.3	57.9	38.1	53.3
Traditional / other / no religion	0.0	0.0	0.0	0.4	0.3	0.0
Missing	0.0	1.3	1.3	0.7	0.8	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of providers	189	235	240	273	360	182

### ***3.1.3 Sample of women interviewed***

Table 3.4 presents the background characteristics of the women who participated in client exit interviews and the main service they received that day. In each city, a combination of antenatal care and child immunizations accounted for most visits, and less than one-fifth of women said that family planning was the main reason they came. Compared with other cities, women in Zaria were the most likely to report coming for antenatal care (92 percent) and the least likely to report coming for family planning (2 percent).

In each city, most women interviewed were married, age 15-34 years, and had at least one living child. Except in Zaria, the majority had at least senior secondary education. The proportion of women who reported having any kind of health insurance or other institutional payment arrangement ranged from a low of 2 percent in Zaria to a high of 15 percent in Kaduna.

**Table 3.4: Percent distribution of women who participated in exit interviews at high-volume facilities, by main service received and background characteristics, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Main service received on day of interview</b>						
Family planning	16.7	11.9	5.9	9.9	8.0	1.8
Antenatal care	30.4	30.9	38.8	39.1	48.4	91.8
Delivery services	0.5	0.2	0.6	0.7	2.6	0.0
Postnatal care	2.6	2.8	2.1	0.4	5.2	0.0
Post-abortion care	0.6	0.1	0.1	0.4	0.5	0.0
Child growth monitoring	4.0	2.8	0.9	0.4	2.1	0.1
Child immunization	31.1	43.2	38.0	36.0	18.0	6.3
STI management	0.0	0.4	0.1	0.0	0.0	0.0
HIV/AIDS management	0.0	0.1	0.1	0.0	1.8	0.0
Curative services	13.5	7.0	12.9	10.6	13.4	0.0
Voluntary HIV testing and counseling	0.2	0.1	0.1	0.1	0.0	0.0
Other	0.5	0.5	0.2	2.2	0.0	0.0
Missing	0.0	0.0	0.0	0.2	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Age</b>						
15-24 years	24.8	18.7	22.0	25.9	32.4	41.3
25-29 years	36.8	35.7	40.6	36.9	29.8	28.4
30-34 years	25.1	27.0	24.7	20.5	22.8	17.2
35-39 years	9.0	13.1	9.5	10.5	10.2	10.2
40-49 years	4.2	5.5	3.2	6.0	4.8	2.8
Missing	0.0	0.0	0.0	0.2	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Education</b>						
No education / Quranic only	4.1	1.7	1.8	12.5	15.9	32.8
Primary	8.3	10.3	9.2	11.5	14.4	14.4
Junior secondary	6.1	12.1	11.7	5.8	12.8	11.5
Senior secondary	38.4	43.3	49.3	31.0	37.9	23.9
Higher	42.7	32.6	28.0	38.4	18.5	16.8
Missing	0.5	0.0	0.1	0.7	0.5	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

**Table 3.4, continued**

<b>Characteristic</b>	<b>Abuja</b>	<b>Benin City</b>	<b>Ibadan</b>	<b>Ilorin</b>	<b>Kaduna</b>	<b>Zaria</b>
<b>Marital status</b>						
Never married	2.6	2.1	1.0	7.8	1.2	0.1
Currently married	95.4	93.0	96.0	79.4	95.9	99.1
Living together	0.6	3.8	2.3	10.6	1.2	0.3
Widowed	0.6	0.6	0.3	0.5	0.9	0.1
Separated / divorced	0.7	0.5	0.1	0.4	0.7	0.4
Missing	0.1	0.0	0.2	1.4	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Religion</b>						
Roman Catholic	24.7	16.6	5.9	5.4	13.3	3.6
Protestant / other Christian	53.9	81.3	46.8	30.5	24.8	9.4
Islam	21.3	0.6	46.1	62.5	61.9	86.5
Traditional / other / no religion	0.0	1.1	0.8	0.9	0.0	0.4
Missing	0.1	0.4	0.4	0.7	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of living children</b>						
None	16.8	15.4	11.8	21.1	17.2	20.5
1	27.4	27.4	24.7	21.3	20.8	21.4
2	21.6	22.4	33.6	21.3	18.7	16.6
3	14.9	14.5	17.1	18.5	15.5	12.4
4	10.9	11.9	9.2	11.0	12.1	8.8
5	4.7	4.3	1.9	4.4	5.8	6.5
6+	2.9	3.8	0.7	0.9	8.7	13.5
Don't know	0.1	0.0	0.4	0.0	0.0	0.0
Missing	0.7	0.4	0.7	1.5	1.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Has insurance or other institutional arrangement that pays for some or all services</b>						
Yes	7.4	2.4	8.4	5.4	14.8	1.8
No	82.5	80.7	96.1	84.4	83.0	93.0
Don't know	4.3	1.1	0.2	5.7	9.4	4.1
Missing	5.9	3.5	1.2	1.4	2.2	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	855	818	1,362	809	812	784

### 3.2 Staffing levels and composition

Human resources are critical to the effective and efficient performance of any health institution. Table 3.5 shows how many permanently employed staff members at the facilities audited provide direct clinical services related to family planning, MNCH, and STIs and HIV.

No doctors provide these types of clinical services at most of the high-volume facilities and government-operated preferred providers that were audited. Privately managed preferred providers were more likely to have at least one doctor who provides these types of services, especially in Abuja, Ilorin, Kaduna, and Zaria.

Nurse-midwives who provide family planning, MNCH, or STI/HIV services are most likely to be found at privately managed preferred providers and least likely to be found at government-operated preferred providers. Nurse-midwives providing these types of services are in especially short supply in Benin City, where 64 percent of high-volume facilities and 86 percent of other public facilities have none on staff.

Nurses appear to provide the majority of family planning, MNCH, and STI/HIV services at high-volume facilities and government-operated preferred providers. In Abuja, Ilorin, Kaduna, and Zaria, over half of high-volume facilities have at least three nurses providing these services. Staffing levels for nurses are generally lower at government-operated preferred providers, except in Abuja and Ilorin.

High-volume facilities in Abuja are most likely to have higher-level personnel, such as doctors (47 percent) and nurse-midwives (73 percent), who provide family planning, MNCH health, or STI/HIV services. High-volume facilities are least likely to have doctors providing these services in Ibadan (11 percent) and least likely to have nurse-midwives providing these services in Benin City (36 percent).

Most privately managed preferred providers have higher-level staff who provide family planning, MNCH, and STI/HIV services, irrespective of city. The proportion of these facilities that have at least one doctor providing these services ranges from a low of 50 percent in Ibadan to a high of 82 percent in Ilorin. For nurse-midwives, the proportion ranges from 66 percent of privately managed preferred providers in Benin City to 89 percent in Abuja and Kaduna.

**Table 3.5: Percent distribution of facilities, by number of health professionals on staff who provide family planning, maternal, newborn, and child health, or STI/HIV services, according to facility type and city, Urban RH Initiative, Nigeria, 2011**

Number of providers on staff	Abuja			Benin City			Ibadan		
	High volume facilities	Public preferred providers	Private preferred providers	High volume facilities	Public preferred providers	Private preferred providers	High volume facilities	Public preferred providers	Private preferred providers
<b>Physicians / doctors</b>									
None	54.5	55.6	28.6	50.0	71.4	48.0	88.9	88.2	50.0
1	9.1	22.2	3.6	7.1	28.6	40.0	7.4	11.8	33.3
2 or more	36.4	22.2	67.9	42.9	0.0	12.0	3.7	0.0	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Nurse midwives</b>									
None	27.3	44.4	10.7	64.3	85.7	44.0	33.3	47.1	11.1
1 - 2	36.4	33.3	57.1	21.4	14.3	40.0	11.1	23.5	27.8
3 - 4	9.1	0.0	28.6	0.0	0.0	16.0	40.7	17.6	33.3
5+	27.3	22.2	3.6	14.3	0.0	0.0	14.8	11.8	27.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Nurses</b>									
None	18.2	0.0	28.6	0.0	0.0	38.0	48.1	52.9	55.6
1 - 2	27.3	33.3	25.0	71.4	71.4	52.0	33.3	41.2	38.9
3 - 4	36.4	22.2	17.9	7.1	28.6	6.0	14.8	0.0	5.6
5+	18.2	44.4	28.6	21.4	0.0	4.0	3.7	5.9	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Midwives</b>									
None	45.5	77.8	57.1	42.9	71.4	82.0	88.9	94.1	61.1
1+	54.5	22.2	42.9	57.1	28.6	18.0	11.1	5.9	38.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Other*</b>									
None	9.1	11.1	53.6	28.6	14.3	46.0	22.2	5.9	16.7
1+	90.9	88.9	46.4	71.4	85.7	54.0	77.8	94.1	83.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	11	9	28	14	7	50	27	17	18

**Table 3.5, continued**

Number of providers on staff	Ilorin			Kaduna			Zaria		
	High volume facilities	Public preferred providers	Private preferred providers	High volume facilities	Public preferred providers	Private preferred providers	High volume facilities	Public preferred providers	Private preferred providers
<b>Physicians / doctors</b>									
None	57.9	71.4	17.9	62.5	81.3	20.0	77.8	92.9	27.8
1	21.1	14.3	23.1	6.3	6.3	31.7	11.1	7.1	38.9
2 or more	21.1	14.3	59.0	31.3	12.5	48.3	11.1	0.0	33.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Nurse midwives</b>									
None	42.1	64.3	25.6	25.0	37.5	11.7	33.3	71.4	22.2
1 - 2	15.8	21.4	33.3	25.0	37.5	26.7	44.4	21.4	38.9
3 - 4	15.8	0.0	20.5	31.3	12.5	30.0	11.1	7.1	33.3
5+	26.3	14.3	20.5	18.8	12.5	31.7	11.1	0.0	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Nurses</b>									
None	21.1	7.1	25.6	12.5	31.3	26.7	11.1	39.3	16.7
1 - 2	10.5	42.9	53.8	31.3	37.5	50.0	22.2	46.4	61.1
3 - 4	15.8	14.3	12.8	25.0	25.0	15.0	11.1	10.7	16.7
5+	52.6	35.7	7.7	31.3	6.3	8.3	55.6	3.6	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Midwives</b>									
None	63.2	100.0	74.4	75.0	62.5	75.0	66.7	100.0	94.4
1+	36.8	0.0	25.6	25.0	37.5	25.0	33.3	0.0	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Other*</b>									
None	42.1	7.1	10.3	25.0	0.0	35.0	44.4	7.1	83.3
1+	57.9	92.9	89.7	75.0	100.0	65.0	55.6	92.9	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities	19	14	39	16	16	60	9	28	18



### 3.3 Basic facility infrastructure to support provision of services

Infrastructure is another critical element in determining a health facility's readiness to provide services. Basic infrastructure assessed in this study include a piped water supply, electricity or back-up generator, toilet facilities, a dedicated telephone or GSM line, a storage area for drugs and supplies, a private examination room, and a gynecological exam table for pelvic exams.

Table 3.6 presents the percentage of facilities with available and functioning infrastructure by city and facility type. Generally, privately managed preferred providers tend to be the most likely and government-operated preferred providers the least likely type of facilities to have each piece of infrastructure.

With the exception of Zaria, more than four-fifths of privately managed preferred providers have a piped water supply, as do more than two-thirds of high-volume facilities in each city. Government-operated preferred providers are least likely to have a piped water supply (from 43 percent in Benin City and Zaria to 6 percent in Kaduna). Electricity, either from the Power Holding Company of Nigeria or a backup generator, is one of the most important components of infrastructure that a health facility needs to function properly. From 77 percent to 100 percent of facilities have electricity or a backup generator, depending on city and facility type.

Regardless of city and facility type, over 60 percent of facilities have toilet facilities, and more than 77 percent have a storage area for drugs and supplies. A majority of facilities in most cities have a private examination room and a gynecological exam table. Government-operated preferred providers in Zaria are a notable exception, with only 25 percent and 21 percent, respectively, having these pieces of infrastructure. Facilities are least likely to have a dedicated telephone or GSM line for the facility's use: phone lines are found at only 11 percent to 53 percent of government-operated preferred providers, 42 percent to 73 percent of high-volume facilities, and 61 percent to 82 percent of privately managed preferred providers.

**Table 3.6: Percentage of facilities with available and functioning infrastructure items, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Piped water	Electricity or backup generator	Toilet facilities or latrine	Dedicated telephone or GSM line	Storage area for drugs and supplies	Private exam room	Gynecological exam table	Number of facilities
<b>Abuja</b>								
High-volume	81.8	100.0	90.9	72.7	90.9	81.8	81.8	11
Public preferred	55.6	88.9	77.8	44.4	77.8	55.6	55.6	9
Private preferred	82.1	100.0	100.0	82.1	100.0	85.7	96.4	28
<b>Benin City</b>								
High-volume	78.6	85.7	85.7	64.3	92.9	92.9	85.7	14
Public preferred	42.9	85.7	100.0	42.9	100.0	42.9	85.7	7
Private preferred	84.0	100.0	98.0	82.0	96.0	90.0	90.0	50
<b>Ibadan</b>								
High-volume	74.1	96.3	85.2	55.6	92.6	77.8	59.3	27
Public preferred	52.9	76.5	64.7	52.9	88.2	64.7	47.1	17
Private preferred	83.3	100.0	94.4	61.1	94.4	83.3	77.8	18
<b>Ilorin</b>								
High-volume	68.4	94.7	94.7	42.1	94.7	94.7	89.5	19
Public preferred	57.1	78.6	64.3	35.7	85.7	92.9	85.7	14
Private preferred	89.7	97.4	100.0	87.2	100.0	92.3	89.7	39
<b>Kaduna</b>								
High-volume	68.8	93.8	75.0	50.0	75.0	68.8	50.0	16
Public preferred	62.5	93.8	87.5	31.3	75.0	75.0	62.5	16
Private preferred	95.0	100.0	98.3	81.7	100.0	91.7	96.7	60
<b>Zaria</b>								
High-volume	66.7	88.9	88.9	55.6	100.0	77.8	66.7	9
Public preferred	42.9	85.7	89.3	10.7	96.4	25.0	21.4	28
Private preferred	44.4	100.0	100.0	61.1	94.4	61.1	77.8	18

### **3.4 Maternal, newborn and child health services offered**

The maternal mortality rate (MMR) in Nigeria continues to be unacceptably high. Findings from the 2008 Nigeria Demographic and Health Survey (NDHS) put the MMR at 545 deaths per 100,000 live births. Infant and child mortality rates in Nigeria, although decreasing, also remain relatively high at 75 and 88 deaths per 1,000 live births, respectively. Maternal, newborn, and child health (MNCH) services have the potential to reduce these mortality rates.

Table 3.7 shows what proportion of facilities provide MNCH and other health services by city and facility type. The findings reveal that antenatal care is the most common service, offered by more than eight in ten facilities, regardless of city and facility type. Other services offered by most facilities in every city include maternal care and delivery services, postnatal care, and child immunization (with the exception of privately managed preferred providers in Zaria). The ubiquity of services to detect and treat STIs varies between cities; this service is most widely available in Kaduna and least widely available in Ibadan. Prevention of mother to child transmission of HIV (PMTCT), post-abortion care, voluntary counseling and testing (VCT), and HIV/AIDs management are generally less commonly offered, with the exception of high-volume facilities in some cities.

**Table 3.7: Percentage of facilities that offer specific health services, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Antenatal care	PMTCT*	Post-abortion care	Maternal care/delivery services	Postnatal care	Number of facilities
<b>Abuja</b>						
High-volume	90.9	81.8	90.9	90.9	90.9	11
Public preferred	100.0	44.4	33.3	100.0	77.8	9
Private preferred	96.4	50.0	92.9	96.4	92.9	28
<b>Benin City</b>						
High-volume	100.0	85.7	71.4	100.0	100.0	14
Public preferred	100.0	57.1	28.6	100.0	100.0	7
Private preferred	96.0	28.0	44.0	96.0	94.0	50
<b>Ibadan</b>						
High-volume	88.9	44.4	37.0	81.5	92.6	27
Public preferred	76.5	23.5	17.6	76.5	76.5	17
Private preferred	94.4	33.3	22.2	100.0	88.9	18
<b>Ilorin</b>						
High-volume	94.7	52.6	63.2	94.7	89.5	19
Public preferred	85.7	28.6	57.1	85.7	92.9	14
Private preferred	100.0	46.2	84.6	100.0	100.0	39
<b>Kaduna</b>						
High-volume	100.0	75.0	68.8	100.0	100.0	16
Public preferred	100.0	56.3	43.8	93.8	100.0	16
Private preferred	95.0	30.0	81.7	95.0	93.3	60
<b>Zaria</b>						
High-volume	100.0	77.8	77.8	88.9	66.7	9
Public preferred	96.4	14.3	21.4	67.9	92.9	28
Private preferred	94.4	27.8	77.8	94.4	88.9	18

\*PMTCT = prevention of mother-to-child transmission of HIV

Table 3.7, continued

City and facility type	Child immunization	Child growth monitoring	Detection and treatment of STIs	VCT*	HIV/AIDS management	Number of facilities
<b>Abuja</b>						
High-volume	100.0	100.0	100.0	81.8	63.6	11
Public preferred	88.9	77.8	55.6	77.8	33.3	9
Private preferred	67.9	75.0	85.7	64.3	39.3	28
<b>Benin City</b>						
High-volume	100.0	100.0	78.6	100.0	50.0	14
Public preferred	100.0	100.0	57.1	42.9	42.9	7
Private preferred	60.0	64.0	80.0	64.0	18.0	50
<b>Ibadan</b>						
High-volume	92.6	81.5	70.4	55.6	14.8	27
Public preferred	100.0	100.0	47.1	52.9	0.0	17
Private preferred	83.3	88.9	44.4	50.0	0.0	18
<b>Ilorin</b>						
High-volume	89.5	89.5	84.2	94.7	36.8	19
Public preferred	100.0	100.0	78.6	78.6	50.0	14
Private preferred	84.6	87.2	92.3	89.7	30.8	39
<b>Kaduna</b>						
High-volume	100.0	75.0	93.8	75.0	56.3	16
Public preferred	100.0	87.5	81.3	56.3	37.5	16
Private preferred	63.3	41.7	100.0	43.3	15.0	60
<b>Zaria</b>						
High-volume	88.9	88.9	100.0	100.0	77.8	9
Public preferred	92.9	85.7	57.1	46.4	14.3	28
Private preferred	44.4	38.9	88.9	33.3	11.1	18

\*VCT = voluntary counseling and testing for HIV

The survey also collected information about how many days per week facilities offer child immunization, antenatal care, and maternity care and delivery services; for how many years the service has been offered; and the number of clients seen during the three months preceding the survey. The results are presented in Table 3.8.

The findings show that maternity care and delivery services are offered five to seven days a week, depending on the city and facility type. Thus, many facilities, especially high-volume facilities and government-operated preferred providers, do not offer this service every day. Child immunization services and antenatal care services are offered less often, generally two to four days per week. In Benin City, Ilorin, Kaduna, and Zaria, facilities offer antenatal care more often than child immunization.

High-volume facilities in Benin City and Ilorin and government-operated preferred providers in Ilorin have been offering each of these three services—child immunization, antenatal care, and maternity care and delivery services—longer (22 to 31 years, on average) than most other facilities. Government-operated preferred providers in Abuja and privately managed preferred providers in Ibadan have offered these services for the shortest length of time (10 years or less).

Facilities in Abuja and Kaduna have relatively high client volumes for all three services, while facilities in Benin City and Zaria have relatively high client volumes for antenatal care and, to a lesser extent, child immunization. As expected, high-volume facilities serve far more clients than other facilities.

**Table 3.8: Among facilities providing a specific health service, mean number of days per week the service is offered, mean number of years facility has offered the service, and mean number of clients in past three months, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Child immunization			Antenatal care			Maternity care/delivery			Number of facilities
	Days per week	Years offered	Clients in past 3 months	Days per week	Years offered	Clients in past 3 months	Days per week	Years offered	Clients in past 3 months	
<b>Abuja</b>										
High-volume	5	12	1,861	5	12	1,784	6	11	652	11
Public preferred	3	9	788	3	10	184	6	8	89	9
Private preferred	4	12	314	4	14	240	7	13	172	28
<b>Benin City</b>										
High-volume	3	23	2,491	3	31	1,131	7	31	181	14
Public preferred	3	12	1,978	4	18	53	6	18	15	7
Private preferred	4	15	255	5	14	138	7	14	81	50
<b>Ibadan</b>										
High-volume	3	19	349	4	19	196	7	21	143	27
Public preferred	4	13	316	3	16	198	6	15	118	17
Private preferred	4	7	193	3	8	138	7	7	79	18
<b>Ilorin</b>										
High-volume	3	22	680	5	27	297	7	25	116	19
Public preferred	2	26	173	3	26	56	7	27	42	14
Private preferred	2	18	96	5	16	90	6	17	70	39
<b>Kaduna</b>										
High-volume	3	18	1,342	4	14	2,435	5	14	798	16
Public preferred	2	16	370	3	17	359	6	14	82	16
Private preferred	2	12	221	3	13	176	7	13	170	60
<b>Zaria</b>										
High-volume	3	14	491	4	14	1,454	6	16	193	9
Public preferred	1	16	559	2	16	670	5	16	104	28
Private preferred	3	23	66	4	16	58	7	16	22	18

### 3.5 Frequency of family planning services

Table 3.9 shows what proportion of facilities offer family planning counseling services, how many days a week the services are available, and how many clients were served in the previous three months.

Most facilities, regardless of facility type or city, offer some family planning services. Except in Zaria, *all* high-volume facilities provide family planning counseling services, as do a large majority of government-operated preferred providers and privately managed preferred providers. Privately managed preferred providers in Benin City are least likely (76 percent) to offer family planning counseling services.

Facilities in Ilorin and Kaduna, regardless of type, offer family planning counseling services six or seven days a week, compared with five to six days a week elsewhere (with the exception of privately managed preferred providers in Zaria).

High-volume facilities in Abuja recorded the highest number of family planning clients during the three months prior to the survey (an average of 932 clients per facility) while Ilorin recorded the fewest (121 clients per facility). In each city, high-volume facilities served a much larger number of family planning clients than preferred providers, whether public or private.



**Table 3.9: Percentage of facilities providing family planning (FP) counseling services and among these facilities, mean number of days per week FP services are offered and mean number of FP clients in past three months, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Percentage of facilities offering FP counseling services	Among facilities offering FP counseling, mean number of:		Number of facilities
		Days per week FP services are offered	FP clients in past 3 months	
<b>Abuja</b>				
High-volume	100.0	5	932	11
Public preferred	88.9	5	85	9
Private preferred	89.3	6	39	28
<b>Benin City</b>				
High-volume	100.0	5	247	14
Public preferred	100.0	5	42	7
Private preferred	76.0	6	37	50
<b>Ibadan</b>				
High-volume	100.0	6	307	27
Public preferred	94.1	6	103	17
Private preferred	88.9	5	197	18
<b>Ilorin</b>				
High-volume	100.0	7	121	19
Public preferred	85.7	7	67	14
Private preferred	97.4	6	34	39
<b>Kaduna</b>				
High-volume	100.0	6	245	16
Public preferred	93.8	7	81	16
Private preferred	93.3	7	151	60
<b>Zaria</b>				
High-volume	88.9	5	210	9
Public preferred	85.7	5	68	28
Private preferred	83.3	7	13	18

### **3.6 Provision of family planning methods**

Providing a broad mix of contraceptive methods is a key element in the quality of family planning services. Table 3.10 shows how many modern methods are offered at different types of facilities.

Outside of Zaria, most facilities offer three or more modern contraceptive methods, including 93 percent to 100 percent of high-volume facilities, 63 percent to 86 percent of government-operated preferred providers, and 61 percent to 95 percent of privately managed preferred providers. In Zaria, only 36 percent of government-operated preferred providers and 67 percent of high-volume facilities and privately managed preferred providers offer three or more modern methods.

Table 3.10 also shows the percentage of facilities that provide family planning referrals to their clients. Government-operated preferred providers in Kaduna and Zaria are the most likely to refer clients for family planning services (31 percent and 39 percent, respectively). In contrast, none of the high-volume facilities in Abuja or government-operated preferred providers in Benin City make referrals for family planning.

**Table 3.10: Percent distribution of facilities by number of modern family planning (FP) methods offered and percentage of facilities that refer clients for FP services, according to city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Number of modern FP methods offered					Percentage of facilities that refer clients for FP services	Number of facilities
	0	1	2	3+	Total		
<b>Abuja</b>							
High-volume	0.0	0.0	0.0	100.0	100.0	0.0	11
Public preferred	20.0	0.0	10.0	70.0	100.0	11.1	9
Private preferred	24.2	0.0	3.0	72.7	100.0	17.9	28
<b>Benin City</b>							
High-volume	0.0	14.3	0.0	85.7	100.0	7.1	14
Public preferred	0.0	14.3	14.3	71.4	100.0	0.0	7
Private preferred	28.3	3.8	7.5	60.4	100.0	22.0	50
<b>Ibadan</b>							
High-volume	0.0	0.0	0.0	100.0	100.0	7.4	27
Public preferred	5.9	0.0	11.8	82.4	100.0	5.9	17
Private preferred	11.1	5.6	22.2	61.1	100.0	16.7	18
<b>Ilorin</b>							
High-volume	0.0	0.0	0.0	100.0	100.0	22.2	19
Public preferred	14.3	0.0	0.0	85.7	100.0	7.1	14
Private preferred	5.0	0.0	0.0	95.0	100.0	2.6	39
<b>Kaduna</b>							
High-volume	0.0	0.0	6.3	93.8	100.0	12.5	16
Public preferred	6.3	0.0	31.3	62.5	100.0	31.3	16
Private preferred	8.2	8.2	13.1	70.5	100.0	8.3	60
<b>Zaria</b>							
High-volume	11.1	0.0	22.2	66.7	100.0	11.1	9
Public preferred	14.3	7.1	42.9	35.7	100.0	39.3	28
Private preferred	16.7	11.1	5.6	66.7	100.0	16.7	18

Table 3.11 shows which modern contraceptive methods were provided by different types of facilities in each city. The most commonly offered methods are combined oral pills, male condoms, injectables, and intrauterine devices (IUDs). For the most part, each of these methods is more likely to be available at high-volume facilities than at preferred providers. Emergency contraception seems to be more widely available in Abuja and Ilorin than in other cities. Female condoms and implants are also more widely available in Abuja. Female sterilization and male sterilization are offered in half or less of facilities, regardless of city and facility type. In comparison to other cities, facilities in Zaria are least likely to provide popular short-term methods, including pills, condoms, and injectables. However, facilities in Zaria are more prepared to provide permanent methods than facilities in some other cities.

**Table 3.11: Percentage of facilities that currently provide specific modern family planning (FP) methods, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Com-bined oral pill	Pro-gestin-only pill	Emer-gency contra-ception	Male condom	Female condom	Inject-able	Implant	IUD	Female sterili-zation	Male sterili-zation	Number of facilities
<b>Abuja</b>											
High-volume	100.0	90.9	36.4	90.9	90.9	100.0	72.7	100.0	45.5	36.4	11
Public preferred	88.9	66.7	44.4	77.8	66.7	88.9	44.4	55.6	22.2	11.1	9
Private preferred	82.1	60.7	71.4	57.1	17.9	89.3	50.0	75.0	46.4	17.9	28
<b>Benin City</b>											
High-volume	85.7	71.4	42.9	78.6	50.0	92.9	35.7	57.1	50.0	14.3	14
Public preferred	71.4	57.1	14.3	71.4	42.9	100.0	14.3	14.3	14.3	14.3	7
Private preferred	58.0	42.0	34.0	60.0	40.0	74.0	24.0	42.0	30.0	10.0	50
<b>Ibadan</b>											
High-volume	96.3	70.4	44.4	92.6	66.7	100.0	22.2	96.3	7.4	3.7	27
Public preferred	88.2	52.9	29.4	64.7	52.9	94.1	0.0	76.5	0.0	0.0	17
Private preferred	50.0	38.9	22.2	72.2	50.0	77.8	16.7	72.2	0.0	0.0	18
<b>Ilorin</b>											
High-volume	100.0	68.4	63.2	89.5	52.6	100.0	21.1	89.5	21.1	5.3	19
Public preferred	85.7	71.4	50.0	85.7	64.3	85.7	14.3	85.7	0.0	0.0	14
Private preferred	92.3	59.0	64.1	82.1	35.9	94.9	23.1	87.2	33.3	12.8	39
<b>Kaduna</b>											
High-volume	93.8	62.5	37.5	81.3	37.5	100.0	37.5	68.8	31.3	0.0	16
Public preferred	93.8	37.5	25.0	50.0	12.5	93.8	0.0	31.3	0.0	0.0	16
Private preferred	76.7	46.7	21.7	36.7	3.3	90.0	21.7	58.3	26.7	10.0	60
<b>Zaria</b>											
High-volume	77.8	44.4	33.3	44.4	22.2	88.9	33.3	55.6	33.3	22.2	9
Public preferred	71.4	10.7	10.7	28.6	3.6	85.7	3.6	21.4	0.0	0.0	28
Private preferred	61.1	27.8	38.9	38.9	0.0	83.3	22.2	55.6	38.9	16.7	18

### 3.7 Availability of equipment and supplies for specific methods

Table 3.12 presents information on the equipment and supplies needed to provide general family planning services. It also shows the proportion of facilities that have everything necessary to provide two long-acting methods, IUDs and implants, both of which require specialized equipment.

More than 86 percent of facilities in each city have a sharps container, more than 91 percent have blood pressure apparatus, more than 92 percent have an adult weighing scale, and more than 81 percent have sterile gloves. There is greater variation between cities in the availability of other equipment and supplies, with facilities in Ibadan and Zaria being less well equipped. For example, only 44 percent of facilities in Ibadan have a sterilizer (important equipment for infection control and in measuring quality of services), while only 49 percent of facilities in Zaria have an examination light or large speculum.

**Table 3.12: Percentage of facilities with available and functioning equipment and supplies needed to provide general family planning (FP) services and with the capacity to provide IUDs and implants, by city, Urban RH Initiative, Nigeria, 2011**

Items	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>General FP equipment and supplies</b>						
Sharps container	93.8	85.9	88.7	95.8	94.6	94.5
Sterilizer	87.5	87.3	43.5	75.0	87.0	80.0
Blood pressure apparatus	91.7	95.8	93.5	91.7	95.7	98.2
Examination light	85.4	80.3	59.7	76.4	85.9	49.1
Adult weighing scale	95.8	93.0	93.5	93.1	95.7	92.7
Speculum, small	85.4	83.1	64.5	87.5	84.8	52.7
Speculum, medium	85.4	84.5	72.6	86.1	87.0	58.2
Speculum, large	83.3	81.7	58.1	81.9	84.8	49.1
Sterile disposable gloves always available	89.6	91.5	93.5	98.6	89.1	81.8
<b>All items needed to provide:</b>						
IUDs*	60.4	59.2	22.6	63.9	58.7	29.1
Implants**	50.0	47.9	17.7	61.1	46.7	30.9
Number of facilities	44	59	59	69	87	47

\* Items needed to provide IUDs include: sterile gloves, antiseptic solution (such as iodine), sponge holding forceps, sterile gauze pad or cotton wool, three sizes of vaginal specula, tenacula (Volsellum forceps), and uterine sound.

\*\* Items needed to provide Implants include: sterile gloves, antiseptic solution (such as iodine), sterile gauze pad or cotton wool, local anesthetic (such as lignocaine), sterile syringe and needle, canula and trochar for inserting implants, scalpel with blade or minor surgery kit (e.g., artery forceps, hemostat), or sealed implants pack.

Facilities in Ilorin and Abuja are the most likely to have the capacity to provide IUDs (64 percent and 61 percent, respectively) and implants (61 percent and 50 percent, respectively). Facilities in Ibadan and Zaria are the least likely to have all of the equipment and consumables needed to provide IUDs (23 and 29 percent, respectively) and implants (18 and 31 percent, respectively).

### **3.8 Integration of MNCH and family planning services**

By definition, integrated services are provided at the same facility during the same operating hours. Integration also means that the provider of one service actively encourages clients to use the other service during the same visit. The goal is to make it more convenient and efficient for clients to get multiple services. The integration of MNCH and family planning services is expected to create awareness of and demand for family planning, thus increasing contraceptive prevalence.

Data on the integration of MNCH and family planning services was collected in the facility audit, provider interviews, and client exit interviews at high-volume facilities.

#### ***3.8.1 Usual practices at facilities***

The facility audit inquired about the usual practice at a facility if a woman who comes primarily for other MNCH services is also interested in receiving information on family planning. Respondents were asked whether women (1) always received family planning information the same day, (2) were usually required to come back on a different day, or (3) were given a referral to another facility for family planning services. Table 3.13a shows the findings for child health and postnatal care visits, while Table 3.13b shows the findings for post-abortion care and STI/HIV testing and treatment visits.

The usual practice at most facilities, in most cities, is to provide family planning information on the same day that clients come for other MNCH services. In Ilorin, for example, at least 73 percent of facilities of each type usually offer same-day family planning information to child health, postnatal care, post-abortion care, and STI/HIV clients. Preferred providers in Ibadan are a notable exception: depending on the service that women come for, from zero to 47 percent of these facilities say they usually give clients family planning information on the same day as other services.

In Ibadan and Kaduna, many or most facilities require the client to come back on a different day for family planning services. For example, more than three-quarters of government-operated preferred providers in Ibadan require child health, postnatal care, post-abortion care, and STI/HIV clients to return another day for family planning information; the same is true for postnatal care and STI/HIV clients at around half of privately managed preferred providers in Kaduna. High-volume facilities in these cities are generally less likely to require a return trip for family planning information.

Less than 13 percent of facilities report referring clients to other facilities for family planning information, regardless of city and facility type. An even smaller proportion of facilities do not integrate family planning and MNCH services in any way at all.

**Table 3.13a: Percent distribution of facilities that provide child health and postnatal services, by practices used to integrate family planning (FP) counseling services, according to city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	At child health visits, percent of facilities that:						No. of facilities that provide child health services	At postnatal care visits, percent of facilities that:						No. of facilities that provide post-natal care
	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integration	Missing	Total*		Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integration	Missing	Total*	
<b>Abuja</b>														
High-volume	81.8	18.2	0.0	0.0	0.0	100.0	11	70.0	30.0	0.0	0.0	0.0	100.0	10
Public preferred	87.5	12.5	0.0	0.0	0.0	100.0	8	100.0	0.0	0.0	0.0	14.3	100.0	7
Private preferred	59.1	36.4	0.0	3.9	15.4	100.0	26	75.0	25.0	0.0	0.0	7.7	100.0	26
<b>Benin City</b>														
High-volume	85.7	7.1	0.0	7.1	0.0	92.8	14	85.7	14.3	0.0	0.0	0.0	100.0	14
Public preferred	100.0	0.0	0.0	0.0	0.0	100.0	7	71.4	14.3	0.0	14.3	0.0	85.7	7
Private preferred	82.5	5.0	7.5	5.0	0.0	95.0	40	76.6	6.4	12.8	4.3	0.0	95.8	47
<b>Ibadan</b>														
High-volume	60.0	40.0	0.0	0.0	0.0	100.0	25	64.0	36.0	0.0	0.0	0.0	100.0	25
Public preferred	17.6	76.5	0.0	5.9	0.0	94.1	17	15.4	84.6	0.0	0.0	0.0	100.0	13
Private preferred	47.1	35.3	11.8	5.6	5.6	94.2	18	46.7	40.0	6.7	6.3	6.3	93.4	16
<b>Ilorin</b>														
High-volume	100.0	0.0	0.0	0.0	0.0	100.0	19	88.2	5.9	0.0	5.9	0.0	94.1	17
Public preferred	85.7	14.3	0.0	0.0	0.0	100.0	14	76.9	23.1	0.0	0.0	0.0	100.0	13
Private preferred	86.5	10.8	0.0	2.6	2.6	97.3	38	81.6	15.8	0.0	2.6	2.6	97.4	39
<b>Kaduna</b>														
High-volume	75.0	25.0	0.0	0.0	0.0	100.0	16	62.5	37.5	0.0	0.0	0.0	100.0	16
Public preferred	68.8	31.2	0.0	0.0	0.0	100.0	16	62.5	37.5	0.0	0.0	0.0	100.0	16
Private preferred	45.2	52.4	2.4	0.0	4.6	100.0	44	46.4	51.8	1.8	0.0	0.0	100.0	56
<b>Zaria</b>														
High-volume	100.0	0.0	0.0	0.0	0.0	100.0	8	100.0	0.0	0.0	0.0	0.0	100.0	6
Public preferred	92.4	3.8	3.8	0.0	3.7	100.0	27	84.6	7.7	7.7	0.0	0.0	100.0	26
Private preferred	57.1	42.9	0.0	0.0	41.7	100.0	12	68.8	31.2	0.0	0.0	0.0	100.0	16

NOTE: Some rows do not add up to 100% due to a small proportion of facilities that do not offer any FP integration services.



**Table 3.13b: Percent distribution of facilities that provide post-abortion care and STI/HIV testing or care, by practices used to integrate family planning (FP) counseling services, according to city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	At post-abortion care visits, percent of facilities that:						No. of facilities that provide post-abortion care	At STI/HIV testing or care visits, percent of facilities that:						No. of facilities that provide STI/HIV testing or care
	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integration	Missing	Total*		Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integration	Missing	Total*	
<b>Abuja</b>														
High-volume	60.0	40.0	0.0	0.0	0.0	100.0	10	90.9	9.1	0.0	0.0	0.0	100.0	11
Public preferred	100.0	0.0	0.0	0.0	0.0	100.0	3	100.0	0.0	0.0	0.0	22.2	100.0	9
Private preferred	56.0	40.0	0.0	3.9	3.9	96.0	26	66.6	28.6	4.8	0.0	12.5	100.0	24
<b>Benin City</b>														
High-volume	90.0	10.0	0.0	0.0	0.0	100.0	10	85.7	14.3	0.0	0.0	0.0	100.0	14
Public preferred	100.0	0.0	0.0	0.0	0.0	100.0	2	60.0	40.0	0.0	0.0	0.0	100.0	5
Private preferred	90.0	10.0	0.0	0.0	9.1	100.0	22	83.8	8.1	8.1	0.0	7.5	100.0	40
<b>Ibadan</b>														
High-volume	70.0	30.0	0.0	0.0	0.0	100.0	10	43.5	56.5	0.0	0.0	8.0	100.0	22
Public preferred	0.0	100.0	0.0	0.0	0.0	100.0	3	8.3	91.7	0.0	0.0	7.7	100.0	13
Private preferred	0.0	100.0	0.0	0.0	25.0	100.0	4	45.5	54.5	0.0	0.0	15.4	100.0	12
<b>Ilorin</b>														
High-volume	81.8	18.2	0.0	0.0	8.3	100.0	12	100.0	0.0	0.0	0.0	10.5	100.0	19
Public preferred	75.0	25.0	0.0	0.0	0.0	100.0	8	80.0	20.0	0.0	0.0	23.1	100.0	13
Private preferred	72.7	24.2	0.0	3.0	0.0	96.9	33	73.0	21.6	0.0	5.1	5.1	94.6	39
<b>Kaduna</b>														
High-volume	54.5	45.5	0.0	0.0	0.0	100.0	11	50.0	50.0	0.0	0.0	6.7	100.0	15
Public preferred	85.7	14.3	0.0	0.0	0.0	100.0	7	64.3	35.7	0.0	0.0	0.0	100.0	14
Private preferred	51.0	47.0	2.0	0.0	0.0	100.0	49	49.2	49.2	1.6	0.0	1.7	100.0	60
<b>Zaria</b>														
High-volume	100.0	0.0	0.0	0.0	0.0	100.0	7	88.9	0.0	0.0	11.1	0.0	88.9	9
Public preferred	83.3	16.7	0.0	0.0	0.0	100.0	6	78.9	15.8	5.3	0.0	5.0	100.0	20
Private preferred	61.5	38.5	0.0	0.0	7.1	100.0	14	57.2	35.7	7.1	0.0	12.5	100.0	16

NOTE: Some rows do not add up to 100% due to a small proportion of facilities that do not offer any FP integration services.

### ***3.8.2 Providing integrated family planning information on a routine basis***

During interviews, providers were asked whether they routinely offer family planning information to clients coming for a variety of other health services, including delivery care, postnatal care, post-abortion care, child health care, and curative health services.

Table 3.14 shows that providers are less likely to routinely offer family planning information to clients seeking curative health care than to clients seeking other MNCH health services, regardless of city or facility type, with the exception of Ibadan.

In most cities and for most services, providers at privately managed preferred providers are less likely to routinely offer family planning information to clients than providers at high-volume facilities and government-operated preferred providers. This is especially true for delivery care in Abuja, where only 69 percent of providers at privately managed preferred providers say they routinely offer family planning information to these clients, compared with 91 percent of providers at high-volume facilities and 93 percent of providers at government-operated preferred providers.

A smaller percentage of providers in Abuja than in other cities say they routinely provide family planning information to post-abortion care clients. Only 68 percent of providers interviewed at high-volume facilities in Abuja routinely offer family planning information to clients seeking post-abortion care. In Benin City, Ibadan, and Zaria, providers at government-operated preferred providers are less likely than providers at high-volume facilities and privately managed preferred providers to offer family planning information to post-abortion care clients.

**Table 3.14: Percentage of providers who offer a specific service and, among them, percentage who say they routinely provide family planning (FP) information to clients seeking that service, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Number of providers	Delivery care		Postnatal care (PNC)		Post-abortion care		Child health services		Curative services	
		Offers delivery care	Routinely provides FP info to delivery care clients*	Offers PNC	Routinely provides FP info to PNC clients*	Offers post-abortion care	Routinely provides FP info to post-abortion care clients*	Offers child health services	Routinely provides FP info to child health clients*	Offers curative services	Routinely provides FP info to curative services clients*
<b>Abuja</b>											
High-volume	41	26.8	90.9	22.0	88.9	14.6	66.7	53.7	90.9	26.8	72.7
Public preferred	36	75.0	92.6	36.1	100.0	11.1	75.0	66.7	91.7	50.0	66.7
Private preferred	112	83.0	68.8	50.9	87.7	32.1	88.9	50.9	71.9	62.5	57.1
<b>Benin City</b>											
High-volume	50	74.0	100.0	78.0	97.4	30.0	86.7	82.0	87.8	64.0	75.0
Public preferred	27	85.2	95.7	77.8	90.5	18.5	60.0	81.5	100.0	59.3	81.3
Private preferred	158	88.0	95.0	74.1	91.5	20.9	93.9	60.1	88.4	74.7	66.1
<b>Ibadan</b>											
High-volume	105	58.1	100.0	51.4	98.1	5.7	83.3	78.1	96.3	42.9	97.8
Public preferred	66	57.6	97.4	48.5	100.0	6.1	75.0	89.4	88.1	47.0	96.8
Private preferred	69	73.9	90.2	50.7	94.3	4.3	100.0	62.3	88.4	31.9	90.9
<b>Ilorin</b>											
High-volume	72	58.3	92.9	73.6	90.6	19.4	85.7	62.5	84.4	45.8	72.7
Public preferred	52	63.5	93.9	59.6	100.0	46.2	91.7	71.2	100.0	61.5	100.0
Private preferred	149	89.9	95.5	84.6	96.8	57.7	90.7	74.5	98.2	73.8	80.0

Table 3.14, continued

City and facility type	Number of providers	Delivery care		Postnatal care (PNC)		Post-abortion care		Child health services		Curative services	
		Offers delivery care	Routinely provides FP info to delivery care clients*	Offers PNC	Routinely provides FP info to PNC clients*	Offers post-abortion care	Routinely provides FP info to post-abortion care clients*	Offers child health services	Routinely provides FP info to child health clients*	Offers curative services	Routinely provides FP info to curative services clients*
<b>Kaduna</b>											
High-volume	57	68.4	89.7	66.7	97.4	38.6	95.5	64.9	86.5	61.4	74.3
Public preferred	64	73.4	89.4	75.0	93.8	25.0	93.8	93.8	76.7	81.3	59.6
Private preferred	239	84.9	86.2	64.4	91.6	35.6	90.6	45.2	78.7	90.4	58.3
<b>Zaria</b>											
High-volume	30	60.0	88.9	53.3	100.0	33.3	90.0	80.0	91.7	43.3	76.9
Public preferred	89	51.7	97.8	74.2	97.0	4.5	75.0	84.3	97.3	79.8	52.1
Private preferred	63	81.0	96.1	69.8	100.0	27.0	94.1	36.5	82.6	90.5	31.6

\*Percentage of providers who routinely provide FP information is only among those providers who offer the service

### **3.8.3 Clients receiving integrated services**

While most of the facilities audited and providers interviewed report that they routinely offer family planning information and counseling to MNCH clients, clients at high-volume facilities give a different story. Women seeking services other than family planning were asked whether they received family planning information or services during their visit. The results are presented in Table 3.15.

In every city, less than half of women who visited high-volume facilities for other services also received family planning information. They were most likely to receive information on family planning in Zaria (44 percent) and least likely to receive such information in Abuja (21 percent).

On the day of the interview, no more than 7 percent of the women interviewed in each city received a method, referral, or prescription for a contraceptive during a visit for another health service. They were most likely to receive a method in Benin City (6 percent) and least likely to receive a method in Zaria and Ibadan (less than 1 percent).

The vast majority (92 percent) of non-family planning clients did not receive a method, a referral, or a prescription for a contraceptive during their visit. When asked whether they would have been interested in this kind of service if the provider had raised the issue, more than one-third (39 percent) of these women said yes. Interest in a family planning method among non-family planning clients ranged from 27 percent in Ibadan to 53 percent in Ilorin.

**Table 3.15: Percentage of clients visiting high-volume facilities for services other than family planning (FP) who received FP information, percent distribution by FP service received, and among clients who did not receive FP services, percentage who would have been interested in a method if the provider had offered, according to city, Urban RH Initiative, Nigeria, 2011**

City	Percent who received FP information	Percent distribution by FP service received							Among clients who did not receive a method, referral, or prescription, percent who would have been interested if provider had offered	Number of clients who came for services other than FP
		Method	Referral	Prescription	None (not currently using a method)	None (already using a method)	Missing	Total		
Abuja	20.5	2.0	0.6	0.1	85.3	10.5	1.5	100.0	45.3	712
Benin City	30.5	6.4	0.3	0.1	88.2	5.0	0.0	100.0	40.4	721
Ibadan	37.0	0.5	0.1	0.0	94.3	5.0	0.1	100.0	26.5	1,281
Ilorin	31.6	1.9	0.0	0.3	93.1	2.5	2.2	100.0	53.2	729
Kaduna	30.0	0.7	0.0	0.1	92.8	6.2	0.2	100.0	30.7	747
Zaria	44.2	0.1	0.0	0.0	98.1	1.0	0.8	100.0	50.3	770

### 3.9 Availability of contraceptives and stock-outs

Adequate contraceptive logistics management at the facility level is essential to ensure the continuous availability of contraceptive commodities, with no stock-outs. For purposes of this study, a stock-out is defined as an absence or lack of availability of a method at a facility for 24 hours or longer. Table 3.16 presents information on current availability and stock-outs of contraceptive methods in the last 30 days and in the last 12 months, by method, facility type, and city. Although it is preferable to confirm this kind of data by reviewing a stock or tally card to document dates of stocking and stock-outs, almost all of the information presented here is based on providers' reports.

Overall, at least three-quarters of facilities, regardless of city and facility type, currently have IUDs, injectables, and combined oral pills available. Current availability of other methods varies between cities and facility types. In Ilorin, for example, all high-volume facilities have implants in stock, but only about half of preferred providers. Ibadan is notable because all privately managed preferred providers reported that *all* methods were currently in stock.

Depending on the city and facility type, different methods are affected by stock-outs. During the previous 30 days, for example, at least one-third of high-volume facilities experienced a stock-out of: implants or emergency contraception in Abuja; emergency contraception, male condoms, and female condoms in Benin City; progestin-only pills in Ilorin; implants in Kaduna; and implants and progestin-only pills in Zaria. Preferred providers in the same cities did not experience the same stock-outs. In Zaria, for example, at least one-third of government-operated preferred providers reported recent stock-outs of the IUD and combined oral pills, but none had stock-outs of implants or progestin-only pills.

Government-operated preferred providers in Benin City and privately managed preferred providers in Ibadan experienced the fewest stock-outs: they reported no stock-outs over the past year for IUDs, injectables, implants, or emergency contraception.

**Table 3.16: Among facilities that offer a specific contraceptive method, percentage with method currently in stock and percentage that report a stock-out in the last 30 days or 1 year, by type of facility and city, Urban RH Initiative, Nigeria, 2011**

City and method	High-volume facilities				Public preferred providers				Private preferred providers			
	Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:		Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:		Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:	
			30 days	12 months			30 days	12 months			30 days	12 months
<b>Abuja</b>	N = 11				N = 8				N = 25			
IUD	11	100.0	0.0	18.2	5	100.0	0.0	0.0	21	90.5	9.5	14.3
Injectables	11	100.0	0.0	36.4	8	87.5	12.5	62.5	25	92.0	8.0	8.3
Implant	8	75.0	50.0	62.5	4	75.0	25.0	25.0	14	78.6	21.4	21.4
Combined oral pill	11	100.0	9.1	27.3	8	87.5	25.0	25.0	23	95.7	4.3	13.0
Progestin-only pill	10	90.0	20.0	30.0	6	83.3	16.7	33.3	17	100.0	0.0	0.0
Emergency contraception	4	50.0	50.0	50.0	4	50.0	50.0	50.0	20	95.0	5.0	5.0
Male condom	10	100.0	20.0	30.0	7	85.7	28.6	28.6	16	100.0	0.0	0.0
Female condom	10	90.0	20.0	30.0	6	83.3	16.7	16.7	5	100.0	0.0	20.0
<b>Benin City</b>	N = 14				N = 7				N = 38			
IUD	8	75.0	25.0	25.0	1	100.0	0.0	0.0	21	95.0	9.5	23.8
Injectables	13	92.3	7.7	15.4	7	100.0	0.0	0.0	37	97.3	2.7	13.9
Implant	5	80.0	20.0	20.0	1	100.0	0.0	0.0	12	83.3	16.7	33.3
Combined oral pill	12	75.0	25.0	25.0	5	80.0	20.0	20.0	29	86.2	24.1	37.9
Progestin-only pill	10	70.0	30.0	30.0	4	75.0	25.0	25.0	21	85.0	19.0	28.6
Emergency contraception	6	66.7	33.3	50.0	1	100.0	0.0	0.0	17	93.8	11.8	17.6
Male condom	11	54.5	45.5	45.5	5	80.0	20.0	20.0	30	85.2	13.3	20.0
Female condom	7	57.1	42.9	42.9	3	66.7	33.3	33.3	20	84.2	20.0	25.0
<b>Ibadan</b>	N = 27				N = 16				N = 16			
IUD	26	96.2	11.5	19.2	13	92.3	7.7	7.7	13	100.0	0.0	0.0
Injectables	27	92.6	14.8	22.2	16	87.5	25.0	25.0	14	100.0	0.0	0.0
Implant	6	100.0	16.7	33.3	0	0.0	0.0	0.0	3	100.0	0.0	0.0
Combined oral pill	26	100.0	7.7	30.8	15	86.7	40.0	53.3	9	100.0	11.1	11.1
Progestin-only pill	19	89.5	21.1	36.8	9	88.9	33.3	55.6	7	100.0	14.3	14.3
Emergency contraception	12	75.0	25.0	25.0	5	100.0	0.0	20.0	4	100.0	0.0	0.0
Male condom	25	88.0	12.0	20.0	11	90.9	9.1	18.2	13	100.0	0.0	7.7
Female condom	18	72.2	27.8	38.9	9	88.9	22.2	22.2	9	100.0	0.0	0.0



Table 3.16, continued

City and method	High-volume facilities				Public preferred providers				Private preferred providers			
	Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:		Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:		Number that provide method	Percent with method currently in stock	Percent with stock-out* in the last:	
			30 days	12 months			30 days	12 months			30 days	12 months
<b>Ilorin</b>		N = 19				N = 12				N = 38		
IUD	17	93.8	5.9	17.6	12	91.7	8.3	8.3	34	94.1	11.8	26.5
Injectables	19	94.4	5.3	44.4	12	91.7	8.3	25.0	37	100.0	8.1	25.0
Implant	4	100.0	0.0	25.0	2	50.0	50.0	50.0	9	42.9	44.4	44.4
Combined oral pill	19	84.2	21.1	31.6	12	91.7	8.3	16.7	36	86.1	16.7	30.6
Progestin-only pill	13	61.5	38.5	46.2	10	70.0	30.0	30.0	23	73.9	26.1	26.1
Emergency contraception	12	75.0	25.0	33.3	7	85.7	14.3	14.3	25	79.2	20.0	20.0
Male condom	17	88.2	11.8	11.8	12	91.7	8.3	16.7	32	90.6	9.4	12.5
Female condom	10	90.0	10.0	30.0	9	88.9	11.1	22.2	14	81.8	21.4	28.6
<b>Kaduna</b>		N = 16				N = 15				N = 56		
IUD	11	100.0	0.0	0.0	5	100.0	0.0	0.0	35	94.1	14.3	22.9
Injectables	16	93.8	12.5	18.8	15	93.3	33.3	53.3	54	100.0	1.9	13.0
Implant	6	66.7	33.3	33.3	0	0.0	0.0	0.0	13	84.6	23.1	30.8
Combined oral pill	15	86.7	20.0	26.7	15	73.3	40.0	60.0	46	95.7	8.7	15.2
Progestin-only pill	10	90.0	20.0	20.0	6	83.3	16.7	33.3	28	92.9	14.3	17.9
Emergency contraception	6	100.0	0.0	0.0	4	50.0	50.0	75.0	13	100.0	7.7	15.4
Male condom	13	84.6	15.4	23.1	8	75.0	25.0	37.5	22	95.2	9.1	13.6
Female condom	6	83.3	16.7	16.7	2	50.0	50.0	50.0	2	100.0	0.0	0.0
<b>Zaria</b>		N = 8				N = 24				N = 15		
IUD	5	100.0	0.0	20.0	6	66.7	33.3	33.3	10	90.0	10.0	10.0
Injectables	8	100.0	0.0	37.5	24	75.0	29.2	45.8	15	86.7	13.3	40.0
Implant	3	33.3	66.7	100.0	1	100.0	0.0	0.0	4	75.0	25.0	25.0
Combined oral pill	7	100.0	14.3	28.6	20	70.0	35.0	55.0	11	90.9	18.2	36.4
Progestin-only pill	4	50.0	50.0	50.0	3	100.0	0.0	33.3	5	100.0	0.0	20.0
Emergency contraception	3	66.7	33.3	33.3	3	100.0	0.0	33.3	7	71.4	28.6	42.9
Male condom	4	100.0	0.0	25.0	8	100.0	12.5	12.5	7	85.7	14.3	42.9
Female condom	2	100.0	0.0	0.0	1	0.0	100.0	100.0	0	0.0	0.0	0.0

\* A "stock-out" refers to a lack of availability of a method in a facility that lasts at least 24 hours or current non-availability of the method

### 3.10 Sources of contraceptive stock and delivery time

Table 3.17 shows the patterns of sourcing and ordering contraceptive commodities, as well as modes of delivery, for five family planning methods: combined oral pills, progestin-only pills, male condoms, injectables, and implants.

High-volume facilities most often source family planning commodities from the government, but preferred providers are more likely to get supplies from private pharmacy wholesalers or distributors. At least two-thirds of high-volume facilities received commodities from a government source, while two-thirds of preferred providers received commodities from a private distributor.

Regular delivery of routinely supplied contraceptives is critical to ensure the effectiveness of logistics management practices at the facility level. According to Table 3.17, more than half of all facilities had received a routine supply of commodities for each method in the previous four weeks; the proportion ranged from 54 percent for combined pills at high-volume facilities to 67 percent for male condoms at preferred providers. From 14 percent to 27 percent of facilities received their last routine supply of some method more than four weeks ago. An additional 8 percent to 20 percent of facilities reported having no routine supply system for one of the five commodities. This is more likely to be true for high-volume facilities than for preferred providers, especially for pills and male condoms.

After placing an order for family planning supplies, around three-quarters of all facilities received their last order in one week or less; the proportion ranged from 72 percent to 86 percent, depending on the method and facility type.

Facilities of all types generally pick contraceptive commodities up, rather than have them delivered. This means that a lack of transportation (or the funds to pay for it) could cause a delay in receiving needed supplies and result in a stock-out of commodities. The proportion of high-volume facilities that pick up supplies ranges from 50 percent for injectables to 64 percent for combined pills. The proportion of preferred providers that pick up supplies ranges from 40 percent for injectables to 61 percent for combined pills.

**Table 3.17: Among facilities that stock contraceptive commodities, percentage that get contraceptive methods from specific sources, and percent distribution by date of last routine supply preceding the survey visit, average length of time to receive supplies, and mode of delivery, according to facility type and method, Urban RH Initiative, Nigeria, 2011**

Supply characteristics	High-volume facilities					Preferred providers				
	Com-bined pill	Pro-gestin-only pill	Male con-dom	Inject-able	Im-plant	Com-bined pill	Pro-gestin-only pill	Male con-dom	Inject-able	Im-plant
<b>Source of stock*</b>										
Government	65.6	66.7	71.3	71.9	72.0	23.6	25.7	26.9	18.2	24.4
International NGO	10.0	9.1	8.8	15.6	9.3	5.2	5.1	6.6	10.9	3.7
Local NGO	7.8	9.1	5.0	12.5	9.3	5.2	7.4	7.8	5.5	6.1
Pharmacy wholesaler/dealer/distributor	25.6	22.7	22.5	15.6	20.0	69.9	69.9	65.9	74.5	68.3
Other private	2.2	1.5	1.3	0.0	0.0	3.1	0.7	1.2	0.0	0.6
<b>Last routine supply received</b>										
< 4 weeks ago	54.4	60.6	55.0	65.6	57.7	64.6	64.0	66.7	63.5	60.2
4-12 weeks ago	15.6	9.1	12.5	9.4	17.9	12.7	16.5	12.9	7.9	10.8
> 12 weeks ago	11.1	10.6	10.0	12.5	6.4	7.0	5.8	7.0	6.3	8.0
No routine supply system	16.7	18.2	20.0	9.4	12.8	12.2	7.9	9.4	9.5	11.9
Don't know	2.2	1.5	0.0	0.0	1.3	2.6	4.3	1.8	0.0	2.8
Missing	0.0	0.0	0.0	3.1	3.8	0.0	0.0	0.0	12.7	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Average time to receive supplies after ordering</b>										
1 week or less	77.8	72.7	73.8	84.4	71.8	86.0	80.6	81.9	77.8	78.4
2-4 weeks	10.0	10.6	10.0	6.3	6.4	7.9	7.9	9.4	4.8	6.8
> 5 weeks	1.1	1.5	2.5	3.1	2.6	1.7	3.6	2.4	0.0	3.4
Other	8.9	12.1	11.3	3.1	10.3	1.7	1.4	1.2	1.6	0.6
Don't know	0.0	1.5	1.3	3.1	3.8	1.3	2.9	1.2	1.6	2.8
Missing	2.2	1.5	1.3	0.0	5.1	1.3	3.6	4.1	14.3	8.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>How supplies get to facility</b>										
Delivered	28.9	31.8	31.3	40.6	26.9	27.5	30.2	39.2	36.5	27.8
Must pick them up	64.4	59.1	62.5	50.0	61.5	61.1	53.2	50.3	39.7	50.0
Both	5.6	7.6	6.3	9.4	6.4	10.9	15.1	8.2	11.1	13.6
Missing	1.1	1.5	0.0	0.0	5.1	0.4	1.4	2.3	12.7	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities that stock method	90	66	80	94	32	229	139	171	264	63

\*Multiple responses permitted

### 3.11 Ordering

Understanding commodity ordering procedures can help sustain or improve supply lines and forestall potential stock-outs. The supply system in both the public and private sectors of Nigeria can be described as a pure “pull” system, in which individual facilities determine their own needs and place orders accordingly with an appropriate supplier. Table 3.18 shows that staff members are largely responsible for determining when and how much to order for all contraceptive commodities, including combined and progestin-only pills, male condoms, injectables, and implants. This is the system used at 85 percent to 98 percent of facilities for each commodity, regardless of facility type. Staff members at high-volume facilities are slightly less likely than their counterparts at preferred providers to determine and place orders for each contraceptive commodity.

Table 3.18 also shows how facilities estimate how much to order and decide when to place an order. Most facilities (from 59 percent to 66 percent) calculate the amount to order based on utilization, that is, the amount of a commodity that has been used during a particular period. In contrast, about one-third of facilities (from 29 percent to 37 percent) order enough to maintain a predetermined stock level. These patterns vary little by commodity or facility type.

With respect to timing, orders at about half of facilities are triggered when stock levels fall below a predetermined level; high-volume facilities (from 44 percent to 48 percent) are somewhat less likely to use this approach than preferred providers (from 49 percent to 56 percent). Around two-fifths of all facilities say they place orders “when needed.” From 12 percent to 16 percent of high-volume facilities place their orders at a fixed time, compared with less than 4 percent of preferred providers.

**Table 3.18: Percentage of facilities where facility staff place orders for contraceptive methods and, among these, percent distribution by criteria used to decide how much to order and when to order, according to method and facility type, Urban RH Initiative, Nigeria, 2011**

Ordering criteria	High-volume facilities					Preferred providers				
	Com- bined pill	Pro- gestin- only pill	Male con- dom	Inj- ect- able	Im- plant	Com- bined pill	Pro- gestin- only pill	Male con- dom	Inj- ect- able	Im- plant
Number of facilities offering method	90	66	80	94	32	229	139	171	264	63
Percentage of facilities where staff determines quantity and places commodity orders	90.0	90.9	85.0	87.5	88.0	95.2	93.4	94.0	98.2	95.7
<b>Amount ordered</b>										
Enough to maintain stock	29.1	33.3	33.8	36.7	32.4	30.3	32.6	28.7	32.7	32.9
Same amount ordered each time	8.1	3.2	7.0	3.3	2.9	4.1	3.1	4.4	3.6	3.8
Utilization*	62.8	63.5	59.2	60.0	61.8	64.7	63.6	66.3	63.6	63.3
Other	0.0	0.0	0.0	0.0	1.5	0.5	0.8	0.6	0.0	0.0
Don't know/ missing	0.0	0.0	0.0	0.0	0.5	0.5	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Timing of order</b>										
When stock falls to a predetermined level	47.1	44.4	47.2	46.7	47.1	53.4	48.8	52.5	55.6	51.9
Fixed time	14.0	15.9	13.9	13.3	11.8	2.3	3.1	1.3	3.7	2.5
When needed	37.2	39.7	38.9	40.0	41.2	41.6	43.4	43.7	40.7	42.4
Other	1.2	0.0	0.0	0.0	0.0	1.8	3.1	2.5	0.0	1.9
Don't know/ missing	0.0	0.0	0.0	0.0	0.0	0.9	1.6	0.0	0.0	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of facilities where staff determines and places commodity orders	81	60	68	28	66	217	128	156	55	156

\*Utilization refers to ordering based on consumption or the amount used by the facility during a regular period of time

### 3.12 Cost of consultation and method to clients

Table 3.19 presents information on the cost of a family planning method, including a consultation, at the time of the survey and the proportion of clients who paid for the method. These data come from the facility audits, which asked respondents what the facility charged for each method and what percentage of clients at that facility paid the charge. The data were collected prior to the FMOH's decision in April 2010 to offer contraceptives at no charge in public health facilities and thus do not reflect the current situation.

Implants were the most expensive method, especially in Benin City and Ibadan, where facilities charged clients more than 2,000 Naira (about US\$12.50), on average, for implants. Male and female condoms were the cheapest methods available in every city, with the average cost of a consultation and male condom ranging from 25 Naira in Benin City to 132 Naira in Abuja.

A high proportion of clients paid the full cost of most family planning methods, although there was some variation between cities. At facilities in Abuja, Benin City, Ilorin, and Zaria, over 85 percent of clients paid for every method. In Ibadan, however, clients were more likely to pay for some methods than others. For example, only about half of clients paid for implants (44 percent), progestin-only pills (53 percent), and female condoms (47 percent), while more than two-thirds of clients paid for IUDs (71 percent), injectables (79 percent), combined oral pills (66 percent), emergency contraception (69 percent), and male condoms (80 percent).

**Table 3.19: Mean amount charged for family planning (FP) method and consultation, and mean percentage of clients at each facility who pay the charge, by method and city, Urban RH Initiative, Nigeria, 2011**

<b>City and method</b>	<b>Mean amount charged for consultation and FP method (in Naira)</b>	<b>Percent of clients who pay the charge</b>	<b>Number of facilities that offer method</b>
<b>Abuja</b>			
IUD	1,223	93.0	36
Injectables	471	97.6	42
Implant	1,313	92.4	24
Combined oral pill	400	98.4	41
Progestin-only pill	280	93.8	32
Emergency contraception	494	93.7	27
Condom	132	98.1	30
Female condom	34	90.7	17
<b>Benin City</b>			
IUD	1,145	100.0	29
Injectables	459	98.3	56
Implant	2,075	100.0	17
Combined oral pill	188	92.9	46
Progestin-only pill	201	90.1	35
Emergency contraception	214	85.6	24
Condom	25	100.0	37
Female condom	63	100.0	27
<b>Ibadan</b>			
IUD	472	71.2	51
Injectables	284	79.4	56
Implant	2,317	44.0	9
Combined oral pill	201	65.9	50
Progestin-only pill	264	53.2	35
Emergency contraception	150	69.2	21
Condom	41	79.8	40
Female condom	52	46.6	28
<b>Ilorin</b>			
IUD	604	90.8	63
Injectables	345	91.4	68
Implant	1,375	93.9	15
Combined oral pill	193	90.8	66
Progestin-only pill	142	89.2	46
Emergency contraception	262	91.4	43
Condom	33	95.4	57
Female condom	45	91.9	32

**Table 3.19, continued**

City and method	Mean amount charged for consultation and FP method (in Naira)	Percent of clients who pay the charge	Number of facilities that offer method
<b>Kaduna</b>			
IUD	1,216	89.9	50
Injectables	408	92.0	85
Implant	1,830	89.8	17
Combined oral pill	199	89.0	75
Progestin-only pill	277	91.7	43
Emergency contraception	260	86.0	22
Condom	78	84.7	32
Female condom	35	62.2	9
<b>Zaria</b>			
IUD	1,077	100.0	21
Injectables	305	100.0	47
Implant	1,500	100.0	8
Combined oral pill	194	98.6	38
Progestin-only pill	168	100.0	12
Emergency contraception	192	100.0	13
Condom	82	96.7	13
Female condom	100	100.0	1

### 3.13 Number of condoms and pill cycles provided

The number of condoms and pill cycles provided by facilities to new acceptors and resupply clients is shown in Table 3.20. New acceptors in every city are more likely to receive multiple condoms—especially male condoms—than multiple cycles of combined oral or progestin-only pills. The proportion of facilities that gives new acceptors more than one male condom ranges from a high of 90 percent in Zaria to a low of 52 percent in Abuja. The proportion of facilities that gives new acceptors more than one cycle of pills is highest in Benin City (30 percent for combined oral pills and 40 percent for progestin-only pills) and lowest in Ibadan (10 percent and 3 percent, respectively).

Facilities are as likely to give multiple male condoms to new acceptors as they are to resupply clients. However, resupply clients are more likely than new acceptors to receive multiple cycles of pills in every city. The disparity is greatest in Ibadan and Kaduna, where facilities are 5 to 6 times more likely to give multiple cycles of pills to resupply clients than new acceptors, and smallest in Benin City, where facilities are just 1.2 times more likely to distribute multiple cycles of pills to resupply clients than new acceptors.



**Table 3.20: Among facilities that offer condoms and pills, percentage that provide more than one piece (condoms) or one cycle (pills) to new acceptors and resupply clients, by city and method, Urban RH Initiative, Nigeria, 2011**

City and method	Number of facilities that offer method	Percent of facilities that provide more than one piece/cycle to:	
		New acceptors	Resupply clients
<b>Abuja</b>			
Male condom	33	51.5	51.5
Female condom	21	33.3	42.9
Combined oral pills	42	23.8	64.3
Progestin-only pills	33	27.3	69.7
<b>Benin City</b>			
Male condom	46	67.4	66.7
Female condom	30	60.0	56.7
Combined oral pills	46	30.4	37.0
Progestin-only pills	35	40.0	45.7
<b>Ibadan</b>			
Male condom	49	87.8	85.7
Female condom	36	75.0	77.8
Combined oral pills	50	10.0	50.0
Progestin-only pills	35	2.9	54.3
<b>Ilorin</b>			
Male condom	61	82.0	77.0
Female condom	33	39.4	57.6
Combined oral pills	67	14.9	34.3
Progestin-only pills	46	8.7	30.4
<b>Kaduna</b>			
Male condom	43	86.0	88.4
Female condom	10	40.0	80.0
Combined oral pills	76	10.5	63.2
Progestin-only pills	44	9.1	68.2
<b>Zaria</b>			
Male condom	19	89.5	89.5
Female condom	3	66.7	66.7
Combined oral pills	38	23.7	60.5
Progestin-only pills	12	16.7	75.0

### 3.14 Storage conditions

In order to maintain the efficacy and effectiveness of contraceptives, they must be protected from environmental factors such as water, direct exposure to sunlight, and pests. Table 3.21 presents information on how many facilities currently offering family planning services store contraceptive commodities correctly.

A large majority of facilities store contraceptives off the floor, including all facilities in Ibadan, but only three-quarters of high-volume facilities in Ilorin. An equally high proportion of facilities store their commodities away from water, sun, and pests, with the exception of Zaria, where only 67 percent of high-volume facilities protect contraceptive commodities from water, sun, and pests.

Injectables should be stored in an upright position. Among facilities that offer injectables, the vast majority store them in the correct position, although there are some differences by facility type and city. Government-operated preferred providers in Abuja are least likely to store injectables upright (75 percent). In every city except Benin City, privately managed preferred providers are more likely than other facility types to store injectables correctly.

**Table 3.21: Among facilities that currently offer family planning services, percentage with correct storage conditions for contraceptive commodities, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Stored off the floor	Protected from water	Protected from sun	Protected from pests	Protected from water, sun, and pests	Injectables stored upright*	Number of facilities**
<b>Abuja</b>							
High-volume	100.0	100.0	100.0	100.0	100.0	100.0	11
Public preferred	87.5	100.0	87.5	87.5	87.5	75.0	8
Private preferred	100.0	100.0	100.0	100.0	100.0	100.0	25
<b>Benin City</b>							
High-volume	91.7	83.3	91.7	83.3	81.8	83.3	14
Public preferred	100.0	100.0	100.0	100.0	100.0	100.0	7
Private preferred	94.3	94.3	94.3	94.3	94.3	94.1	38
<b>Ibadan</b>							
High-volume	100.0	100.0	100.0	88.9	88.9	94.4	27
Public preferred	100.0	100.0	100.0	77.8	100.0	88.9	16
Private preferred	100.0	100.0	100.0	100.0	100.0	100.0	16
<b>Ilorin</b>							
High-volume	75.0	87.5	100.0	68.8	76.9	81.3	19
Public preferred	100.0	100.0	100.0	91.7	100.0	100.0	12
Private preferred	85.3	91.2	100.0	94.1	93.8	100.0	38
<b>Kaduna</b>							
High-volume	93.3	100.0	100.0	86.7	100.0	93.3	16
Public preferred	100.0	100.0	100.0	100.0	100.0	100.0	15
Private preferred	100.0	100.0	100.0	100.0	100.0	100.0	56
<b>Zaria</b>							
High-volume	83.3	83.3	100.0	83.3	66.7	83.3	8
Public preferred	100.0	100.0	100.0	93.3	100.0	80.0	24
Private preferred	90.0	90.0	90.0	90.0	90.0	90.0	15

\* Based on 274 facilities that offer injectables and where the storage area could be observed

\*\* Interviewers could not observe the storage areas for 84 of the 365 facilities that provide family planning services. These facilities are excluded from the table.

### 3.15 Management practices that support quality services

Table 3.22 presents information on management practices that support high quality family planning services. These include written guidelines and service protocols for the provision of family planning services, written guidelines for integrating family planning and HIV services, pregnancy screening guidelines and tools, periodic audits or service registers compiled at least quarterly, and quality assurance (QA) committees or meetings to improve service delivery.

All of these management practices are largely absent at most facilities. A periodic audit or service register compiled quarterly is the most commonly observed practice, but its use varies widely by facility type and city. For example, none of the privately managed preferred providers in Ibadan and Zaria have periodic audits or service registers, compared with 64 percent of high-volume facilities in Benin City. In most cities at most facility types, written guidelines for the integration of family planning and HIV are the least widely observed practice.

For the most part, high-volume facilities are most likely to demonstrate each management practice than preferred providers. In certain cases, however, government-operated preferred providers outperform high-volume facilities: this is true for written guidelines for family planning services in Abuja and Zaria, written guidelines for family planning and HIV integration in Zaria, and QA meetings in Abuja and Ilorin.

**Table 3.22: Among facilities offering family planning (FP) services, percentage with observed standard operating manuals or other quality assurance (QA) documentation, by type of protocol, city, and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Percent of facilities with observed:					Number of facilities that offer FP
	Written guidelines or service protocols for FP service provision	Written guidelines for integration of FP and HIV	Guidelines or tools for pregnancy screening	Periodic audits or service registers compiled at least quarterly	QA committee or meetings for FP service delivery	
<b>Abuja</b>						
High-volume	36.4	9.1	27.3	45.5	27.3	11
Public preferred	62.5	0.0	12.5	37.5	37.5	8
Private preferred	8.0	15.4	12.0	12.0	12.0	25
<b>Benin City</b>						
High-volume	28.6	14.3	28.6	64.3	28.6	14
Public preferred	0.0	14.3	14.3	42.9	28.6	7
Private preferred	13.2	15.8	26.3	18.4	21.2	38
<b>Ibadan</b>						
High-volume	22.2	14.8	22.2	33.3	22.2	27
Public preferred	6.3	0.0	6.3	12.5	0.0	16
Private preferred	6.3	0.0	0.0	0.0	0.0	16
<b>Ilorin</b>						
High-volume	21.2	10.5	36.8	36.8	10.5	19
Public preferred	0.0	0.0	25.0	33.3	25.0	12
Private preferred	2.6	5.3	28.9	18.4	21.1	38
<b>Kaduna</b>						
High-volume	43.8	25.0	25.0	43.8	18.8	16
Public preferred	6.7	0.0	20.0	13.3	0.0	15
Private preferred	1.8	0.0	0.0	5.4	1.8	56
<b>Zaria</b>						
High-volume	12.5	12.5	37.5	50.0	37.5	8
Public preferred	16.7	16.0	16.7	25.0	16.7	24
Private preferred	0.0	0.0	0.0	0.0	0.0	15

### 3.16 Provider training

The importance of provider training in the delivery of family planning services cannot be over-emphasized. Improving the capacity of health care providers through training not only increases access to family planning services, it also serves as an important indicator for measuring quality of care. Tables 3.23 and 3.24 present information on pre-service and in-service training related to family planning.

Table 3.23 shows that, overall, the vast majority of providers interviewed received pre-service training on some family planning topic or method. Providers at government-operated preferred providers in Abuja and privately managed preferred providers in Ibadan were least likely to have received pre-service training (78 percent and 81 percent, respectively).

A much smaller fraction of providers reported receiving in-service training on family planning in the previous year. That proportion varies widely by city and facility type. In every city except Ibadan, providers were more likely to report in-service training at high-volume facilities than at preferred providers; less than 10 percent of providers working at preferred providers in Benin City, Ilorin, Kaduna, and Zaria said they had received in-service family planning training in the past year. In Ibadan, by contrast, providers working at privately managed preferred providers (35 percent) were considerably more likely to report in-service training than those working at high-volume facilities (19 percent) or government-operated preferred providers (23 percent).

**Table 3.23: Percentage of providers that received pre-service training or in-service training during the past 12 months on any family planning (FP) topic or method, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Pre-service training on FP	In-service training on FP in past 12 months	Number of providers
<b>Abuja</b>			
High-volume	87.8	26.8	41
Public preferred	77.8	19.4	36
Private preferred	98.2	2.7	112
<b>Benin City</b>			
High-volume	100.0	22.0	50
Public preferred	92.6	0.0	27
Private preferred	95.6	9.5	158
<b>Ibadan</b>			
High-volume	97.1	19.0	105
Public preferred	92.4	22.7	66
Private preferred	81.2	34.8	69
<b>Ilorin</b>			
High-volume	95.8	12.5	72
Public preferred	100.0	1.9	52
Private preferred	96.6	3.4	149
<b>Kaduna</b>			
High-volume	98.2	26.3	57
Public preferred	100.0	4.7	64
Private preferred	100.0	1.3	239
<b>Zaria</b>			
High-volume	96.7	16.7	30
Public preferred	100.0	4.5	89
Private preferred	100.0	7.9	63

Table 3.24 shows what topics were covered in pre-service and in-service training. Over three-quarters of providers in each city received pre-service training on exclusive breastfeeding and the lactational amenorrhea method (LAM), oral pills, and family planning counseling skills. Less than 13 percent of providers in each city had received in-service training on these topics in the past 12 months.

The least common topics covered in pre-service training included clinical skills for implants, male sterilization, and female sterilization. Training on these topics was especially limited in Ibadan, Ilorin, Kaduna, and Zaria, with only 32 percent to 58 percent of providers reporting pre-service training and less than 4 percent reporting recent in-service training.



**Table 3.24: Percentage of providers who received pre-service training on family planning (FP) or in-service training during the 12 months preceding the survey, by training topic and city, Urban RH Initiative, Nigeria, 2011**

Training topic	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Pre-service	In-service	Pre-service	In-service	Pre-service	In-service	Pre-service	In-service	Pre-service	In-service	Pre-service	In-service
Contraceptive technology update	85.7	10.1	92.3	10.2	77.5	10.8	91.2	5.5	74.4	3.1	88.5	5.5
Exclusive breastfeeding counseling/LAM	89.9	8.5	93.2	9.8	78.3	10.0	90.5	4.8	88.3	2.8	94.5	4.9
Natural family planning (rhythm, cycle beads, etc.)	88.4	7.4	92.3	9.8	70.0	7.1	90.5	4.8	95.6	3.9	90.7	4.9
Emergency contraception	84.1	7.9	80.9	9.4	77.1	7.9	81.7	3.7	74.7	2.8	70.9	4.4
Oral pills	87.8	8.5	93.2	10.2	83.8	7.9	92.7	5.1	97.2	4.4	95.6	6.0
FP counseling skills	84.7	9.0	91.9	9.8	85.4	12.5	91.2	5.1	91.1	4.2	91.2	6.0
Clinical skills for IUD	76.2	7.9	82.1	9.4	81.3	9.2	86.4	4.0	69.7	3.3	59.9	4.4
Clinical skills for injectables	84.1	7.4	91.5	10.2	83.8	8.8	90.8	5.5	96.4	4.4	93.4	6.6
Clinical skills for implants	69.8	7.9	71.9	8.9	54.2	3.3	57.9	1.8	55.8	2.8	52.2	2.2
Clinical skills for female sterilization	65.1	4.8	62.1	6.4	51.2	3.8	52.7	1.5	48.1	0.3	35.7	1.6
Clinical skills for male sterilization	62.4	4.8	58.3	6.4	48.3	2.9	49.1	1.5	44.2	0.3	31.9	1.1
Management of incomplete abortion (post-abortion care)	75.1	6.3	74.9	7.2	55.8	2.9	73.3	4.0	81.4	1.7	67.6	3.3
Manual vacuum aspiration (MVA)	66.7	5.3	68.1	6.4	45.0	2.5	58.6	3.3	64.7	1.1	59.9	2.7
Number of providers	189	189	235	235	240	240	273	273	360	360	182	182

### **3.17 Provider capacity to offer family planning services**

Interviewers asked health care providers about their capacity to provide various family planning methods. The results are presented in Tables 3.25 and 3.26.

Table 3.25 shows the percentage of service providers who have ever provided a specific contraceptive method at the facility where they currently work. While the results vary by method and city, there is relatively little difference in experience between types of provider. Most providers of all kinds in each city have provided combined oral pills, injectables, LAM, and natural methods. In Benin City, Ibadan, and Ilorin, most providers of all kinds have also provided progestin-only pills, male condoms, and IUDs. Doctors are more likely to have provided implants at their current facility than other type of providers, except in Benin City.

Notably, in Abuja and Kaduna two-thirds of other providers, who include community health extension workers and community health officers, report having provided implants in their current facility. These providers presumably assisted more qualified providers, such as doctors, midwives, or nurses, in the provision of implants. The type of provider most likely to have provided male and female sterilization in the current facility varied by city.

**Table 3.25: Percentage of service providers who have ever provided a specific contraceptive method at their current facility, by city and provider type, Urban RH Initiative, Nigeria, 2011**

City and provider type	Contraceptive method					Emergency contraception	Number of staff
	Combined oral pill	Progestin-only pill	Injectable	Male condom	Female condom		
<b>Abuja</b>							
Doctor	84.6	61.5	92.3	58.3	40.0	69.2	18
Nurse-midwife	50.0	43.6	61.9	37.8	18.8	47.1	53
Nurse or midwife	53.8	43.8	71.8	45.9	31.8	56.7	64
Other	82.1	81.5	75.9	75.0	60.9	65.0	54
<b>Benin City</b>							
Doctor	75.0	70.0	83.3	72.7	68.4	73.7	26
Nurse-midwife	71.4	70.6	88.3	75.5	63.4	62.5	72
Nurse or midwife	76.2	69.4	92.9	60.5	40.0	54.5	75
Other	70.3	63.3	89.8	51.7	50.0	25.0	61
<b>Ibadan</b>							
Doctor	83.3	66.7	83.3	100.0	50.0	33.3	6
Nurse-midwife	87.5	86.2	87.5	82.4	80.6	80.0	34
Nurse or midwife	87.2	85.9	86.0	80.5	85.5	75.6	98
Other	92.0	84.3	89.8	86.3	84.4	67.7	102
<b>Ilorin</b>							
Doctor	84.6	80.0	92.3	83.3	77.8	81.8	13
Nurse-midwife	91.7	82.9	97.9	92.0	64.9	74.6	100
Nurse or midwife	93.8	82.4	93.7	90.5	66.7	81.6	69
Other	89.4	84.1	94.1	88.6	60.6	63.0	91
<b>Kaduna</b>							
Doctor	84.6	61.5	92.3	58.3	40.0	69.2	8
Nurse-midwife	50.0	43.6	61.9	37.8	18.8	47.1	81
Nurse or midwife	53.8	43.8	71.8	45.9	31.8	56.7	143
Other	82.1	81.5	75.9	75.0	60.9	65.0	128
<b>Zaria</b>							
Doctor	57.1	41.7	84.6	38.5	0.0	38.5	14
Nurse-midwife	62.7	57.7	90.7	42.0	35.7	41.2	58
Nurse or midwife	50.0	81.8	78.8	26.7	11.1	53.3	36
Other	75.0	38.5	86.8	19.0	25.0	18.2	74

Table 3.25, continued

City and provider type	Contraceptive method						Number of staff
	IUD	Implant	Female sterilization	Male sterilization	Natural methods	LAM	
<b>Abuja</b>							
Doctor	66.7	70.0	50.0	0.0	80.0	93.8	18
Nurse-midwife	46.9	44.4	33.3	17.6	78.7	72.3	53
Nurse or midwife	46.4	31.6	0.0	14.3	73.6	75.0	64
Other	76.0	66.7	10.0	10.0	76.9	76.2	54
<b>Benin City</b>							
Doctor	61.1	23.1	30.8	0.0	79.2	87.0	26
Nurse-midwife	62.5	50.0	25.0	28.6	91.3	94.2	72
Nurse or midwife	81.8	57.1	33.3	25.0	76.8	78.9	75
Other	54.5	0.0	0.0	0.0	73.6	76.4	61
<b>Ibadan</b>							
Doctor	100.0	100.0	0.0	0.0	80.0	100.0	6
Nurse-midwife	96.3	28.6	0.0	0.0	88.9	100.0	34
Nurse or midwife	89.0	83.3	100.0	83.3	91.4	94.2	98
Other	91.8	0.0	0.0	0.0	95.6	94.3	102
<b>Ilorin</b>							
Doctor	91.7	71.4	40.0	40.0	100.0	100.0	13
Nurse-midwife	92.4	36.1	16.7	20.0	86.2	95.8	100
Nurse or midwife	86.0	41.7	57.1	50.0	85.5	96.6	69
Other	79.1	0.0	0.0	0.0	76.9	96.2	91
<b>Kaduna</b>							
Doctor	66.7	70.0	50.0	0.0	80.0	93.8	8
Nurse-midwife	46.9	44.4	33.3	17.6	78.7	72.3	81
Nurse or midwife	46.4	31.6	0.0	14.3	73.6	75.0	143
Other	76.0	66.7	10.0	10.0	76.9	76.2	128
<b>Zaria</b>							
Doctor	66.7	55.6	66.7	0.0	92.9	92.3	14
Nurse-midwife	51.7	60.0	50.0	100.0	89.1	96.4	58
Nurse or midwife	57.1	33.3	0.0	0.0	88.6	91.7	36
Other	27.3	0.0	0.0	0.0	94.1	94.4	74

Table 3.26 shows providers' ability to counsel clients on contraceptive methods and/or provide those methods, according to providers' own reports. Most providers in all cities say they can counsel on and provide combined oral pills, injectables, male condoms, and natural methods or LAM.

Providers' ability to counsel on and provide progestin-only pills, female condoms, emergency contraception, IUDs, implants, and sterilization varies by city. Around three-fifths of providers can counsel on and provide progestin-only pills in every city but Zaria, where only 34 percent can do so. Over half of all providers in Abuja (51 percent), Ibadan (78 percent), and Ilorin (84 percent) report that they know how to counsel clients and insert IUDs; only about one-third of providers in the other three cities can do so. Although 41 percent of providers in Abuja feel confident in counseling on and providing implants, elsewhere only 12 percent to 23 percent of providers can do so. Very few providers (2 to 25 percent) feel able to provide male and female sterilization, probably because by law in Nigeria these procedures should only be carried out by doctors.

While providers may lack the training or capacity to provide all family planning methods, they should still be able to counsel clients on a full range of methods. However, from 42 percent to 68 percent of providers in each city report that they cannot even offer counseling on female sterilization, and a similar proportion cannot counsel clients on male sterilization. A substantial number of providers also cannot counsel clients on implants, ranging from 22 percent in Abuja to 58 percent in Ibadan.

**Table 3.26: Percent distribution of service providers by their ability to counsel on and provide specific contraceptive methods, according to city, Urban RH Initiative, Nigeria, 2011**

City and capability of provider	Contraceptive method					
	Combined oral pill	Progestin-only pill	Injectable	Male condom	Female condom	Emergency contraception
<b>Abuja</b> (n= 189 providers)						
Can counsel & provide method	63.5	58.7	65.6	63.0	43.4	51.9
Can counsel only	23.3	25.4	23.8	28.0	26.5	28.6
Cannot do either	13.2	15.9	10.6	7.9	27.5	18.0
Missing	0.0	0.0	0.0	1.1	2.7	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Benin City</b> (n=235 providers)						
Can counsel & provide method	67.7	58.3	80.9	59.6	43.8	37.9
Can counsel only	26.8	33.6	17.0	32.3	41.3	44.3
Cannot do either	5.1	7.7	1.7	7.7	14.5	17.4
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ibadan</b> (n=240 providers)						
Can counsel & provide method	85.0	61.3	88.3	85.8	58.3	41.3
Can counsel only	10.8	24.6	8.8	12.9	32.9	43.8
Cannot do either	3.8	9.6	2.9	1.3	5.8	12.9
Missing	0.4	4.6	0.0	0.0	2.9	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ilorin</b> (n=273 providers)						
Can counsel & provide method	94.5	58.2	94.9	85.3	45.1	59.7
Can counsel only	2.2	20.9	2.2	9.5	25.3	21.6
Cannot do either	2.9	14.7	2.6	4.4	22.7	13.6
Missing	0.4	6.2	0.4	0.7	7.0	5.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Kaduna</b> (n=360 providers)						
Can counsel & provide method	83.3	61.1	84.7	75.3	35.0	53.9
Can counsel only	13.9	28.9	13.1	23.3	44.2	27.8
Cannot do either	2.8	10.0	2.2	1.4	20.6	18.3
Missing	0.0	0.0	0.0	0.0	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Zaria</b> (n=182 providers)						
Can counsel & provide method	79.7	34.1	92.3	85.8	24.2	46.2
Can counsel only	13.7	28.5	5.5	11.5	38.5	31.3
Cannot do either	6.6	37.4	2.2	2.7	37.4	22.5
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

**Table 3.26, continued**

City and capability of provider	Contraceptive method				
	IUD	Implant	Female sterilization	Male sterilization	Natural methods/ LAM
<b>Abuja</b> (n= 189 providers)					
Can counsel & provide method	51.3	40.7	24.9	20.1	88.4
Can counsel only	26.5	34.4	30.7	26.5	9.5
Cannot do either	20.6	21.7	42.3	51.3	1.6
Missing	1.6	3.2	2.1	2.1	0.5
Total	100.0	100.0	100.0	100.0	100.0
<b>Benin City</b> (n=235 providers)					
Can counsel & provide method	30.6	16.2	12.3	10.6	88.9
Can counsel only	37.9	47.7	45.5	45.5	9.8
Cannot do either	30.6	35.7	41.7	43.4	0.0
Missing	0.9	0.4	0.4	0.4	1.3
Total	99.1	99.6	99.5	99.5	98.7
<b>Ibadan</b> (n=240 providers)					
Can counsel & provide method	77.9	11.7	6.3	5.0	90.8
Can counsel only	16.7	27.5	23.3	22.1	7.1
Cannot do either	5.0	58.3	67.5	70.0	0.4
Missing	0.4	2.5	2.9	2.9	1.7
Total	100.0	100.0	100.0	100.0	100.0
<b>Ilorin</b> (n=273 providers)					
Can counsel & provide method	84.2	23.1	18.3	16.8	92.7
Can counsel only	6.6	24.9	24.2	22.7	1.8
Cannot do either	6.6	43.6	48.7	51.6	0.4
Missing	2.6	8.4	8.8	8.8	5.1
Total	100.0	100.0	100.0	100.0	100.0
<b>Kaduna</b> (n=360 providers)					
Can counsel & provide method	37.5	16.7	5.0	2.2	91.6
Can counsel only	46.4	55.5	40.3	37.5	8.4
Cannot do either	16.1	27.8	54.7	60.0	0.0
Missing	0.0	0.0	0.0	0.3	0.0
Total	100.0	100.0	100.0	100.0	100.0
<b>Zaria</b> (n=182 providers)					
Can counsel & provide method	32.4	15.9	6.0	3.8	97.8
Can counsel only	50.6	45.6	46.7	44.5	2.2
Cannot do either	17.0	38.5	47.3	51.6	0.0
Missing	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0

### 3.18 Family planning counseling

Client-provider interaction is a key element in quality of care. The manner in which health care providers interact with clients plays a critical role in helping women choose a family planning method, continue using it, and cope with any challenges they may encounter. This study did not observe client-provider interactions. However, exit interviews with family planning clients at high-volume facilities asked what topics the provider discussed that day. In addition, providers at all facilities were asked what steps they normally follow when providing family planning.

Table 3.27 presents the findings from both client exit interviews and provider interviews. It should be noted that the client data is an objective description of what happened during actual consultations, while the provider data is more subjective and reflects “usual practice.” This difference may explain a consistent pattern in the findings: providers are less likely to report that they usually discuss a topic during family planning counseling than clients adopting or switching methods are to report that the topic was actually discussed that day.

According to clients, providers generally asked the reason for their visit (91 percent of current family planning users and 87 percent of new acceptors or switchers). Clients were less likely to report that providers enquired about their reproductive goals (50 percent of current users and 76 percent of new acceptors and switchers). According to providers, asking about a client’s reproductive goals is usual practice for less than half of them (47 percent at high-volume facilities and 39 percent at other facilities).

About three-quarters (76 percent) of clients who were newly adopting a contraceptive method or switching to a different method said that the provider gave them information about different family planning methods, compared with less than half of current users (41 percent). Most providers (69 percent at both high-volume and other facilities) say that giving information about different family planning methods is a standard part of their counseling process.

Almost 71 percent of new acceptors and switchers recall being asked about their family planning preferences, but only 40 percent of providers at high-volume sites and 28 percent of providers at other facilities say they usually include this step in counseling on family planning.

Among clients adopting or switching methods, most said the provider helped them to choose a method (56 percent), explained how to use that method (74 percent), and told them about side effects they might experience (68 percent). Over half (57 percent) of current users also reported that providers told them about possible side effects. In comparison, less than half of providers (49 percent at high-volume facilities and 38 percent at other facilities) say they usually discuss possible side effects during family planning counseling.

A majority of family planning clients (80 percent of current users and 74 percent of new acceptors or switchers), reported that providers told them what to do in case of problems with their method and also informed them about specific medical reasons to return for follow-up. In contrast, only one-third (34



percent) of providers at high-volume facilities and one-quarter (25 percent) of providers at other facilities said they normally include this step in counseling a family planning client.

According to current users, providers were more likely to ask about any problems they might be having with the current method (76 percent) than to suggest some action to assist in resolving the problems (49 percent).

**Table 3.27: Percentage of clients who say provider discussed specific topics during family planning (FP) counseling, and percentage of providers who say they usually discuss specific topics during FP counseling, by facility type and client type, Urban RH Initiative, Nigeria 2011**

Topics discussed	High-volume facilities		Preferred providers	
	Exit interviews with clients currently using FP	Exit interviews with clients adopting FP or switching methods	Provider interviews	Provider interviews
Reason for visit	90.6	86.6	--	--
Client's reproductive goals	49.7	75.6	46.7	38.9
Information about different FP methods	41.4	74.0	68.8	69.1
Client's FP preferences	41.4	70.9	39.9	28.1
Help selecting a method	--	55.9	33.0	21.8
Explanation of how to use the method	--	74.0	48.2	39.2
Possible side effects	57.4	67.7	48.8	38.0
What to do if client has problems/ medical reasons to return	79.7	74.8	33.9	25.1
Problems with current method	76.3	--	--	--
Suggested action(s) to resolve problems	48.9	--	--	--
Number of clients and providers*	350	127	355	1,124

\* Missing data reduced the size of the N slightly for some topics.

-- Question not asked.

### **3.19 Provider restrictions on access to contraceptive methods**

Providers who offer family planning services at their current facility were asked whether they limit the methods they offer clients if they have too few children, are not married, or do not have the partner's consent. Table 3.28 presents information on the restrictions they impose on various methods.

Relatively few providers restrict access to condoms based on parity (15 percent in Zaria and less than 3 percent elsewhere), marital status (from 6 percent to 23 percent), or partner consent (from 6 percent to 22 percent).

Less than one-third of providers in Abuja and Ibadan impose restrictions on client's eligibility to use the pill, but over half of providers in the other four cities restrict access to the pill based on marital status and partner's consent. Restrictions on implants are similar in scale to restrictions on the pill and are more common in Ilorin, Kaduna, and Zaria than in Abuja, Benin City, and Ibadan.

Providers are more likely to restrict client's eligibility to use the injectable, IUD, and female sterilization than other methods. In every city but Abuja, over half of providers restrict access to these three methods based on marital status and partner's consent, and more than two-fifths restrict access based on parity. In Zaria, more than 80 percent of providers restrict access to these three methods based on marital status and partner's consent.

**Table 3.28: Among service providers that have ever provided a specific contraceptive method at their current facility, percentage that restrict clients' use of that method for reasons of parity, marital status, or partner's consent, by city, Urban RH Initiative, Nigeria, 2011**

Restriction* and method	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Number that provide method	Percent that restrict use	Number that provide method	Percent that restrict use	Number that provide method	Percent that restrict use	Number that provide method	Percent that restrict use	Number that provide method	Percent that restrict use	Number that provide method	Percent that restrict use
<b>Parity</b>												
Condom	62	1.6	91	2.2	172	1.7	210	2.9	111	1.8	46	15.2
Pill**	76	11.8	116	38.8	183	19.1	237	48.9	205	32.2	98	64.0
Injectable	88	47.7	170	60.0	186	48.4	245	72.7	238	66.0	145	85.5
IUD	55	40.0	46	45.7	171	46.2	198	65.2	60	50.0	30	60.0
Implant	39	23.1	15	26.7	18	16.7	23	73.9	21	42.9	14	35.7
Female sterilization	11	36.4	8	50.0	6	16.7	14	57.1	5	80.0	5	100.0
<b>Marital status</b>												
Condom	62	9.7	91	13.2	172	6.4	210	5.7	111	23.4	46	10.9
Pill**	76	26.3	116	56.0	183	29.0	237	55.7	205	55.6	98	59.0
Injectable	88	52.3	170	79.4	186	53.8	245	80.0	238	81.1	145	80.7
IUD	55	60.0	46	50.0	171	56.1	198	78.8	60	75.0	30	80.0
Implant	39	41.0	15	20.0	18	22.2	23	82.6	21	71.4	14	50.0
Female sterilization	11	45.5	8	75.0	6	33.3	14	64.3	5	100.0	5	100.0
<b>Spouse's consent</b>												
Condom	62	9.7	91	13.2	172	7.0	210	6.2	111	21.6	46	17.4
Pill**	76	30.3	116	52.6	183	20.2	237	67.1	205	54.6	98	76.0
Injectable	88	53.4	170	68.8	186	50.5	245	82.9	238	70.2	145	86.2
IUD	55	56.4	46	58.7	171	50.3	198	82.3	60	70.0	30	80.0
Implant	39	35.9	15	40.0	18	27.8	23	91.3	21	61.9	14	64.3
Female sterilization	11	36.4	8	75.0	6	50.0	14	71.4	5	80.0	5	100.0

\*The provider would not offer the method under certain scenarios e.g., low parity, unmarried, or without spousal consent

\*\*Includes both combined oral pills and progestin-only pills

### 3.20 Client waiting time and satisfaction with services

How long clients have to wait to see a provider or receive services at a health care facility radically influences their perceptions of the quality of the services offered. Clients who spend less time waiting may rate the quality of services more highly. Clients receiving care at high-volume facilities were asked about waiting time, privacy, and other measures of quality of care and satisfaction. The results are presented in Table 3.29.

Family planning clients reported shorter waiting times than clients receiving other MNCH services in each of the cities except Ilorin. From 33 percent to 59 percent of family planning clients reported waiting less than 15 minutes after arriving at the facility to see the first provider, compared with 11 percent to 32 percent of other MNCH clients. Family planning clients in Abuja, Kaduna, and Zaria experienced shorter waiting times than family planning clients in other cities. Those cities also had some of the widest disparities in waiting times between family planning and other MNCH clients. In Zaria, for example, 29 percent of other MNCH clients reported waiting two hours or longer for a consultation as compared with just 7 percent of family planning clients. A large majority of family planning clients in all six cities (from 81 percent to 91 percent) thought the length of time they waited on the day of interview was reasonable, but only two-thirds of MNCH clients in Ibadan, Kaduna, Benin City, and Zaria did so. This has implications for the possible integration of family planning and other MNCH services; the process will be more difficult if clients have to wait longer to obtain integrated services.

Privacy during the consultation, both visual and auditory, is another element of quality of care that is important to clients. In every city, clients were more likely to report that they had auditory privacy during their consultation (i.e., other clients could not hear what they said) than visual privacy (i.e., other clients could not see them). Over 80 percent of clients reported having adequate auditory privacy in four cities (Abuja, Benin City, Ibadan, and Ilorin), but only Benin City achieved that level for visual privacy. Family planning clients were least likely to report having adequate visual privacy during their visits in Abuja and Zaria (55 percent and 43 percent, respectively).

Over 80 percent of family planning clients in each city reported that: they felt comfortable asking questions during the visit, the provider answered all of their questions, and they believed the provider would keep their personal information confidential. The proportion of family planning clients who said that they were treated “very well” during the visit varied widely, ranging from a low of 57 percent in Abuja to a high of 94 percent in Benin City. The proportion of family planning clients who reported “high” overall satisfaction with the visit also ranged widely, from 36 percent in Abuja to 79 percent in Zaria. Despite the suggestions of dissatisfaction in some cities, more than 90 percent of family planning clients in every city said they would use the facility for future services and recommend it to others.

**Table 3.29: Percent distribution of family planning (FP) and other maternal, neonatal, and child health (MNCH) clients at high-volume facilities by waiting time, and percentage who report positive perceptions of their visit, by city and client type, Urban RH Initiative, Nigeria, 2011**

Characteristic of visit	Abuja		Benin City		Ibadan	
	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients
<b>Waiting time (in minutes)</b>						
< 15	53.1	28.4	34.0	15.4	45.7	22.4
16-30	23.1	19.6	29.9	23.0	33.3	19.8
31-45	8.4	10.3	18.6	11.7	6.2	12.0
46-60	7.7	9.8	10.3	20.1	6.2	15.9
61-90	2.1	7.7	6.2	12.5	3.7	9.9
91-120	3.5	8.8	1.0	7.8	1.2	11.2
> 120	2.1	14.3	0.0	8.3	3.7	8.4
Don't know/ missing	0.0	1.1	0.0	1.2	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Percent of clients who report:</b>						
Reasonable wait time	89.5	70.2	81.4	69.9	91.4	66.7
Visual privacy during exam	55.4	41.4	93.8	62.1	66.3	28.7
Auditory privacy during exam	83.9	78.1	97.9	69.8	87.7	47.2
Felt comfortable asking questions	96.5	91.6	87.6	95.0	93.8	95.7
Provider answered all of their questions	90.2	83.7	85.6	91.5	96.3	97.6
Believe their information will be kept confidential	81.8	83.4	93.8	70.9	96.3	89.1
Provider treated them "very well"	57.3	43.8	93.8	72.0	67.9	77.1
High overall satisfaction with visit	35.7	28.9	56.7	40.8	50.6	54.7
Will use facility in future and recommend it to others	90.9	87.5	99.0	93.6	96.3	96.8
Total number of clients	143	712	97	721	81	1,281

**Table 3.29, continued**

Characteristic of visit	Ilorin		Kaduna		Zaria	
	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients
<b>Waiting time (in minutes)</b>						
< 15	32.5	32.4	58.5	23.4	50.0	11.3
16-30	21.3	29.6	23.1	17.9	28.7	16.2
31-45	13.7	11.5	7.7	9.2	0.0	5.8
46-60	11.3	14.0	1.5	12.2	0.0	13.1
61-90	13.7	5.8	1.5	10.3	0.0	7.1
91-120	3.7	2.3	3.1	10.7	7.1	16.0
> 120	2.5	3.3	3.1	14.8	7.1	29.8
Don't know/ missing	1.3	1.1	1.5	1.5	7.1	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Percent of clients reporting:</b>						
Reasonable wait time	90.0	83.8	87.7	64.8	85.7	56.1
Visual privacy during exam	73.1	50.0	66.2	63.4	42.9	58.6
Auditory privacy during exam	80.0	64.2	70.8	72.0	57.1	63.0
Felt comfortable asking questions	100.0	95.6	95.4	87.8	100.0	74.8
Provider answered all of their questions	97.5	90.7	87.7	84.7	100.0	73.2
Believe their information will be kept confidential	85.0	80.1	81.5	70.4	85.7	77.8
Provider treated them "very well"	82.5	76.4	75.4	60.5	92.9	73.2
High overall satisfaction with visit	65.0	56.2	63.1	41.5	78.6	53.6
Will use facility in future and recommend it to others	97.5	92.0	98.5	95.3	92.9	98.4
Total number of clients	80	729	65	747	14	770

### 3.21 Access to services and choice of health facility

Patterns of access to health care and clients' choice of facility in urban areas are still not well documented by researchers and programmers. While rural populations tend to frequent facilities based on proximity to residence and cost issues, urban populations have a greater choice of facilities and therefore more complex patterns of access to health care. The exit interview asked clients visiting high-volume facilities about their choice of facility and about the closest facility to their home, if they were not the same. A series of questions sought to understand why clients might decide not to visit the closest facility to their home. This information is presented in Table 3.30.

From 34 percent of clients in Ilorin to 63 percent of clients in Abuja chose **not** to visit the facility that was closest to home. Clients offer a variety of reasons for not going to the closest facility. The leading reason in Abuja, Benin City, and Kaduna is higher costs, while in Ibadan and Ilorin clients are more likely to say the closest facility does not offer the services desired. Dislike of the personnel is the leading reason in Zaria. Many clients, especially in Kaduna and Zaria, say that the facility closest to home is of "poor quality."

**Table 3.30: Among family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities, percentage who reported the facility was not the closest health facility to their home; and among these clients, percent distribution by main reason they did not go to the closest facility, according to city, Urban Reproductive Health Initiative, Nigeria, 2011**

City	No. of clients	Percent who say this is not the closest facility to their home	Main reason why FP/MNCH clients did not go to the closest facility to their home										Number of clients for whom this was not the closest facility to their home
			More expensive	Does not provide desired services	Don't like personnel	Facility of poor quality	Provider treats patients poorly	Prefer to remain anonymous	Inconvenient operating hours	Other*	Don't know	Total	
Abuja	855	62.9	18.6	10.1	9.7	10.6	4.6	8.4	3.8	23.8	10.5	100.0	538
Benin City	818	55.3	27.4	16.4	13.9	6.2	3.8	2.0	2.2	20.4	7.5	100.0	452
Ibadan	1,362	47.1	22.5	22.8	4.7	10.5	7.4	11.3	6.3	12.9	1.8	100.0	641
Ilorin	809	34.1	7.3	16.5	15.4	3.3	1.5	3.3	5.1	23.5	24.2	100.0	276
Kaduna	812	55.0	24.8	5.1	14.5	14.1	11.9	2.0	2.0	21.9	3.6	100.0	447
Zaria	784	45.2	12.5	9.3	16.7	14.7	9.9	4.0	6.5	24.4	2.0	100.0	354

\*Other reasons vary but include general client preference, unspecified, wait times, lack of certain services, preference of public or private facility, etc.



Table 3.31 presents data on travel time to the facility, mode of transportation, and reasons for selecting the high-volume facility where clients received care on the day of the interview. Except in Abuja, average travel times were longer for family planning clients than MNCH clients. For family planning clients, they ranged from 21 minutes in Ibadan and Kaduna to 34 minutes in Benin City. For MNCH clients, they ranged from 18 minutes in Ilorin to 36 minutes in Abuja. Family planning and MNCH clients relied on a slightly different mix of transportation to get to the facility in each city, but walking, the public bus, and motorcycles are common in most cities. Taxis play an important role in Ilorin.

When clients were asked why they chose to come to the health facility where they received care, a good reputation and service quality were the leading reason given by both family planning and MNCH clients in every city, with just one exception: MNCH clients in Ilorin. The perception that the providers treat patients well was also important, especially among family planning clients in Benin City. Many clients also pointed to more practical considerations, saying the facility was located close to home, offered the desired service, or was more affordable. Clearly, family planning clients are strongly concerned with reputation, quality of service, and treatment by providers when choosing what facility to visit.

**Table 3.31: Travel time to high-volume facility for family planning (FP) and maternal, neonatal, and child health (MNCH) clients, main means of transport, and reasons for selecting that facility, by city and type of client, Urban RH Initiative, Nigeria, 2011**

Item	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients	FP clients	MNCH clients
<b>Mean number of minutes to travel to facility today</b>	30.5	36.1	34.2	24.6	21.3	18.9	23.4	18.0	21.2	20.8	31.1	24.7
<b>Main means of transport</b>												
Walk	14.7	13.5	4.1	17.9	27.2	38.4	27.5	41.7	12.3	29.3	7.1	13.5
Public bus	24.5	26.3	61.9	35.0	40.7	27.3	3.8	3.7	35.4	25.3	42.9	29.9
Taxi	14.0	18.4	4.1	8.5	11.1	13.9	50.0	25.2	6.2	5.5	7.1	0.1
Bicycle	0.0	0.3	0.0	1.0	1.2	3.0	2.5	7.3	1.5	0.5	0.0	0.0
Tricycle (Keke Napep)	0.7	1.0	0.0	0.0	0.0	0.2	0.0	0.5	0.0	0.3	0.0	0.0
Motorcycle/scooter	30.8	19.9	23.7	26.6	12.3	9.1	2.5	13.7	38.5	26.4	35.7	48.7
Private vehicle	15.4	20.5	6.2	11.0	7.4	7.5	13.8	7.3	6.2	12.7	7.1	7.7
Other	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
<b>Reason for selecting this facility*</b>												
Close to home	28.7	21.2	6.2	36.6	38.3	47.8	35.0	50.2	43.1	36.1	14.3	30.8
Convenient to place of work	2.1	1.4	1.0	0.8	6.2	9.4	25.0	17.3	6.2	0.9	0.0	1.0
Convenient operating hours	3.5	3.1	2.1	4.7	1.2	1.7	6.3	3.2	13.8	4.6	7.1	3.0
Good reputation/ good quality services	55.2	53.9	77.3	55.5	63.0	50.4	41.3	37.7	58.5	62.1	71.4	54.0
Staff are discreet	8.4	6.5	3.1	2.1	0.0	1.0	21.3	8.8	3.1	2.7	14.3	0.9
More affordable	28.0	25.8	29.9	19.3	16.0	15.2	16.3	16.9	21.5	26.9	7.1	16.0
Was referred to this facility	4.2	6.6	10.3	3.7	6.2	4.1	3.8	5.1	0.0	5.6	0.0	1.3
Far from home	0.7	0.1	2.1	0.3	0.0	0.2	0.0	1.2	10.8	2.1	0.0	0.8
Provide desired services	20.3	14.7	51.5	35.2	22.2	21.2	26.3	21.1	13.8	15.5	21.4	10.5
Accepts insurance	1.4	1.0	2.1	0.7	0.0	2.4	0.0	0.7	3.1	6.3	0.0	0.5
Providers treat patients well	19.6	22.5	70.1	36.9	13.6	11.9	32.5	35.1	30.8	26.9	28.6	39.1
Total number of clients	143	712	97	721	81	1,281	80	729	65	747	14	770

\*Multiple responses allowed; does not sum to 100%.

### 3.22 Client motivations to use family planning

To better understand clients' motivations to use family planning, exit interviews at high-volume facilities asked clients about their media habits, couple communication regarding family planning, and reproductive intentions. Tables 3.32 and 3.33 present the findings.

As shown in Table 3.32, from 56 percent to 85 percent of family planning and MNCH clients recalled hearing or seeing a family planning message in the past three months. Exposure is highest in Ibadan and lowest in Zaria. Married women are most likely to have ever discussed family planning with their partners in Ibadan (71 percent) and least likely to have done so in Zaria (40 percent) and Kaduna (47 percent).

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**Table 3.32: Percentage of family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities who recall hearing or seeing a FP message in the past three months, and the percentage of married FP/MNCH clients who have ever discussed FP with their spouse, by city, Urban RH Initiative, Nigeria, 2011**

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City	Recall hearing or seeing a FP message in past three months	Among married clients, have ever discussed FP with spouse
Abuja	60.4	67.1
Benin City	66.7	53.7
Ibadan	84.9	70.9
Ilorin	62.7	53.7
Kaduna	57.6	46.6
Zaria	56.0	39.7
Number of women	5,440	5,251

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Table 3.33 shows the future childbearing desires of family planning and MNCH clients. Most often, women say they want to space births and delay the next child by at least a year (from 49 percent in Kaduna to 71 percent in Zaria). In every city but Zaria, women are less likely to want to have another child soon than to have no more children. The proportion of women who wish to limit childbearing is highest in Benin City and Kaduna (24 percent and 21 percent, respectively) and lowest is in Zaria (7 percent).

**Table 3.33: Percent distribution of family planning (FP) and maternal, neonatal, and child health (MNCH) clients at high-volume facilities by their reproductive intentions, according to city, Urban RH Initiative, Nigeria, 2011**

City	Reproductive intentions				Total	Number of women
	Do not wish to have any (more) children	Wish to have another child later (after one or more years)	Wish to have another child soon (in less than one year)	Don't know/missing/can't have children		
Abuja	19.2	61.1	7.5	12.3	100.0	855
Benin City	23.6	65.0	5.9	5.5	100.0	818
Ibadan	13.6	60.1	11.8	14.5	100.0	1,362
Ilorin	18.4	54.5	16.9	10.1	100.0	811
Kaduna	20.7	49.0	19.8	10.5	100.0	812
Zaria	7.1	70.7	15.1	7.1	100.0	784

### 3.23 Outreach programs

Table 3.34 presents data on outreach activities conducted by health facilities that provide family planning services. High-volume facilities and government-operated preferred providers are far more likely than privately managed preferred providers to report organizing health outreach programs. These programs are most common at government-operated preferred providers in Zaria, Abuja, and Kaduna (92 percent, 75 percent, and 60 percent, respectively). Over half of high-volume facilities in Abuja, Benin City, and Ilorin also offer them.

In every city, most high-volume facilities report giving health talks to communities, as do most government-operated preferred providers, except in Ibadan. Close to half of privately managed preferred providers in Benin City and Ilorin also give community health talks. Facilities in Ibadan and Kaduna are less likely to offer health talks than facilities in other cities.

Relatively few health facilities supervise community-based distribution (CBD) of contraceptives. High-volume facilities in Abuja (27 percent) and Zaria (38 percent) are the most likely to supervise CBD programs. This type of outreach is especially limited in Benin City and Ibadan, where less than 10 percent of facilities, regardless of facility type, supervise CBD programs.

**Table 3.34: Among facilities that offer family planning services, percentage that conduct family planning (FP) outreach activities, by city and type of facility, Urban RH Initiative, Nigeria, 2011**

<b>City and facility type</b>	<b>Organizes health outreach program</b>	<b>Gives health talks to community</b>	<b>Supervises community-based distribution of contraceptives</b>	<b>Number of facilities that offer FP</b>
<b>Abuja</b>				
High-volume	54.5	81.8	27.3	11
Public preferred	75.0	87.5	25.0	8
Private preferred	4.0	24.0	0.0	25
<b>Benin City</b>				
High-volume	57.1	71.4	7.1	14
Public preferred	57.1	85.7	0.0	7
Private preferred	31.6	44.7	5.3	38
<b>Ibadan</b>				
High-volume	40.7	55.6	3.7	27
Public preferred	43.8	43.8	0.0	16
Private preferred	18.8	25.0	0.0	16
<b>Ilorin</b>				
High-volume	57.9	68.4	21.1	19
Public preferred	33.3	91.7	16.7	12
Private preferred	26.3	47.4	2.6	38
<b>Kaduna</b>				
High-volume	37.5	62.5	18.8	16
Public preferred	60.0	53.3	6.7	15
Private preferred	12.5	10.7	3.6	56
<b>Zaria</b>				
High-volume	25.0	75.0	37.5	8
Public preferred	91.7	87.5	8.3	24
Private preferred	6.7	20.0	6.7	15

### 3.24 IEC materials

During audits of facilities that offer family planning services, assessment teams observed whether information, education, and communication (IEC) materials on family planning topics were available. Table 3.35 presents the results.

Posters are the most widely available family planning IEC material in every city and at every type of facility. Over four-fifths of high-volume facilities in Abuja, Benin City, Kaduna, and Zaria that offer family planning services have at least one poster on display. Samples of family planning methods and counseling cards are also relatively common. For example, at least three-quarters of high-volume facilities in Abuja, Kaduna, and Zaria and at least three-quarters of government-operated preferred providers in Abuja and Ibadan have contraceptive samples. Other IEC materials, including brochures or pamphlets, information sheets, job aids for providers, and demonstration models to aid counseling, are most commonly found at high-volume facilities in Abuja and Benin City.

**Table 3.35: Among facilities that offer family planning (FP) services, percentage with observed FP information, education, and communication (IEC) materials, by city and facility type, Urban RH Initiative, Nigeria, 2011**

City and facility type	Type of IEC materials							Number of facilities that offer FP	
	Posters	Informational flip chart	Brochures/pamphlets	Information sheets	Job aids	Demonstration models	Counseling cards		Samples of FP methods
<b>Abuja</b>									
High-volume	90.9	72.7	72.7	72.7	63.6	63.6	72.7	81.8	11
Public preferred	50.0	25.0	37.5	37.5	50.0	25.0	25.0	75.0	8
Private preferred	60.0	44.0	40.0	32.0	24.0	24.0	20.0	44.0	25
<b>Benin City</b>									
High-volume	85.7	71.4	50.0	50.0	64.3	57.1	50.0	57.1	14
Public preferred	71.4	42.9	42.9	57.1	42.9	28.6	42.9	28.6	7
Private preferred	71.1	60.5	42.1	50.0	44.7	42.1	50.0	52.6	38
<b>Ibadan</b>									
High-volume	74.1	29.6	22.2	18.5	11.1	29.6	51.9	48.1	27
Public preferred	50.0	31.3	0.0	12.5	6.3	12.5	56.3	75.0	16
Private preferred	68.8	12.5	12.5	6.3	0.0	18.8	62.5	43.8	16
<b>Ilorin</b>									
High-volume	47.4	26.3	15.8	26.3	26.3	15.8	42.1	42.1	19
Public preferred	50.0	41.7	33.3	33.3	33.3	25.0	41.7	50.0	12
Private preferred	55.3	21.1	28.9	18.4	10.5	15.8	31.6	50.0	38
<b>Kaduna</b>									
High-volume	81.3	37.5	31.3	50.0	25.0	50.0	56.3	87.5	16
Public preferred	80.0	40.0	33.3	26.7	26.7	33.3	33.3	33.3	15
Private preferred	51.8	25.0	12.5	12.5	8.9	8.9	12.5	19.6	56
<b>Zaria</b>									
High-volume	87.5	50.0	25.0	50.0	12.5	25.0	50.0	75.0	8
Public preferred	70.8	16.7	16.7	20.8	16.7	20.8	25.0	33.3	24
Private preferred	20.0	0.0	0.0	0.0	13.3	6.7	20.0	13.3	15

## Chapter 4. Family Planning in Pharmacies and Patent Medicine Stores

### 4.1 The role of pharmacies and patent medicine stores

Community pharmacies account for as much as 80 percent of health services in many developing countries (Hanson and Berman, 1998). The proximity of pharmacies to the community, their flexibility in offering evening and weekend hours, and their responsiveness to client demand have positioned these outlets as important sources of health information and education (van der Geest, 1987).

For most people in Nigeria, pharmacy shops and proprietary patent medicine stores are the most convenient sales outlets for medication, and they hold a trusted place in the community. In fact, the private sector has consistently supplied contraceptive methods to two and half times more women than the public sector in Nigeria (Oye-Adeniran et al., 2005). Pharmacists are repeatedly cited as among the most trusted and most accessible health care professionals. Patent medicine stores have also earned the confidence of communities as providers of primary care.

Proprietary patent medicine stores are popularly called patent medicine vendors (PMV), patent medicine stores (PMS), or chemists. They are usually small in size and have a license to sell over-the-counter drugs. Patent medicine stores are the main source of medicines used by the public in many African countries (William and Jones, 2004). There is both a functional and legal dimension to their business: the goal of the stores is to sell a product, but regulations designate which products they can and should sell. *Patent medicines* refer to proprietary drugs that are considered safe to sell to the general public in prepackaged form; they include common drugs like pain-relieving tablets and cough syrups (Egboh, 1984; Snow et al., 1992; Mwenesi et al., 1995). Patent medicines must be sold in their original packaging, as they come from the manufacturer. Drugs cannot be extracted from the package and sold in lesser or greater quantity, because this constitutes dispensing (Twebaze, 2001).

While pharmacies serve the same purpose as patent medicine stores, they are generally larger and are licensed to sell prescriptions in addition to over-the-counter drugs. Pharmacy shops are registered with the Pharmaceutical Council of Nigeria (PCN) and are required to have at least one pharmacist on staff.

A large number of PMS licenses have been issued over the last several years, in pursuit of the government's objective to improve the population's access to basic medicine. At the same time, many more pharmacies have been established, even in rural areas, and the government's emphasis on enhanced primary health care has begun to be widely implemented in communities across the nation. By issuing additional PMS and pharmacy licenses, the government hopes to augment the number of drug distribution sources in the private sector and to increase access to essential medicines in under-served rural and urban communities.

The Global Strategy For Women's and Children's Health 2010 calls on MNCH health care workers—including pharmacists as well as physicians, nurses, midwives, and community health workers—to provide the highest quality care grounded in evidence-based medicine, to share best practices and test new approaches, to use the best tools possible and audit clinical practice, and to identify areas where services could be improved and innovations made (United Nations Secretary-General, 2010). To increase



service coverage at the community level, pharmacists and patent medicine store operators must be included in the implementation of MNCH interventions because they are crucial points of contact for community members.

## 4.2 Sample size and background characteristics

Facility audits were conducted at a total of 433 pharmacies and 555 patent medicine stores. Tables 4.1a and 4.1b show their distribution by key background characteristics in each city.

The number of pharmacies included in the survey varies among the cities, depending on how many pharmacies are operating in each city. The sample includes 97 pharmacies in Ibadan, 96 in Abuja, 89 in Benin City, and 80 in Kaduna. Only 48 pharmacies were surveyed in Ilorin and 23 in Zaria (Table 3.1). In every city, most of the pharmacies had been in business for five years or longer (Table 4.1a). Pharmacies were most likely to be recent business ventures in Ibadan, Kaduna, and Zaria: between one-fifth and one-third of pharmacies in those cities had been operating for less than five years at the time of the survey. That proportion was much smaller in the other cities.

Most pharmacies in every city (from 62 percent in Ibadan to 87 percent in Zaria) stay open for 11 to 15 hours each day. Over 95 percent of pharmacies in every city are open at least six days a week, and in every city except Benin City, over half of pharmacies are open seven days a week.

Most pharmacies (ranging from 64 percent in Ibadan to 89 percent in Abuja) operate with less than five regular staff members, except in Benin City where close to half of pharmacies have five to eleven staff members. Over three-quarters of pharmacies in each city (from 78 percent in Zaria to 99 percent in Abuja) have a trained, registered pharmacist on duty at least part-time. In Abuja, Benin City, and Ilorin, trained pharmacists are on duty at least 40 hours per week at two-thirds of pharmacies or more. In Ibadan and Kaduna, most pharmacies have a trained pharmacist on duty more than 20 hours a week, but not necessarily more than 40 hours. Zaria is notable, because a pharmacist is on duty for only 20 hours or less per week at 72 percent of pharmacies.

While 64 percent of pharmacies in Benin City have family planning promotional materials on display, more than two-thirds of pharmacies in the other cities do **not** display any family planning promotional materials. Over 90 percent of pharmacies in Abuja, Ilorin, Kaduna, and Benin City reportedly provide information and counseling on family planning to their clients, compared with only 71 percent in Ibadan and 74 percent in Zaria.

**Table 4.1a: Percent distribution of pharmacies by characteristics of business, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Number of years in operation</b>						
< 5	13.5	13.5	33.0	8.3	22.5	26.1
5 – 10	39.6	12.4	21.7	56.3	38.8	30.4
11 – 15	26.0	11.2	10.3	14.6	16.3	17.4
> 15	3.1	33.7	14.4	18.8	13.8	26.1
Don't know	17.7	29.2	20.6	2.1	7.5	0.0
Missing	0.0	0.0	0.0	0.0	1.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of hours open per day</b>						
< 11	13.5	18.0	9.3	10.4	15.1	13.0
11 – 15	67.7	80.9	61.9	85.4	73.8	87.0
> 15	18.8	1.1	28.9	4.2	11.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of days open per week</b>						
5	2.1	1.1	1.0	0.0	0.0	4.4
6	45.8	65.2	44.3	45.8	42.5	13.0
7	52.1	33.7	54.6	54.2	57.5	82.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of regular permanent staff</b>						
< 5	88.5	49.4	63.9	70.8	72.5	82.6
5 – 10	5.2	44.9	25.8	20.8	23.8	13.0
> 10	0.0	3.4	7.2	8.4	2.6	4.4
Missing	6.3	2.3	3.1	0.0	1.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Trained/registered pharmacist on duty at least part-time</b>						
Yes	99.0	96.6	84.5	91.7	91.3	78.3
No	0.0	2.3	15.5	8.3	8.8	21.7
Missing	1.0	1.1	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

**Table 4.1a, continued**

<b>Characteristic</b>	<b>Abuja</b>	<b>Benin City</b>	<b>Ibadan</b>	<b>Ilorin</b>	<b>Kaduna</b>	<b>Zaria</b>
<b>Among pharmacies with trained pharmacist, number of hours per week pharmacist is on duty</b>	(n=95)	(n=86)	(n=82)	(n=44)	(n=73)	(n=18)
≤ 20	5.3	5.8	13.4	4.6	35.6	72.2
21 – 40	24.2	26.7	37.8	13.6	34.3	16.7
> 40	70.5	66.3	41.5	79.6	27.4	11.1
Missing	0.0	1.2	7.3	2.3	2.7	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>FP promotional materials observed on display</b>						
Yes	27.1	64.0	27.8	6.3	30.0	21.7
No	72.9	33.7	69.1	91.7	66.3	78.3
Missing	0.0	2.3	3.1	2.1	3.8	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Information and counseling on FP ever provided to clients in this outlet</b>						
Yes	97.9	93.3	71.1	100.0	91.3	73.9
No	0.0	4.5	26.8	0.0	6.3	26.1
Don't know/missing	2.1	2.2	2.1	0.0	2.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total number of pharmacies	96	89	97	48	80	23

Table 4.1b presents background characteristics for patent medicine stores. The survey sample includes 90 stores or more in every city; this is indicative of the high number of patent medicine stores in all study cities. With the exception of Benin City, approximately two-thirds of patent medicine stores in each city have been in operation for at least five years. In Zaria, 26 percent of patent medicine stores have been open for more than 15 years.

From 76 percent to 87 percent of patent medicine stores in each city operate 11 or more hours each day. Virtually all patent medicine stores are open six days a week, and from half to three-quarters of the stores in Abuja, Ilorin, Kaduna, and Zaria are open seven days a week. The majority of patent medicine stores (from 68 percent in Ilorin to 92 percent in Kaduna) have one or two regular staff members.

Most patent medicine stores in Abuja, Benin City, Ibadan, and Zaria run a formal training program for PMS trainees, typically with one or two trainees. In contrast, about 64 percent of patent medicine stores in Ilorin and 81 percent in Kaduna do not have a training program. Over half of patent medicine stores (including 99 percent of stores in Benin City) belong to trade-related associations in five cities; the exception is Abuja, where only 21 percent of patent medicine stores belong to trade-related associations. Conversely, over 70 percent of patent medicine stores in Abuja belong to health-related associations, while 62 percent to 87 percent of patent medicine stores in other cities do not.

A large majority of patent medicine stores in each city (ranging from 72 percent in Benin City to 85 percent in Zaria) did *not* have family planning promotional materials on display at the time of the interview. However, around nine in ten store owners or managers in each city said they were willing to display these materials.

**Table 4.1b: Percent distribution of patent medicine stores (PMS) by characteristics of business, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristics	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Number of years in operation</b>						
< 5	27.7	44.2	28.9	33.3	30.0	27.1
5 to 10	42.6	23.2	44.4	36.7	42.2	20.8
11 to 15	20.2	4.2	16.7	13.3	15.6	18.8
> 15	4.3	13.7	7.8	14.4	6.7	26.0
Don't know	5.3	13.7	2.2	2.2	5.6	7.3
Missing	0.0	1.1	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of operating hours per day</b>						
< 11	11.7	23.2	10.0	13.3	20.0	24.0
11 to 15	79.8	76.8	88.9	77.8	64.4	47.9
> 15	7.5	0.0	1.1	6.7	15.6	28.1
Missing	1.1	0.0	0.0	2.2	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of operating days per week</b>						
5	0.0	2.1	0.0	0.0	2.2	0.0
6	45.7	52.6	56.7	25.6	40.0	30.2
7	53.2	45.3	43.3	74.4	57.8	69.8
Missing	1.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number of regular permanent staff</b>						
1	10.6	53.7	55.6	45.6	56.7	50.0
2	69.2	37.9	18.9	22.2	34.4	30.2
3	17.0	6.3	7.8	4.4	8.9	12.5
> 3	0.0	0.0	5.6	13.3	0.0	3.1
Missing	3.2	2.1	12.2	14.4	0.0	4.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Operates an official training program for PMS trainees</b>						
Yes	52.1	50.5	54.4	35.6	18.9	54.2
No	47.9	47.4	43.3	64.4	81.1	43.8
Missing	0.0	2.1	2.2	0.0	0.0	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.1b, continued

Characteristics	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Among PMS with training programs, number of trainees</b>	(n=49)	(n=48)	(n=49)	(n=32)	(n=17)	(n=52)
1	71.4	25.0	36.7	25.0	47.1	38.5
2 to 3	24.5	8.3	28.6	43.8	35.3	30.8
> 3	4.1	0.0	4.1	25.0	17.7	19.2
Missing	0.0	66.7	30.6	6.3	0.0	11.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Belongs to any trade-related associations</b>						
Yes	21.3	99.0	75.6	54.4	61.1	58.3
No	73.4	1.1	18.9	44.4	33.3	37.5
In process	2.1	0.0	0.0	0.0	3.3	1.0
Don't know	2.1	0.0	5.6	1.1	2.2	3.1
Missing	1.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Belongs to any health-related associations</b>						
Yes	70.2	33.7	18.9	30.0	27.8	12.5
No	14.9	63.2	81.1	64.4	62.2	86.5
In process	12.8	0.0	0.0	0.0	0.0	0.0
Don't know	1.1	2.1	0.0	3.3	8.9	1.0
Missing	1.1	1.1	0.0	2.2	1.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>FP promotional materials on display</b>						
Observed	17.0	26.3	18.9	21.1	24.4	14.6
Not observed	80.9	71.6	81.1	77.8	75.6	85.4
Missing	2.1	2.1	0.0	1.1	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Willing to display (additional) materials on FP</b>						
Yes	96.8	95.8	96.7	93.3	96.7	88.5
No	0.0	1.1	2.2	4.4	3.3	8.3
Don't know	0.0	1.1	0.0	0.0	0.0	2.1
Missing	3.2	2.1	1.1	2.2	0.0	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total number of PMS	94	95	90	90	90	96

Table 4.2 shows the family planning services available at patent medicine stores. In Abuja and Benin City, over 90 percent of patent medicine store operators discuss family planning and birth spacing with clients and also offer referrals to other stores or facilities for family planning services. In Ilorin, patent medicine store operators are more likely to discuss family planning with clients (88 percent) than to offer referrals (71 percent). The opposite is true in Ibadan, Kaduna, and Zaria, where 75 percent to 86 percent of patent medicine store operators refer clients elsewhere for family planning services, but only 53 to 69 percent discuss family planning with clients. In every city, more than three-fifths of patent medicine store operators who do not currently discuss family planning with clients are willing to do so.

Nearly all patent medicine stores in Benin City (95 percent) provide informational materials on family planning, as do about two-thirds of stores in Zaria and about half of stores in Abuja, Ibadan, Ilorin, and Kaduna. At most patent medicine stores that do not currently provide materials on family planning (including more than 90 percent of stores in Abuja, Ibadan, Ilorin, and Kaduna), operators said they were willing to do so.

**Table 4.2: Percent distribution of patent medicine stores (PMS) by family planning (FP) counseling and services, according to city, Urban RH Initiative, Nigeria, 2011**

FP counseling and services	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Currently discusses FP/birth spacing with clients</b>						
Yes	96.8	92.6	62.2	87.8	53.3	68.8
No	2.1	5.3	37.8	12.2	46.7	31.3
Don't know	0.0	2.1	0.0	0.0	0.0	0.0
Missing	1.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Among PMS that do not discuss FP/birth spacing with clients, is willing to do so</b>						
	(n=3)	(n=7)	(n=34)	(n=11)	(n=42)	(n=30)
Yes	66.7	71.4	76.5	63.6	73.8	60.0
No	0.0	0.0	20.6	36.4	16.7	40.0
Don't know	0.0	28.6	0.0	0.0	7.1	0.0
Missing	33.3	0.0	2.9	0.0	2.4	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Refers clients to other stores or facilities for FP</b>						
Yes	92.6	91.6	85.6	71.1	80.0	75.0
No	4.3	3.2	12.2	23.3	17.8	20.8
Don't know	1.1	1.1	0.0	0.0	1.1	3.1
Missing	2.1	4.2	2.2	5.6	1.1	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Provides materials to clients on FP</b>						
Yes	54.3	94.7	48.9	51.1	45.6	63.5
No	44.7	3.2	50.0	45.6	53.3	35.4
Don't know	0.0	1.1	0.0	0.0	1.1	1.0
Missing	1.1	1.1	1.1	3.3	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Among PMS that do not provide materials, is willing to do so</b>						
	(n=43)	(n=5)	(n=46)	(n=44)	(n=49)	(n=35)
Yes	97.7	60.0	91.3	90.9	91.8	74.3
No	0.0	0.0	6.5	4.6	8.2	25.7
Don't know	0.0	20.0	0.0	2.3	0.0	0.0
Missing	2.3	20.0	2.2	2.3	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total number of PMS	94	95	90	90	90	96



### 4.3 Availability of family planning methods

Access to family planning depends on the consistent and convenient availability of contraceptive methods. Owners and operators of pharmacies and patent medicine stores were asked which contraceptive methods are usually sold in their shops. Table 4.3 presents the results.

The majority of pharmacies in every city usually sell at least three modern family planning methods (from 61 percent in Zaria to 94 percent in Ilorin). However, 13 percent of the pharmacies in Zaria and 9 percent in Benin City do not usually sell **any** modern family planning methods.

Patent medicine stores tend to carry fewer modern family planning methods than pharmacies. About one-third of these stores in Ibadan, Benin City, Ilorin, and Zaria usually sell three or more modern family planning methods, as do almost 60 percent of patent medicine stores in Kaduna. About one-fourth of patent medicine stores in Ilorin and Zaria do not regularly sell **any** modern family planning methods.

**Table 4.3: Percent distribution of pharmacies and patent medicine stores (PMS) by the number of modern family planning (FP) methods they usually sell, according to city, Urban RH Initiative, Nigeria, 2011**

City	Number of modern FP methods usually sold				Total	Number of outlets
	0	1	2	3+		
<b>PHARMACIES</b>						
Abuja	0.0	1.0	20.8	78.1	100.0	96
Benin City	9.0	4.5	9.0	77.5	100.0	89
Ibadan	5.2	11.3	17.5	66.0	100.0	97
Ilorin	0.0	4.2	2.1	93.8	100.0	48
Kaduna	2.5	1.3	7.5	88.8	100.0	80
Zaria	13.0	17.4	8.7	60.9	100.0	23
<b>PATENT MEDICINE STORES</b>						
Abuja	6.4	17.0	64.9	11.7	100.0	94
Benin City	2.1	33.7	30.5	33.7	100.0	95
Ibadan	7.8	14.4	42.2	35.6	100.0	90
Ilorin	27.8	12.2	27.8	32.2	100.0	90
Kaduna	12.2	8.9	20.0	58.9	100.0	90
Zaria	25.0	16.7	20.8	37.5	100.0	96

#### 4.4 Current stocks of contraceptive methods

The availability of a variety of contraceptive methods is important to meeting the contraceptive needs of men and women. In Nigeria, as in other developing countries, pharmacies and patent medicine stores are an important source of medical advice and medicine (Akiode et al., 2010). Owners and operators of pharmacies and patent medicine stores were asked which contraceptive methods were in stock at the time of the survey. The results are presented in Table 4.4.

In every city, the male condom is the most widely available method; it was in stock at nearly all pharmacies and patent medicine stores. Other contraceptive methods were more likely to be in stock at pharmacies than patent medicine stores.

While combined oral pills were in stock at most pharmacies (from 58 percent in Abuja to 92 percent in Ilorin) and patent medicine stores (from 50 percent in Benin City to 77 percent in Kaduna), progestin-only pills could only be found at 5 percent or fewer pharmacies and patent medicine stores in each city. None of the outlets visited in Abuja and Benin City had progestin-only pills in stock at the time of the survey.

Injectables were in stock at most pharmacies (from 53 percent in Ibadan to 89 percent in Kaduna), but less than one-fifth of patent medicine stores in Abuja, Benin City, Ibadan, and Ilorin had injectables available. Emergency contraceptive pills were more widely available than injectables in Ibadan and Ilorin, but less widely available than injectables in Kaduna and Zaria. Female condoms are not widely available, except in Benin City, where 70 percent of pharmacies and 31 percent of patent medicine stores had them in stock.

**Table 4.4: Among pharmacies and patent medicine stores (PMS) that usually sell a family planning (FP) method, percentage that have that method in stock, by method, facility type, and city, Urban Reproductive Health Initiative, Nigeria, 2011**

City and type of outlet	FP method						Number of outlets
	Combined oral pill	Progestin-only pill	Emergency contraception	Male condom	Female condom	Injectable	
<b>Abuja</b>							
Pharmacy	58.3	0.0	52.1	99.0	40.6	60.4	96
PMS	56.8	0.0	22.7	100.0	13.6	1.1	88
<b>Benin City</b>							
Pharmacy	81.5	0.0	74.1	100.0	70.4	71.6	81
PMS	50.0	0.0	23.4	98.9	30.9	2.1	94
<b>Ibadan</b>							
Pharmacy	69.6	1.1	75.0	100.0	19.6	53.3	92
PMS	72.3	0.0	42.2	100.0	14.5	3.6	83
<b>Ilorin</b>							
Pharmacy	91.7	0.0	83.3	100.0	6.3	75.0	48
PMS	63.6	3.0	47.0	98.5	1.5	16.7	66
<b>Kaduna</b>							
Pharmacy	85.9	2.6	73.1	96.2	16.7	88.5	78
PMS	77.2	0.0	49.4	98.7	7.6	62.0	79
<b>Zaria</b>							
Pharmacy	60.0	5.0	65.0	95.0	10.0	80.0	20
PMS	67.1	0.0	30.1	91.8	11.0	42.5	73

#### **4.5 Stock-out of contraceptives in PMSs and pharmacies**

As Tables 4.5a and 4.5b show, the incidence of contraceptive stock-outs at pharmacies and patent medicine stores varies widely across the study cities. In Abuja, Ibadan, and Benin City, more than one-quarter of pharmacies reported stock-outs for the combined oral pill during the last 30 days, but no pharmacies in Ilorin and Zaria experienced such stock-outs. Over the course of the preceding 12 months, more than one-quarter of pharmacies in Ibadan and Zaria experienced stock-outs of all five methods examined.

Stock-outs of certain methods are also common at patent medicine stores in some cities. Recent stock-outs of injectables were reported at most patent medicine stores in Ibadan (67 percent), Ilorin (64 percent), and Benin City (50 percent). Over the course of the preceding 12 months, more than one-quarter of patent medicine stores in Ibadan, Ilorin, and Kaduna experienced stock-outs of four out of the five methods reported.

**Table 4.5a: Among pharmacies that usually sell a family planning (FP) method, percentage that currently have any brand in stock and percentage that have experienced a stock-out in the last 12 months or 30 days, by city and method, Urban RH Initiative, Nigeria, 2011**

City and method	Number of pharmacies that usually sell FP method	Percent with any brand currently in stock	Percent of pharmacies that had a stock-out* in the last:	
			12 months	30 days
<b>Abuja</b>				
Combined oral pill	56	96.4	35.7	26.8
Emergency contraception	50	100.0	6.0	0.0
Male condom	95	98.9	19.0	10.5
Female condom	39	92.3	23.1	15.4
Injectables	58	98.3	25.9	24.1
<b>Benin City</b>				
Combined oral pill	66	93.9	40.9	31.8
Emergency contraception	60	96.7	18.3	16.7
Male condom	81	100.0	9.9	6.2
Female condom	57	84.2	26.3	24.6
Injectables	58	93.1	19.0	17.2
<b>Ibadan</b>				
Combined oral pill	64	87.5	40.6	26.6
Emergency contraception	69	87.0	40.6	26.1
Male condom	92	93.5	26.1	17.4
Female condom	18	83.3	50.0	38.9
Injectables	49	95.2	49.0	20.4
<b>Ilorin</b>				
Combined oral pill	44	100.0	6.8	0.0
Emergency contraception	40	100.0	5.0	0.0
Male condom	48	100.0	4.2	0.0
Female condom	3	66.7	33.3	33.3
Injectables	36	97.2	8.3	2.8
<b>Kaduna</b>				
Combined oral pill	67	92.5	32.8	17.9
Emergency contraception	57	91.2	29.8	15.8
Male condom	75	100.0	12.0	8.0
Female condom	13	92.3	30.8	15.4
Injectables	69	100.0	26.1	11.6
<b>Zaria</b>				
Combined oral pill	12	100.0	41.7	0.0
Emergency contraception	13	92.3	23.1	7.7
Male condom	19	94.7	31.6	5.3
Female condom	2	50.0	50.0	50.0
Injectables	16	100.0	25.0	6.3

\* A stock-out is defined as a lack of availability of all brands of a method at an outlet for *at least* 24 hours

**Table 4.5b: Among patent medicine stores (PMS) that usually sell a family planning (FP) method, percentage that currently have any brand in stock and percentage that have experienced a stock-out in the last 12 months or 30 days, by city and method, Urban RH Initiative, Nigeria, 2011**

City and method	Number of PMS that usually sell FP method	Percent with any brand currently in stock	Percent of PMS that have had a stock-out* in the last:	
			12 months	30 days
<b>Abuja</b>				
Combined oral pill	50	100.0	10.0	6.0
Emergency contraception	20	100.0	15.0	0.0
Male condom	88	98.9	9.1	9.1
Female condom	12	100.0	25.0	0.0
Injectables	1	100.0	0.0	0.0
<b>Benin City</b>				
Combined oral pill	47	95.7	8.5	6.4
Emergency contraception	22	86.4	18.2	18.2
Male condom	93	100.0	3.2	3.2
Female condom	29	93.1	10.3	10.3
Injectables	2	50.0	50.0	50.0
<b>Ibadan</b>				
Combined oral pill	60	86.7	26.7	13.3
Emergency contraception	35	91.4	40.0	11.4
Male condom	83	97.6	15.7	3.6
Female condom	12	66.7	33.3	33.3
Injectables	3	33.3	66.7	66.7
<b>Ilorin</b>				
Combined oral pill	42	97.6	31.0	14.3
Emergency contraception	31	87.1	54.8	38.7
Male condom	65	86.2	43.1	35.4
Female condom	1	100.0	0.0	0.0
Injectables	11	63.6	81.8	63.6
<b>Kaduna</b>				
Combined oral pill	61	86.9	31.2	23.0
Emergency contraception	39	92.3	30.8	12.8
Male condom	78	97.4	18.0	7.7
Female condom	6	50.0	66.7	50.0
Injectables	49	93.8	30.6	20.4
<b>Zaria</b>				
Combined oral pill	49	87.8	40.8	22.5
Emergency contraception	22	86.4	18.2	18.2
Male condom	67	98.5	28.4	13.4
Female condom	8	87.5	12.5	12.5
Injectables	31	90.3	35.5	29.0

\* A stock-out is defined as a lack of availability of all brands of a method at an outlet for *at least* 24 hours

## 4.6 Storage of contraceptive methods

Poor storage conditions, such as dampness and heat, can reduce the potency of contraceptive products. Hence, data collectors asked to see where contraceptives are stored at pharmacies and patent medicine stores that currently sell contraceptives. Tables 4.6a and 4.6b report the results of their observations.

Stored contraceptives are protected from water, sun, and pests at an overwhelming majority of pharmacies in every city (ranging from 86 percent in Benin City to 96 percent in Abuja). Most pharmacies store contraceptives off the floor (from 83 percent in Zaria to 100 percent in Abuja) and have an intact, non-leaking ceiling in the storage area (from 83 percent in Zaria to 99 percent in Abuja). Among pharmacies that stock injectables, the vast majority store them correctly in an upright position.

Most pharmacies in Benin City (98 percent) and Ilorin (92 percent) separate damaged and/or expired items from their inventory, but only 30 percent of pharmacies in Zaria and 53 percent in Ibadan do so. Two-thirds or more of the pharmacies assessed in each city have a functional refrigerator used for storing medicines.

**Table 4.6a: Among pharmacies that sell contraceptives, percent distribution by storage conditions and inventory practices, according to city, Urban RH Initiative, Nigeria, 2011**

<b>Storage condition or inventory practice</b>	<b>Abuja</b>	<b>Benin City</b>	<b>Ibadan</b>	<b>Illorin</b>	<b>Kaduna</b>	<b>Zaria</b>
<b>Protection from water/ dampness</b>						
Yes	100.0	96.3	100.0	97.9	98.7	94.4
No	0.0	1.2	0.0	2.1	1.3	5.6
Missing	0.0	2.5	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Stored off the floor</b>						
Yes	100.0	86.4	97.8	97.9	98.7	83.3
No	0.0	11.1	1.1	2.1	1.3	16.7
Missing	0.0	2.5	1.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ceiling is intact and not leaking</b>						
Yes	99.0	86.4	96.7	95.8	94.9	83.3
No	1.0	8.6	0.0	2.1	2.6	16.7
Missing	0.0	4.9	3.3	2.1	2.6	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from sun</b>						
Yes	100.0	95.1	98.9	100.0	98.7	100.0
No	0.0	4.9	0.0	0.0	1.3	0.0
Missing	0.0	0.0	1.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from pests</b>						
Yes	95.8	93.8	93.4	93.8	94.9	94.4
No	4.2	2.5	1.1	4.2	2.6	5.6
Missing	0.0	3.7	5.5	2.1	2.6	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from water, sun, and pests</b>						
Yes	95.8	86.4	93.4	93.8	93.6	88.9
No	4.2	13.6	6.6	6.3	6.4	11.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Injectables stored upright</b>						
Yes	60.4	69.1	49.5	68.8	92.3	72.2
No	0.0	0.0	1.1	2.1	0.0	11.1
Not applicable, don't stock	39.6	28.4	44.0	25.0	7.7	16.7
Missing	0.0	2.5	5.5	4.2	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0



Table 4.6a, continued

Storage condition or inventory practice	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Damaged and/or expired items are separated from inventory</b>						
Yes	86.5	97.5	53.3	91.7	70.5	29.5
No	13.5	2.5	46.7	8.3	29.5	70.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Functional refrigerator used for storing medicines</b>						
Yes	87.5	92.6	88.0	75.0	66.7	80.0
No	12.5	7.4	12.0	25.0	33.3	20.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of pharmacies*	96	81	92	48	78	20

\*A total of 415 pharmacies reported providing family planning, but it was not possible to observe storage conditions at 3 pharmacies.

As shown in Table 4.6b, more than 90 percent of the patent medicine stores in each city store contraceptives away from water and dampness, off the floor, and away from sunlight. From 72 percent to 94 percent of patent medicine stores in each city protect contraceptives from pests. There is an intact ceiling above the storage area in at least 77 percent of patent medicine stores in each city. Among patent medicine stores in Abuja, Benin City, Ilorin, and Kaduna that stock injectables, all of them store injectables correctly in an upright position. However, about one-third of the patent medicine stores in Ibadan and Zaria that stock injectables do not store them in the correct position.

The proportion of patent medicine stores that separate damaged and/or expired items from their inventory varies widely, ranging from a low of 49 percent in Ibadan to over 85 percent in Abuja and Benin City. The proportion of patent medicine stores that have a functional refrigerator used to store medicines also ranges widely, from 38 percent in Zaria to over 70 percent in Abuja and Ilorin.

**Table 4.6b: Among patent medicine stores (PMS) that sell contraceptive methods, percent distribution by storage conditions and inventory practices, according to city, Urban RH Initiative, Nigeria, 2011**

Storage condition or inventory practice	Abuja	Benin City	Ibadan	Illorin	Kaduna	Zaria
<b>Protection from water/ dampness</b>						
Yes	98.9	95.7	90.5	98.4	97.5	94.6
No	1.1	0.0	9.5	1.6	2.5	3.6
Missing	0.0	4.3	0.0	0.0	0.0	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Stored off the floor</b>						
Yes	98.9	95.7	97.3	90.2	96.2	91.1
No	1.1	0.0	1.4	6.6	3.8	7.1
Missing	0.0	4.3	1.4	3.3	0.0	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ceiling is intact and not leaking</b>						
Yes	94.3	90.4	77.0	82.0	86.1	80.4
No	2.3	2.1	16.2	8.2	7.6	17.9
Missing	3.4	7.5	6.8	9.8	6.3	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from sun</b>						
Yes	100.0	93.6	90.5	98.4	96.2	96.4
No	0.0	1.1	9.5	0.0	3.8	1.8
Missing	0.0	5.3	0.0	1.6	0.0	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from pests</b>						
Yes	94.3	92.6	71.6	72.1	83.5	87.5
No	4.6	4.3	25.7	14.8	10.1	3.6
Missing	1.1	3.2	2.7	13.1	6.3	8.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Protection from water, sun, and pests</b>						
Yes	93.2	87.2	68.9	68.9	79.8	83.9
No	6.8	12.8	31.1	31.2	20.3	16.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Injectables stored upright</b>						
Yes	1.1	2.1	2.7	13.1	62.0	30.4
No	0.0	0.0	1.4	0.0	0.0	17.9
Not applicable, don't stock	98.9	92.6	94.6	80.3	38.0	44.6
Missing	0.0	5.3	1.4	6.6	0.0	7.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.6b, continued

Storage conditions and practices	Abuja	Benin City	Ibadan	Illorin	Kaduna	Zaria
<b>Damaged and/or expired items are separated from inventory</b>						
Yes	85.2	89.4	49.4	57.6	73.4	64.4
No	14.8	10.6	50.6	40.9	26.6	34.3
Missing	0.0	0.0	0.0	1.5	0.0	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Functional refrigerator used for storing medicines</b>						
Yes	72.7	45.7	41.0	78.8	45.6	38.4
No	27.3	54.3	59.0	21.2	51.9	60.3
Missing	0.0	0.0	0.0	0.0	2.5	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of PMS*	88	94	83	66	79	73

\*A total of 483 PMS reported providing family planning, but it was not possible to observe storage conditions at 31 PMS.

#### 4.7 Stocking patterns for contraceptive methods

Outlets that offer a wide range of family planning methods are best able to meet clients' needs, but it is important that their supply of contraceptives is uninterrupted. To examine the supply chain, data collectors asked facilities how long it takes to receive contraceptive supplies after they are ordered, what is done in case of a stock-out, and what practices are used to manage medical supplies.

Table 4.7 shows how long outlets wait to receive contraceptive supplies after they are ordered. In Benin City, Ibadan, and Zaria, at least three-quarters of all pharmacies and patent medicine stores receive supplies of every family planning method within one week of placing the order. Three-quarters or more of the outlets in Ilorin and Kaduna also receive most contraceptive supplies within one week, with the exception of female condoms. In Abuja, however, pharmacies and patent medicine stores often wait longer for supplies to arrive: for example, less than half of pharmacies and patent medicine stores receive combined oral pills within one week of ordering.

**Table 4.7: Among pharmacies and patent medicine stores (PMS) that currently sell a family planning (FP) method and source that method from a pharmaceutical wholesaler, distributor, or manufacturer, percent distribution by the length of time to receive ordered supplies, according to method, outlet type, and city, Urban RH Initiative, Nigeria, 2011**

City and time to receive supplies	Combined oral pill		Emergency contraception		Male condom		Female condom		Injectables	
	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS
<b>Abuja</b>										
≤ 1 week	48.1	30.0	98.0	95.0	60.0	67.1	61.5	33.3	32.8	0.0
2-4 weeks	50.0	68.0	2.0	5.0	39.0	31.8	30.8	66.7	67.2	0.0
> 4 weeks	0.0	0.0	0.0	0.0	0.0	1.1	2.6	0.0	0.0	100.0
Don't know/other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	1.8	2.0	0.0	0.0	1.1	0.0	5.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	56	50	50	20	95	88	39	12	58	1
<b>Benin City</b>										
≤ 1 week	97.0	93.6	96.7	100.0	97.5	100.0	87.7	100.0	93.1	100.0
2-4 weeks	1.5	2.1	1.7	0.0	1.2	0.0	8.8	0.0	6.9	0.0
> 4 weeks	1.5	4.3	0.0	0.0	1.2	0.0	1.8	0.0	0.0	0.0
Don't know/other	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0
Missing	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	66	47	60	22	81	93	57	29	58	2
<b>Ibadan</b>										
≤ 1 week	92.2	88.3	97.1	91.4	97.8	95.2	100.0	91.7	91.8	100.0
2-4 weeks	6.3	0.0	1.5	0.0	1.1	0.0	0.0	0.0	6.1	0.0
> 4 weeks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know/other	1.6	1.7	1.5	5.7	1.1	3.6	0.0	0.0	2.0	0.0
Missing	0.0	10.0	0.0	2.9	0.0	1.2	0.0	8.3	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	64	60	69	35	92	83	18	12	49	3
<b>Ilorin</b>										
≤ 1 week	97.7	78.6	97.5	74.2	93.8	78.5	33.3	100.0	97.2	100.0
2-4 weeks	2.3	9.5	2.5	9.7	6.3	7.7	33.3	0.0	2.8	0.0
> 4 weeks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know/other	0.0	4.8	0.0	9.7	0.0	4.6	0.0	0.0	0.0	0.0
Missing	0.0	7.1	0.0	16.1	0.0	9.2	33.3	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	44	42	40	31	48	65	3	1	36	11

Table 4.7, continued

City and time to receive supplies	Combined oral pill		Emergency contraception		Male condom		Female condom		Injectables	
	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS
<b>Kaduna</b>										
≤ 1 week	94.0	96.7	93.0	84.6	96.0	96.2	69.2	66.7	98.6	100.0
2-4 weeks	6.0	0.0	1.8	5.1	4.0	0.0	23.1	16.7	1.5	0.0
> 4 weeks	0.0	0.0	0.0	2.6	0.0	0.0	7.7	0.0	0.0	0.0
Don't know/other	0.0	3.3	0.0	5.1	0.0	3.8	0.0	16.7	0.0	0.0
Missing	0.0	0.0	5.3	2.6	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	67	61	57	39	75	78	13	6	69	48
<b>Zaria</b>										
≤ 1 week	83.3	85.7	84.6	95.5	84.2	89.6	100.0	87.5	75.0	93.1
2-4 weeks	8.3	6.1	15.4	4.6	10.5	1.5	0.0	12.5	25.0	0.0
> 4 weeks	8.3	4.1	0.0	0.0	5.3	1.5	0.0	0.0	0.0	6.9
Don't know/other	0.0	4.1	0.0	0.0	0.0	7.5	0.0	0.0	0.0	0.0
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of outlets	12	49	13	22	19	67	2	8	16	29

On occasion, pharmacies and patent medicine stores may face a stock-out of a contraceptive method. Owners and managers were asked what procedure they use to place a contingency order in that event. Table 4.8 presents the results.

In Abuja, Ilorin, and Kaduna, more than 60 percent of pharmacies tell their customers to purchase supplies elsewhere in the event of a stock-out. In contrast, 73 percent of pharmacies in Benin City place special orders when faced with a stock-out, while 75 percent of pharmacies in Zaria buy supplies from other pharmacies if needed. Pharmacies in Ibadan are equally likely to place a special order or to buy from another pharmacy.

In the event of a stock-out, three-quarters of patent medicine stores in Abuja tell customers to purchase supplies elsewhere. Patent medicine stores in Ibadan and Kaduna are almost as likely to buy supplies from a pharmacy as to tell customers to go elsewhere, while almost three-quarters (73 percent) of patent medicine stores in Zaria buy supplies from a pharmacy. Only in Benin City did a considerable proportion of patent medicine stores (35 percent) say they would place a special order.

**Table 4.8: Among pharmacies and patent medicine stores (PMS) who sell family planning (FP) methods, percent distribution by most common procedure used for contingency orders of FP supplies in the event of a stock-out between routine orders, according to outlet type and city, Urban RH Initiative, Nigeria, 2011**

Procedure	Abuja		Benin City		Ibadan	
	Pharmacies	PMS	Pharmacies	PMS	Pharmacies	PMS
Special order	18.8	5.7	72.8	35.1	39.1	0.0
Pharmacy purchase	7.3	12.5	14.8	36.2	39.1	47.0
Clients purchase elsewhere	67.7	76.1	11.1	25.5	18.5	50.6
Pharmacy borrows	0.0	3.4	0.0	1.1	1.1	2.4
None of the above	0.0	2.3	0.0	1.1	0.0	0.0
Missing	6.3	0.0	1.2	1.1	2.2	0.0
Number of outlets	96	88	81	94	92	83

Procedure	Ilorin		Kaduna		Zaria	
	Pharmacies	PMS	Pharmacies	PMS	Pharmacies	PMS
Special order	4.2	3.0	5.1	15.2	10.0	2.7
Pharmacy purchase	35.4	40.9	28.2	38.0	75.0	72.6
Clients purchase elsewhere	60.4	12.1	62.8	44.3	15.0	12.3
Pharmacy borrows	0.0	10.6	0.0	0.0	0.0	0.0
None of the above	0.0	24.2	3.9	2.5	0.0	11.0
Missing	0.0	9.1	0.0	0.0	0.0	1.4
Number of outlets	48	66	78	79	20	73

Tables 4.9 and 4.10 shows the management practices used by pharmacies and patent medicine stores to maintain medical supplies. At most pharmacies in each city, the pharmacist is the person responsible for ordering, receiving, and controlling medical supplies (ranging from 57 percent in Zaria to 93 percent in Ibadan). A large majority of pharmacies have stock registers (from 86 percent in Kaduna to 100 percent in Ibadan), although some stock registers were reported rather than seen. Most pharmacies with stock registers in Benin City, Ilorin, Kaduna, and Zaria report that they update the register daily. While over three-quarters of pharmacies in Abuja have computerized the stock maintenance system, most pharmacies in the other five cities have not computerized this system.

Most patent medicine stores in every city except Abuja do not have a stock register for family planning and medical supplies. Among those that do have stock registers, the majority in every city but Abuja report updating the register daily. More than four-fifths of patent medicine stores in each city have not computerized the stock management system.

**Table 4.9: Percent distribution of pharmacies and patent medicine stores (PMS) by management practices for family planning (FP) and medical supplies, according to outlet type and city, Urban RH Initiative, Nigeria, 2011**

Practice	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS
<b>Person responsible for ordering, receiving and controlling medical supplies (pharmacies only)</b>												
Pharmacist	70.8	--	91.0	--	92.8	--	64.6	--	71.3	--	56.5	--
Dispenser	0.0	--	0.0	--	1.0	--	0.0	--	1.3	--	0.0	--
Non-pharmacist manager	9.4	--	5.6	--	2.1	--	27.1	--	18.8	--	30.4	--
Non-pharmacist proprietor	4.2	--	0.0	--	0.0	--	6.3	--	2.5	--	8.7	--
Supplies officer	2.1	--	0.0	--	0.0	--	0.0	--	1.3	--	0.0	--
Store assistant	0.0	--	2.3	--	2.1	--	2.1	--	3.8	--	4.4	--
Other	12.5	--	0.0	--	2.1	--	0.0	--	1.3	--	0.0	--
Missing	1.0	--	1.1	--	0.0	--	0.0	--	0.0	--	0.0	--
<b>Stock register for FP/medical supplies</b>												
Yes, observed	42.7	12.8	77.5	29.5	69.1	16.7	58.3	26.7	50.0	1.1	52.2	8.3
Yes, reported, not seen	50.0	50.0	21.4	19.0	30.9	32.2	39.6	22.2	36.3	21.1	39.1	34.4
No	4.2	35.1	1.1	49.5	0.0	51.1	2.1	50.0	13.8	75.6	8.7	56.3
Missing	3.1	2.1	0.0	2.1	0.0	0.0	0.0	1.1	0.0	2.2	0.0	1.0
Number of outlets	96	94	89	95	97	90	48	90	80	90	23	96

**Table 4.10: Among pharmacies and patent medicine stores (PMS) that have a stock register, percent distribution by how often register is updated and whether stock maintenance system is computerized, according to outlet type and city, Urban RH Initiative, Nigeria, 2011**

Practice	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS	Phar-macies	PMS
<b>How often stock register is updated</b>												
Daily, or same day as items are received or disbursed	27.0	29.5	63.6	62.5	39.2	68.2	93.6	60.0	52.2	31.8	71.4	73.8
Every 2-7 days	15.7	11.5	28.4	29.2	41.2	22.7	0.0	26.7	31.9	36.4	14.3	9.5
Every 2 weeks	25.8	36.1	0.0	4.2	1.0	0.0	0.0	2.2	1.5	22.7	0.0	0.0
Every 3-4 weeks or monthly	28.1	21.3	3.4	2.1	7.2	0.0	0.0	6.7	5.8	4.6	14.3	2.4
Every 2-3 months	3.4	0.0	0.0	0.0	3.1	6.8	2.1	0.0	1.5	0.0	0.0	2.4
Never	0.0	0.0	0.0	0.0	0.0	2.3	2.1	2.2	4.4	4.6	0.0	9.5
Other	0.0	0.0	0.0	0.0	2.1	0.0	0.0	2.2	1.5	0.0	0.0	2.4
Missing	0.0	1.6	4.6	2.1	6.2	0.0	2.1	0.0	1.5	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Stock maintenance system is computerized</b>												
Yes	79.8	8.2	34.1	8.3	40.2	0.0	4.3	2.2	17.4	9.1	38.1	0.0
No	18.0	83.6	60.2	89.6	59.8	93.2	95.7	91.1	82.6	86.4	61.9	92.9
Missing	2.3	8.2	5.7	2.1	0.0	6.8	0.0	6.7	0.0	4.6	0.0	7.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of pharmacies and PMS with stock registers	89	61	88	48	97	44	47	45	69	22	21	42



## 4.8 Training of pharmacy and patent medicine store operators

Strengthening the capacity of health care providers of all kinds—including pharmacy and patent medicine store operators—is important to increasing access to good quality health services. Training may be acquired prior to employment, which is usually termed pre-service training, or while in employment, which is usually referred to as in-service training. On-the-job training is crucial in order to ensure that services are consistently delivered in a high quality manner. Owners and operators of pharmacies and patent medicine stores (PMS) were asked several questions regarding the timing and content of any training they may have received on family planning. Tables 4.11 to 4.14 present the results.

While 61 percent of pharmacy operators in Benin City have received training on family planning, less than half of pharmacy operators in other cities have received this kind of training (Table 4.11). Among pharmacy operators who have received family planning training, most say it took place more than a year ago (from 65 percent in Ilorin and Kaduna to 100 percent in Zaria) (Table 4.12).

The majority of pharmacy operators in most cities have been trained in the provision of specific contraceptive methods, especially condoms, pills, and injectables. In addition, around three-fifths of pharmacy operators reported receiving a contraceptive technology update in Abuja and Zaria, training on exclusive breastfeeding/LAM in Ilorin and Zaria, and training on family planning counseling skills in Benin City and Zaria.

**Table 4.11: Percent distribution of pharmacy respondents by background characteristics and family planning (FP) training, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Position</b>						
Non-pharmacist manager/proprietor	17.7	20.2	6.2	29.2	10.0	26.1
Pharmacist manager/proprietor	13.5	18.0	6.2	18.8	13.8	13.0
Pharmacist	34.4	12.4	24.7	6.3	15.0	8.7
Pharmacy technician	2.1	19.1	24.7	10.4	16.3	21.7
Attendants	31.3	28.1	30.9	33.3	42.5	17.4
Other	1.0	1.1	7.2	2.1	2.5	13.0
Missing	0.0	1.1	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Sex</b>						
Male	60.4	52.8	36.1	45.8	51.3	82.6
Female	38.5	37.1	60.8	54.2	47.5	17.4
Missing	1.0	10.1	3.1	0.0	1.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ever received any training on FP</b>						
Yes	40.6	60.7	28.9	47.9	33.8	21.7
No	59.4	39.3	71.1	52.1	66.3	73.9
Don't know	0.0	0.0	0.0	0.0	0.0	4.4
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of pharmacy respondents	96	89	97	48	80	23

**Table 4.12: Among pharmacy respondents who have received training on family planning (FP), percent distribution by timing of last training and percentage who were instructed on specific topics during the last training, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Last training attended</b>						
Past one week	0.0	0.0	0.0	0.0	3.7	0.0
Past one month	2.6	0.0	0.0	4.4	0.0	0.0
1-6 months ago	15.4	14.8	0.0	26.1	14.8	0.0
7-12 months ago	15.4	0.0	14.3	0.0	0.0	0.0
More than 1 year ago	30.8	50.0	42.9	65.2	70.4	100.0
Missing	35.9	35.2	42.9	4.4	11.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Topics covered in last training*</b>						
Contraceptive technology update	61.5	13.0	35.7	21.7	22.2	60.0
Exclusive breastfeeding/LAM	30.8	24.1	25.0	56.5	22.2	60.0
Natural FP	33.3	11.1	14.3	30.4	33.3	40.0
FP counseling skills	30.8	59.3	32.1	43.5	44.4	60.0
Pills	46.2	68.5	85.7	100.0	85.2	100.0
Condoms	84.6	88.9	92.9	100.0	44.4	80.0
Spermicide	7.7	16.7	32.1	8.7	7.4	20.0
Emergency contraception	43.6	74.1	46.4	43.5	25.9	40.0
IUD	33.3	18.5	64.3	56.5	22.2	80.0
Injectables	30.8	83.3	67.9	95.7	70.4	80.0
Diaphragm	5.1	11.1	17.9	17.4	11.1	20.0
Others	10.3	0.0	0.0	0.0	7.4	0.0
Number of respondents with training	39	54	28	23	27	5

\* Multiple responses possible

As Table 4.13 shows, more than two-thirds of respondents interviewed at patent medicine stores were the owners, except in Abuja. Respondents in Abuja, Kaduna, and Zaria were mostly men, while those in Ibadan, Ilorin, and Benin City were mostly women. Only around one-quarter or less of owners and operators of patent medicine stores in Abuja, Benin City, Ibadan, and Ilorin have any professional medical qualifications, compared with around two-fifths of respondents in Kaduna and Zaria. Family planning training was reported by as few as 30 percent of patent medicine store owners and operators in Abuja to as many as 56 percent in Benin City.

Among those with training on family planning, the provision of pills and condoms were the topics most commonly covered (Table 4.14). In Abuja and Zaria, about two-thirds (64 percent) said their training included a contraceptive technology update.

**Table 4.13: Percent distribution of patent medicine store (PMS) respondents by background characteristics and family planning (FP) training, according to city, Urban RH Initiative, Nigeria, 2011**

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Position</b>						
Owner	43.6	68.4	76.7	75.6	67.8	71.9
Employee	41.5	20.0	8.9	2.2	23.3	21.9
Trainee/apprentice	14.9	2.1	12.2	2.2	6.7	3.1
Other	0.0	5.3	1.1	2.2	0.0	0.0
Missing	0.0	4.2	1.1	17.8	2.2	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Sex</b>						
Male	81.9	46.3	32.2	36.7	64.4	72.9
Female	18.1	48.4	63.3	47.8	28.9	16.7
Missing	0.0	5.3	4.4	15.6	6.7	10.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Education</b>						
Primary	14.9	3.2	1.1	2.2	1.1	6.3
Junior secondary	16.0	3.2	1.1	1.1	3.3	4.2
Senior secondary	47.9	59.0	72.2	72.2	45.6	36.5
Higher	21.3	34.7	24.4	24.4	50.0	53.1
Did not attend	0.0	0.0	1.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Professional medical qualification (self-reported only)</b>						
Yes	25.5	23.2	15.6	25.6	42.2	46.9
No	74.5	75.8	84.4	73.3	56.7	50.0
Missing	0.0	1.1	0.0	1.1	1.1	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Ever received any training on FP</b>						
Yes	29.8	55.8	40.0	36.7	35.6	45.8
No	69.2	43.2	56.7	61.1	62.2	54.2
Don't know	1.1	1.1	3.3	2.2	2.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	94	95	90	90	90	96

**Table 4.14: Among patent medicine store (PMS) respondents who have received training on family planning (FP), percent distribution by timing of last training and percentage who were instructed on specific topics covered during the last training, according to city, Urban RH Initiative, Nigeria, 2011**

Timing and topics	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
<b>Last training attended (among respondents who received training)</b>						
Past one week	0.0	1.9	0.0	3.0	0.0	0.0
Past one month	0.0	1.9	0.0	0.0	0.0	4.6
1-6 months ago	17.9	37.7	33.3	42.4	34.4	31.8
7-12 months ago	7.1	0.0	16.7	0.0	0.0	9.1
More than 1 year ago	50.0	56.6	44.4	36.4	65.6	47.7
Missing	25.0	1.9	5.6	18.2	0.0	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Topics covered in last training*</b>						
Contraceptive technology update	64.3	13.2	13.9	12.1	37.5	63.6
Exclusive breastfeeding/LAM	10.7	35.9	5.6	15.2	34.4	52.3
Natural FP	28.6	20.8	13.9	21.2	40.6	45.5
FP counseling skills	14.3	50.9	55.6	36.4	40.6	38.6
Pills	50.0	75.5	52.8	75.8	84.4	52.3
Condoms	92.9	92.5	66.7	87.9	68.8	68.2
Spermicide	17.9	15.1	2.8	9.1	9.4	15.9
Emergency contraception	14.3	67.9	22.2	54.5	28.1	18.2
IUD	35.7	18.9	5.6	30.3	28.1	18.2
Injectables	10.7	62.3	11.1	27.3	65.6	50.0
Diaphragm	0.0	1.9	0.0	3.0	15.6	4.6
Others	7.1	0.0	2.8	9.1	9.4	0.0
Number of PMS respondents with FP training	28	53	36	33	32	44

\* Multiple responses possible

## 4.9 Provider barriers in provision of family planning service

Providers hold great influence over family planning decision-making, but they may not always understand which methods are appropriate for which clients or take the time to ascertain a client's fertility intentions and suggest appropriate methods. Provider biases about who should use each method can create barriers to family planning services. At pharmacies and patent medicine stores that sell contraceptive methods, data collectors asked respondents if they restrict clients' eligibility to use certain methods based on parity, marital status, or spousal consent. Tables 4.15a and 4.15b present the results.

There is wide variation in the proportion of pharmacy operators who restrict access to certain family planning methods based on parity, marital status, or spousal consent. Generally, pharmacy respondents are most likely to impose restrictions on combined oral contraceptives and injectables and least likely to impose restrictions on male and female condoms. For example, from one-third to three-quarters or more of pharmacy respondents in five cities (Ilorin is the exception) only sell combined oral pills to women who are married and have their partner's consent. In contrast, less than 20 percent of pharmacy respondents impose these restrictions on access to male condoms.

Restrictions at pharmacies are somewhat more likely to be based on marital status and spousal consent than on parity. For example, in only two of the six cities, Kaduna and Zaria, do more than one-fourth of pharmacy operators restrict access to injectables based on parity. However, more than one-fourth and as many as four-fifths of pharmacy operators impose restrictions on injectables based on marital status and partner's consent in every city except Ilorin.

There are also differences between cities. Pharmacy operators in Ilorin are least likely to limit clients' access to contraceptive methods: regardless of method and restriction, no more than 20 percent of respondents reported imposing a restriction. The highest proportion of pharmacy operators imposing restrictions is found in Abuja, where over 80 percent restrict access to combined oral contraceptives based on parity and to both combined oral contraceptives and injectables based on partner's consent.

Like pharmacy respondents, patent medicine store respondents are more likely to impose restrictions on combined oral contraceptives and injectables and less likely to impose restrictions on condoms. For example, around half to two-thirds of patent medicine store operators in every city except Abuja say they do not sell combined oral pills to unmarried women. In contrast, less than 15 percent of patent medicine store operators restrict access to male condoms based on marital status, regardless of city. Generally, patent medicine store operators in Ibadan are least likely to limit clients' access to contraceptive methods.

Patent medicine store operators are more likely to impose restrictions on contraceptive eligibility than pharmacy operators in Ilorin; for example, 80 percent of the former restrict access to combined oral pills based on parity, compared with only 4 percent of the latter. In Ibadan, the opposite is true; for example, over two-fifths of pharmacy operators do not provide injectables to women who are unmarried or lack the partner's consent, compared with none of the patent medicine store operators. In the remaining four cities, differences between the two types of outlets are not as large or as consistent.

**Table 4.15a: Among respondents at pharmacies that sell a family planning (FP) method, percentage who restrict clients' eligibility to use that method for reasons of parity, marital status, or partner's consent, by method and city, Urban RH Initiative, Nigeria, 2011**

<b>City and method</b>	<b>Parity (client must have a minimum number of children)</b>	<b>Marital status (client must be married)</b>	<b>Partner's consent (client must have consent of partner)</b>	<b>Number of pharmacies that offer method*</b>
<b>Abuja</b>				
Combined oral pill	84.2	33.3	96.5	57
Emergency contraception	18.0	4.0	38.0	50
Male condom	0.0	2.1	1.1	95
Female condom	0.0	0.0	2.6	39
Injectables	19.0	27.6	82.8	58
<b>Benin City</b>				
Combined oral pill	12.1	47.0	59.1	66
Emergency contraception	6.7	31.7	41.7	60
Male condom	4.9	8.7	18.5	81
Female condom	7.0	10.5	15.8	57
Injectables	6.9	46.6	51.7	58
<b>Ibadan</b>				
Combined oral pill	16.2	38.2	38.2	68
Emergency contraception	12.5	37.5	34.7	72
Male condom	4.4	19.6	10.9	92
Female condom	11.1	27.8	33.3	18
Injectables	20.0	42.0	44.0	50
<b>Ilorin</b>				
Combined oral pill	4.4	13.3	4.4	45
Emergency contraception	5.0	7.5	7.5	40
Male condom	0.0	8.3	0.0	48
Female condom	0.0	0.0	0.0	3
Injectables	5.6	19.4	8.3	36
<b>Kaduna</b>				
Combined oral pill	30.0	58.6	42.9	70
Emergency contraception	19.3	40.4	35.1	57
Male condom	2.7	9.3	18.7	75
Female condom	15.4	15.4	15.4	13
Injectables	45.1	70.4	59.2	71
<b>Zaria</b>				
Combined oral pill	16.7	75.0	41.7	12
Emergency contraception	7.7	23.1	23.1	13
Male condom	10.5	5.3	5.3	19
Female condom	0.0	0.0	0.0	2
Injectables	25.0	62.5	50.0	16

\* Only facilities that sell a specific method are included when calculating percentages for that method.

**Table 4.15b: Among respondents at patent medicine stores (PMS) that sell a family planning (FP) method, percentage who restrict clients' eligibility to use that method for reasons of parity, marital status, or partner's consent, by method and city, Urban RH Initiative, Nigeria, 2011**

<b>City and method</b>	<b>Parity (client must have a minimum number of children)</b>	<b>Marital status (client must be married)</b>	<b>Partner's consent (client must have consent of partner)</b>	<b>Number of PMS that offer method*</b>
<b>Abuja</b>				
Combined oral pill	80.0	36.0	90.0	50
Emergency contraception	40.9	9.1	45.5	22
Male condom	3.4	5.7	2.3	88
Female condom	0.0	0.0	8.3	12
Injectables	100.0	100.0	100.0	1
<b>Benin City</b>				
Combined oral pill	17.0	55.3	53.2	47
Emergency contraception	21.7	43.5	43.5	23
Male condom	2.2	5.4	16.1	93
Female condom	13.8	10.3	24.1	29
Injectables	100.0	100.0	100.0	2
<b>Ibadan</b>				
Combined oral pill	25.0	65.0	18.3	60
Emergency contraception	0.0	2.6	0.0	39
Male condom	4.8	6.0	1.2	83
Female condom	0.0	0.0	0.0	12
Injectables	0.0	0.0	0.0	3
<b>Ilorin</b>				
Combined oral pill	79.6	65.9	68.2	44
Emergency contraception	50.0	28.1	56.3	32
Male condom	3.1	7.7	7.7	65
Female condom	100.0	0.0	0.0	1
Injectables	81.8	81.8	63.6	11
<b>Kaduna</b>				
Combined oral pill	29.0	53.2	46.8	62
Emergency contraception	4.8	35.7	50.0	42
Male condom	5.1	5.1	12.8	78
Female condom	0.0	33.3	0.0	6
Injectables	61.2	75.5	59.2	49
<b>Zaria</b>				
Combined oral pill	40.0	70.0	58.0	50
Emergency contraception	20.0	24.0	36.0	25
Male condom	11.9	14.9	11.9	67
Female condom	12.5	7.4	12.5	8
Injectables	48.4	64.5	58.1	31

\* Only facilities that sell a specific method are included when calculating percentages for that method.



#### 4.10 Social marketing of family planning methods

“Social marketing has been defined as the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part” (Andreasen, 1994, p. 109). At the heart of the social marketing approach is a commitment to understand and respond to clients' needs. Social marketing has become increasingly popular among governments and donors as a way of addressing serious health issues in developing countries. Pharmacies and patent medicine store operators were asked if they had links with any organization that provides family planning methods and materials at a discounted rate or for free, such as the Planned Parenthood Federation of Nigeria (PPFN) or the Society for Family Health (SFH). Table 4.16 provides a picture of the situation in all six cities.

In each city, pharmacies are more likely than patent medicine stores to have a link with at least one organization providing discounted or free family planning methods. In Abuja, for example, where links with social marketing organization are most common, 55 percent of pharmacies and 41 percent of patent medicine stores have such a link. Such links are least common in Ilorin and Zaria, where no more than 10 percent of pharmacies or patent medicine have links with social marketing organizations.

Pharmacies are more likely than patent medicine stores to have socially marketed contraceptives in stock in Abuja, Benin City, Kaduna, and Zaria. The opposite is true in Ibadan and Ilorin. Socially marketed contraceptives are most likely to be in stock at pharmacies and patent medicine stores in Abuja (55 percent and 43 percent, respectively) and least likely to be in stock at pharmacies in Ilorin (4 percent) and patent medicine stores in Zaria (10 percent)

**Table 4.16: Percentage of pharmacies and patent medicine stores (PMS) that have links with organizations that provide discounted or free family planning (FP) methods, and percentage that have socially marketed contraceptives in stock, Nigeria, 2011**

<b>City and type of outlet</b>	<b>Has link with organization that provides discounted or free FP methods</b>	<b>Has socially marketed contraceptives in stock</b>	<b>Number of outlets</b>
<b>Abuja</b>			
Pharmacy	55.2	55.2	96
PMS	40.9	43.2	88
<b>Benin City</b>			
Pharmacy	49.4	44.4	81
PMS	14.9	17.0	94
<b>Ibadan</b>			
Pharmacy	14.1	15.2	92
PMS	2.4	39.8	83
<b>Ilorin</b>			
Pharmacy	6.3	4.2	48
PMS	4.6	18.2	66
<b>Kaduna</b>			
Pharmacy	21.8	19.2	78
PMS	10.1	13.9	79
<b>Zaria</b>			
Pharmacy	10.0	25.0	20
PMS	8.2	9.6	73

## Chapter 5. Key Findings and Program Implications

At least three-quarters of the health facilities surveyed, regardless of city and facility type, offer some form of family planning services. For many people, however, pharmacies and patent medicine stores offer more convenient access to family planning services and methods. Regardless of city, most of these outlets are open at least six days a week and at least 11 hours a day. Over 90 percent of pharmacies in Abuja, Benin City, Ilorin, and Kaduna provide information and counseling on family planning, as do about 70 percent of pharmacies in Ibadan and Zaria. Most patent medicine store operators also say they discuss family planning and birth spacing with clients and offer referrals for family planning services.

According to facility respondents and providers, family planning information and counseling is well integrated with other MNCH services. However, client exit interviews tell a different story. In each city, only 21 percent to 44 percent of women visiting high-volume facilities for non-family planning services also received family planning information, and no more than 7 percent received a contraceptive method, referral, or prescription.

Stock-outs of contraceptive methods are relatively common at health facilities, pharmacies, and patent medicine stores, although there is no clear pattern regarding the availability of specific methods. The incidence of stock-outs and the methods affected vary widely across cities and different types of service delivery points.

Most providers at health facilities have received pre-service training on family planning and feel capable of providing many short-term methods, including combined oral pills, injectables, male condoms, and natural methods or LAM. However, their ability to provide other methods varies. Many cannot even offer counseling on some methods, such as female sterilization, male sterilization, and implants. The ability of pharmacy and patent medicine store respondents to inform customers about family planning methods is also limited: only 22 percent to 61 percent of pharmacy respondents have ever received training on family planning, and—except in Benin City—the majority of patent medicine operators have no professional medical qualification and have never received training on family planning.

Providers frequently restrict a client's eligibility to use a contraceptive method based on marital status, partner's consent, and, to a lesser extent, parity. Providers at health facilities are most likely to impose these sorts of restrictions on injectables, IUDs, and female sterilization. In contrast, pharmacy and patent medicine store respondents most often place restrictions on combined oral pills and injectables.

The findings clearly show that the quality of services is important to clients. One-third to two-thirds of family planning and MNCH clients in each city did not visit the health facility closest to their home. Family planning clients say they choose where to go for services based primarily on the facility's good reputation and service quality, along with perceptions that providers treat patients well. The fact that

only 36 percent to 79 percent of family planning clients in each city reported “high” overall satisfaction with their visit also suggests widespread concerns with the quality of care.

The survey identified several priority areas for program activities promoting contraceptive use.

**Routinely integrate services:** Integrated services exist more in theory than practice, creating a significant opportunity to increase access to family planning counseling and services. Women most often interact with the health system via antenatal care or child immunization visits, according to this survey. Therefore, routinely integrating family planning messaging, counseling, and method provision into antenatal care and child immunization services has the potential to reach many women who do not currently use family planning and increase contraceptive prevalence.

**Address shortages of methods, supplies, and equipment:** In addition to contraceptive method stock-outs, the survey also documented widespread shortages of the instruments, equipment, and supplies required to provide long-acting and permanent methods. Only 23 percent to 64 percent of health facilities had everything needed to provide IUDs; slightly less had the capacity to provide implants. Hence, programs need to address shortages of key equipment and supplies, as well as methods themselves. Facilities that can offer long-term and permanent methods need to be equipped to do so, especially for the insertion and removal of IUDs and implants.

**Strengthen providers’ capabilities:** While almost all providers reported receiving pre-service training on family planning, a lack of continuing training contributes to their inability to provide, or even counsel on, certain family planning methods. Sponsoring in-service family planning training for providers of all kinds has the potential to improve the quality of family planning service delivery. Such training is particularly needed to strengthen service providers’ knowledge of, ability to counsel on, and capacity to provide implants, male sterilization, and female sterilization.

**Improve the quality of care:** Some preconditions for good quality family planning services are lacking at most facilities, notably management practices such as written guidelines, service protocols, and periodic audits. Programs can help facilities improve the quality of service delivery by assisting management in establishing—and ensuring implementation of—these practices. In addition, programs can help facilities respond to specific client complaints, such as the lack of visual privacy. For example, programs can work with family planning providers to increase their understanding of the need for visual privacy when meeting with clients, work with facilities to establish the structures that make private consultations possible, and include privacy in the periodic audits plan.

**Work to overcome provider biases:** Biases that pose unnecessary and inappropriate barriers to family planning services are common among family planning providers working at every kind of service delivery point. Programs can work to overcome these biases by emphasizing evidence-based, medical criteria for family provision over personal beliefs, conducting training on interpersonal communication and counseling, and focusing on the health benefits of spacing, even for women of low parity.

**Support family planning users at retail outlets:** Family planning users rely heavily on methods provided by patent medicine stores and pharmacies, including condoms, oral contraceptives, and emergency contraception. By fostering a robust referral strategy within family planning provider networks, programs can help move these users to more reliable methods and also address concerns and side effects that may arise.

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## **Appendix A. Data Collection Instruments**

## Measurement, Learning & Evaluation (MLE) Project Health Facility audit – Nigeria - 2011

CITY NAME & CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)	[ ]																																																
LGA NAME & CODE _____	[ ][ ][ ]																																																
LOCALITY NAME & CODE _____	[ ][ ][ ][ ]																																																
FACILITY NAME AND CODE _____	[ ][ ][ ][ ][ ]																																																
FACILITY PHYSICAL ADDRESS _____																																																	
<b>LOCATION OF FACILITY</b> GPS Reading Altitude ..... [ ][ ][ ][ ] Latitude ..... [ N ] [ ][ ] [ ][ ][ ][ ][ ] Longitude ..... [ E ] [ ][ ][ ] [ ][ ][ ][ ][ ]																																																	
<b>TYPE OF HEALTH FACILITY</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>PUBLIC SECTOR</b></td> </tr> <tr> <td>GOVT. HOSPITAL.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>WOMEN AND CHILDREN HOSPITAL.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>CHILD WELFARE CLINIC.....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>GOVT. HEALTH CENTRE.....</td> <td style="text-align: right;">14</td> </tr> <tr> <td>GOVT. HEALTH POST/DISPENSARY.....</td> <td style="text-align: right;">15</td> </tr> <tr> <td>MATERNITY HOME.....</td> <td style="text-align: right;">16</td> </tr> <tr> <td>OTHER PUBLIC _____</td> <td style="text-align: right;">18</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="2"><b>PRIVATE SECTOR</b></td> </tr> <tr> <td>PRIVATE HOSPITAL.....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>PRIVATE CLINIC.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>PRIVATE DOCTOR'S OFFICE.....</td> <td style="text-align: right;">23</td> </tr> <tr> <td>NURSING/MATERNITY HOME.....</td> <td style="text-align: right;">24</td> </tr> <tr> <td>OTHER PRIVATE _____</td> <td style="text-align: right;">29</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="2"><b>FBO</b></td> </tr> <tr> <td>MISSION HOSPITAL.....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>FAITH-BASED HOME/HEALTH CENTRE.....</td> <td style="text-align: right;">32</td> </tr> <tr> <td colspan="2"><b>OTHER</b></td> </tr> <tr> <td>OTHER NGO HOSPITAL.....</td> <td style="text-align: right;">41</td> </tr> <tr> <td>OTHER NGO CLINIC.....</td> <td style="text-align: right;">42</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Specify)</td> </tr> </table>	<b>PUBLIC SECTOR</b>		GOVT. HOSPITAL.....	11	WOMEN AND CHILDREN HOSPITAL.....	12	CHILD WELFARE CLINIC.....	13	GOVT. HEALTH CENTRE.....	14	GOVT. HEALTH POST/DISPENSARY.....	15	MATERNITY HOME.....	16	OTHER PUBLIC _____	18	(SPECIFY)		<b>PRIVATE SECTOR</b>		PRIVATE HOSPITAL.....	21	PRIVATE CLINIC.....	22	PRIVATE DOCTOR'S OFFICE.....	23	NURSING/MATERNITY HOME.....	24	OTHER PRIVATE _____	29	(SPECIFY)		<b>FBO</b>		MISSION HOSPITAL.....	31	FAITH-BASED HOME/HEALTH CENTRE.....	32	<b>OTHER</b>		OTHER NGO HOSPITAL.....	41	OTHER NGO CLINIC.....	42	Other _____	96	(Specify)	
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INTERVIEWER VISITS				
VISIT No.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/ YEAR [ ]/[ ]/[ ]_11]	DAY/ MONTH/ YEAR [ ]/[ ]/[ ]_11]	DAY/ MONTH/ YEAR [ ]/[ ]/[ ]_11]	DAY [ ][ ] MONTH [ ][ ] YEAR [2][0][1][1]
INTERVIEWER'S NAME	_____	_____	_____	_____
INTERVIEWER CODE	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
RESULT*	[ ]	[ ]	[ ]	[ ]
NEXT VISIT: DATE	[ ]/[ ]/[ ]_11]	[ ]/[ ]/[ ]_11]	[ ]/[ ]/[ ]_11]	TOTAL NO. OF VISITS [ ]
TIME	[ ][ ] [ ][ ] H H M M	[ ][ ] [ ][ ] H H M M	[ ][ ] [ ][ ] H H M M	
<b>*RESULT CODES:</b> 1. COMPLETED 2. FACILITY MOVED OR IS DESTROYED 3. RESPONDENT NOT AVAILABLE (NOT AT WORK, ON STRIKE, ETC) 4. RESPONDENT REFUSED 5. PARTLY COMPLETED 6. POSTPONED 7. OTHER _____ (Specify)				
<b>LANGUAGE</b>				
LANGUAGE OF INTERVIEW	ENGLISH 1	HAUSA 2	YORUBA 3	IGBO 4
				PIDGIN 5
				OTHER (SPECIFY) 6 _____
				TRANSLATOR USED? YES NO 1 2
<b>POSITION OF MAIN PERSON INTERVIEWED - CIRCLE ONE</b> CLINIC MANAGER/FACILITY ADMINISTRATOR.....01 PHYSICIAN.....02 NURSE.....03 MIDWIFE.....04 NURSE/ MIDWIFE.....05 CHEW.....06 OTHER _____ 96 (SPECIFY) NAME _____ MOBILE PHONE NUMBER _____			<b>SEX OF MAIN PERSON INTERVIEWED</b> MALE.....1 FEMALE.....2	
<b>SUPERVISOR</b>		<b>OFFICE EDITOR</b>		<b>KEYED BY</b>
NAME.....		NAME.....		NAME.....
CODE: [ ][ ][ ]		CODE: [ ][ ][ ]		CODE: [ ][ ][ ]
DATE [ ]/[ ]/[ ]_11] DD MM YY		DATE [ ]/[ ]/[ ]_11] DD MM YY		DATE [ ]/[ ]/[ ]_11] DD MM YY

GENERAL FACILITY INFORMATION			
Source	Questions	Coding	Skip/Notes
Q1.	RECORD THE TIME (IN 24 HOUR FORMAT) Hour ..... <input type="text"/> <input type="text"/> Minutes ..... <input type="text"/> <input type="text"/>		
Q2.	In what year did this facility open?  <b>PROBE, IF RESPONDANT SAYS DON'T KNOW: THIS IS VERY IMPORTANT.</b> Can you tell me how old this facility is? For example, would you say it is about 3 years old? 7 years old? (etc.)  <b>FILL IN EITHER YEAR OPENED OR YEARS OLD.</b>	Year opened ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b> Years old ..... <input type="text"/> <input type="text"/> Don't know ..... 9998	
Q3.	On average, how many days per week is the facility open?	Days per week ..... <input type="text"/>	
Q4.	What time does the facility typically open?  WRITE ANSWER ON 24-HOUR CLOCK (IE. IF OPENS AT 7:00 AM, MARK 07:00)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Open 24 hours a day.....99:91 →	Q6a
Q5.	What time does the facility typically close?  WRITE ANSWER ON 24-HOUR CLOCK (IE. IF CLOSES AT 7:00 PM, MARK 19:00)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Q6a.	Is this facility linked with PPFN or SFH or another organization that provides family planning methods and materials at a discounted rate or for free?	Yes.....1 No.....2 → Don't know.....8 →	Q7 Q7
	6b. What is the name of this organization?	6c.What year did this facility begin to associate with each organization named?	
	1.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	2.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	3.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
	4.	Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....9998	
Q7.	How many <b>permanent</b> staff of each type (cadre) does this facility have?  1. Obstetrician/Gynecologists (OB/GYN) 2. General surgeons 3. Pediatricians 4. General physicians 5. Theatre nurse 6. Nurse/Midwives 7. Nurses 8. Midwives 9. Community health extension workers (CHEWs) 10. Community health officers (CHO) 11. VCT Counsellor  <b>FOR LARGE MEDICAL HOSPITALS AND COLLEGES, PLEASE PROBE TO ESTIMATE TO YOUR BEST ABILITY.</b> <b>*NOTE: PERMANENT STAFF DOES NOT INCLUDE DOCTORS IN RESIDENCY TRAINING INTERNS OR NYSC</b>	OB/GYNS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GENERAL SURGEONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PEDIATRICIANS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GENERAL PHYSICIANS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> THEATRE NURSES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NURSE/MIDWIVES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NURSES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MIDWIVES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CHEW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CHO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> VCT PROVIDER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

STAFF										
LIST NAMES OF ALL PERMANENT STAFF INVOLVED IN PROVIDING REPRODUCTIVE HEALTH SERVICES, INCLUDING FAMILY PLANNING, MATERNAL AND CHILD HEALTH AND STI/VCT/HIV SERVICES. CODE "YES" IN Q8c FOR THOSE PROVIDERS ON DUTY TODAY AND "NO" FOR THOSE NOT ON DUTY AT ANY TIME TODAY. FOR EACH PERMANENT SERVICE PROVIDER WHO IS <b>NOT</b> ON DUTY TODAY, WRITE "99" (NOT ELIGIBLE) IN Q8d. FOR ALL PERMANENT SERVICE PROVIDERS WHO <b>ARE</b> ON DUTY TODAY, ASSIGN A NUMBER TO EACH OF THEM (SERIALIZE) IN Q8d STARTING WITH "01" TO THE LAST NUMBER. DO NOT CONSIDER THE "99" AS PART OF THE NUMBERING.										
FOR FACILITIES WITH FOUR OR FEWER PROVIDERS ON DUTY TODAY, INTERVIEW ALL OF THEM. FOR FACILITIES WITH FIVE OR MORE PROVIDERS ON DUTY TODAY, WRITE ALL NUMBERS FROM Q8d (EXCEPT FOR "99") ON SMALL PIECES OF PAPER AND RANDOMLY SELECT FOUR PROVIDERS. ONCE YOU HAVE BALLOTTED/SELECTED FOUR PROVIDERS FROM Q8d, CAREFULLY AND NEATLY CIRCLE THE NUMBERS IN Q8d FOR THOSE SELECTED.										
Q8a. No. of staff	Q8b. NAME	Q8c. Is NAME scheduled to be on duty any time today?	Q8d. Serial number of sampled on-duty staff	Q8e. POSITION CODE	Q8f. Does NAME work full- time?	Q8g. SEX	Does NAME provide service(s)? <i>Please indicate by checking the box of the services that NAME provides.</i>			
							Q8h. FAMILY PLANNING	Q8i. MATERNAL HEALTH	Q8j. CHILD HEALTH	Q8k. VCT/STI/HIV SERVICES
(01)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(02)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(03)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(04)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(05)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(06)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(07)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(08)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(09)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(10)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(11)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(12)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(13)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(14)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

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

STAFF										
Q8a. No. of staff	Q8b. NAME	Q8c. Is NAME scheduled to be on duty any time today?	Q8d. Serial number of sampled on-duty staff	Q8e. POSITION CODE	Q8f. Does NAME work full-time?	Q8g. SEX	Does NAME provide service(s)? <i>Please indicate by checking the box of the services that NAME provides.</i>			
							Q8h. FAMILY PLANNING	Q8i. MATERNAL HEALTH	Q8j. CHILD HEALTH	Q8k. VCT/STI/HIV SERVICES
(15)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(16)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(17)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(18)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(19)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(20)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(21)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(22)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(23)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(24)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(25)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(26)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(27)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(28)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(29)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(30)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(31)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(32)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(33)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

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							Q8h. FAMILY PLANNING	Q8i. MATERNAL HEALTH	Q8j. CHILD HEALTH	Q8k. VCT/STI/HIV SERVICES
(34)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(35)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(36)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(37)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(38)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(39)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(40)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(41)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(42)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(43)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(44)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(45)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(46)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(47)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(48)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(49)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(50)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(51)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(52)		YES .....1 NO .....2	<input type="checkbox"/>	<input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

CODE: Obstetrician/Gynecologists=01  
General surgeons=02

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VCT Counselors=11  
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STAFF										
Q8a. No. of staff	Q8b. NAME	Q8c. Is NAME scheduled to be on duty any time today?	Q8d. Serial number of sampled on-duty staff	Q8e. POSITION CODE	Q8f. Does NAME work full-time?	Q8g. SEX	Does NAME provide service(s)? <i>Please indicate by checking the box of the services that NAME provides.</i>			
							Q8h. FAMILY PLANNING	Q8i. MATERNAL HEALTH	Q8j. CHILD HEALTH	Q8k. VCT/STI/HIV SERVICES
(53)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(54)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(55)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(56)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(57)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(58)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(59)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(60)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(61)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(62)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(63)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(64)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(65)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(66)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(67)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(68)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(69)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(70)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(71)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

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							Q8h. FAMILY PLANNING	Q8i. MATERNAL HEALTH	Q8j. CHILD HEALTH	Q8k. VCT/STI/HIV SERVICES
(72)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(73)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(74)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(75)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(76)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(77)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(78)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(79)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(80)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(81)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(82)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(83)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(84)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(85)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(86)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(87)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
(88)		YES .....1 NO .....2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2	MALE...1 FEMALE...2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
CODE: Obstetrician/Gynecologists=01		Pediatricians=03		Theatre nurse=05		Nurses=07		CHEWs=09		VCT Counselors=11
General surgeons=02		General physicians=04		Nurse/Midwives=06		Midwives=08		Community health officers (CHO)=10		Other=96
CHECK THE BOX IF ANOTHER FORM IS USED: <input type="checkbox"/>			TOTAL NUMBER OF FORMS: <input type="checkbox"/>			FORM NUMBER: <input type="checkbox"/>				

GENERAL MCH AND FP					
SERVICE	Q9a. Does this facility provide the following Maternal and Child Health SERVICES?	Q9b. How many days per week is SERVICE available?	Q9c. What year was SERVICE first offered at this facility?	Q9d. How many clients received this service here in the past 3 months? ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.	Q9e. WHAT WAS THE SOURCE OF THIS INFORMATION?
(1) Maternity care/delivery services	Yes . . . . 1 No . . . . . 2 → (2)	Days .. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(2) Counseling on initiating breast-feeding (after delivery)	Yes . . . . 1 No . . . . . 2				
(3) Emergency care for prolonged or obstructed labor (cesarean section, blood transfusion)	Yes . . . . 1 No . . . . . 2 → (4)	Days .. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(4) Consultation for infertility	Yes . . . . 1 No . . . . . 2 → (5)	Days .. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(5) Post-abortion care	Yes . . . . 1 No . . . . . 2 → (6)	Days .. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(6) Ante-natal care	Yes . . . . 1 No . . . . . 2 → (12)	Days .. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(7) Complete Regimen of Tetanus Toxoid immunization during pregnancy (5 doses)	Yes . . . . 1 No . . . . . 2				
(8) Syphilis screening during pregnancy	Yes . . . . 1 No . . . . . 2				
(9) Iron supplementation during pregnancy	Yes . . . . 1 No . . . . . 2				
(10) Intermittent preventive treatment for malaria (IPT)	Yes . . . . 1 No . . . . . 2				
(11) Nutrition counseling during pregnancy	Yes . . . . 1 No . . . . . 2				

SERVICE	Q9a. Does this facility provide the following Maternal and Child Health SERVICE?	Q9b. How many days per week is SERVICE available?	Q9c. What year was SERVICE first offered at this facility?	Q9d. How many clients received this service here in the past 3 months? ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.	Q9e. WHAT WAS THE SOURCE OF THIS INFORMATION?
(12) Post natal care	Yes . . . . 1 No . . . . 2 → (14)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(13) Vitamin A supplementation after pregnancy	Yes . . . . 1 No . . . . 2				
(14) Child immunization	Yes . . . . 1 No . . . . 2 → (15)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(15) Child growth monitoring	Yes . . . . 1 No . . . . 2 → (16)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(16) Child respiratory disease	Yes . . . . 1 No . . . . 2 → (17)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(17) Oral rehydration therapy services	Yes . . . . 1 No . . . . 2 → (18)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(18) Detection and treatment of sexually transmitted infections (STIs)	Yes . . . . 1 No . . . . 2 → (19)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(19) Voluntary counseling and testing (VCT)	Yes . . . . 1 No . . . . 2 → (20)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(20) PMTCT	Yes . . . . 1 No . . . . 2 → (21)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(21) HIV/AIDS Management	Yes . . . . 1 No . . . . 2 → (22)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
(22) Family planning counseling & services	Yes . . . . 1 No . . . 2 → (Q11)	Days . . . <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know = 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....99993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

Q10.	Approximately, what percentage of the clients who received family planning counseling and services in the past 3 months were between the ages of 15 and 19 years old?	<input type="text"/> <input type="text"/> <input type="text"/> NONE.....000 DON'T KNOW....998	
Q11.	Does this facility ever refer clients to other health care facilities?	Yes ..... 1 No ..... 2	Q13
Q12.	For which services are these referrals?  [MULTIPLE RESPONSE POSSIBLE]	FAMILY PLANNING.....A IMMUNIZATION.....B ANTENATAL CARE.....C DELIVERY CARE.....D EMERGENCY DELIVERY CARE (C-SECTION).....E POSTNATAL CARE.....F DISEASE PREVENTION.....G TREATMENT OF ADULT.....H TREATMENT FOR CHILD.....I GROWTH MONITORING OF CHILD.....J HEALTH CHECK-UP.....K VCT.....L HIV/AIDS MANAGEMENT.....M PMTCT.....N OTHER.....X (SPECIFY)	
Now I would like to ask you some questions about other health services.			
Q13.	CHECK Q9A. IF YES TO (14) CHILD IMMUNIZATION, (15) CHILD GROWTH MONITORING, OR (16) CHILD RESPIRATORY DISEASE	IF NO TO ALL CHILD SERVICES (14-16)	Q17
Q14.	What is the normal practice for this facility if a woman who has come for a <b>child health visit</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day...03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 Other.....96 (SPECIFY)	Q17
Q15.	If a woman who has come for a <b>child health visit</b> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day...03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q16.	If a woman who has come for a <b>child health visit</b> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day...03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other.....96 (SPECIFY)	
Q17.	CHECK Q9A: IF YES TO (12) POST NATAL CARE	IF NO TO (12) POST NATAL CARE	Q21
Q18.	What is the normal practice for this facility if a woman who has come for a <b>postnatal care visit</b> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day...03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 Other.....96 (SPECIFY)	Q21

Q19.	If a woman who has come for a <i>postnatal care visit</i> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other_____96 (SPECIFY)			
Q20.	If a woman who has come for a <i>postnatal care visit</i> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other_____96 (SPECIFY)			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">           Q21. CHECK Q9A. IF YES TO (5) POST-ABORTION CARE  <input type="checkbox"/>            ↓         </td> <td style="width: 50%; text-align: center;">           IF NO TO (5) POST-ABORTION CARE  <input type="checkbox"/> → Q25         </td> </tr> </table>				Q21. CHECK Q9A. IF YES TO (5) POST-ABORTION CARE <input type="checkbox"/> ↓	IF NO TO (5) POST-ABORTION CARE <input type="checkbox"/> → Q25
Q21. CHECK Q9A. IF YES TO (5) POST-ABORTION CARE <input type="checkbox"/> ↓	IF NO TO (5) POST-ABORTION CARE <input type="checkbox"/> → Q25				
Q22.	What is the normal practice for this facility if a woman who has come for <i>post-abortion care</i> is interested in <b>receiving information</b> on FP? Is she able to receive this information on the day of her visit, or is she asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 → Q25 Other (specify)_____96			
Q23.	If a woman who has come for <i>post-abortion care</i> is interested in <b>receiving a hormonal method of FP</b> , what is the normal practice for this facility?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other_____96 (SPECIFY)			
Q24.	If a woman who has come for <i>post-abortion care</i> is interested in <b>getting sterilized</b> , what is the normal practice for this facility?  CIRCLE ONE.	Procedure can happen on same day.....01 Sometimes the procedure can happen on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Other_____96			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">           Q25. CHECK Q9A: IF YES TO ANY (18) Detection and treatment of STIs, (19) VCT, (20) PMTCT, OR (21) HIV/AIDS management  <input type="checkbox"/>            ↓         </td> <td style="width: 50%; text-align: center;">           IF NO TO ALL (18-21)  <input type="checkbox"/> → Q29         </td> </tr> </table>				Q25. CHECK Q9A: IF YES TO ANY (18) Detection and treatment of STIs, (19) VCT, (20) PMTCT, OR (21) HIV/AIDS management <input type="checkbox"/> ↓	IF NO TO ALL (18-21) <input type="checkbox"/> → Q29
Q25. CHECK Q9A: IF YES TO ANY (18) Detection and treatment of STIs, (19) VCT, (20) PMTCT, OR (21) HIV/AIDS management <input type="checkbox"/> ↓	IF NO TO ALL (18-21) <input type="checkbox"/> → Q29				
Q26.	What is the normal practice for this facility if a woman or man who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>receiving information</b> on FP, is she/he able to receive this information on the day of her/his visit, or is she/he asked to come back on a different day?  CIRCLE ONE.	Always receive on same day.....01 Sometimes receive on same day.....02 Make appointment to come back a different day....03 No appointment made, always told to come back different day.....04 Given referral to another facility.....05 Given no information or referral.....06 Do not offer family planning services.....07 → Q29 Other_____96 (SPECIFY)			

Q27.	<p>If a woman who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>receiving a hormonal method</b>, what is the normal practice for this facility?</p> <p>CIRCLE ONE.</p>	<p>Always receive on same day.....01  Sometimes receive on same day.....02  Make appointment to come back a different day....03  No appointment made, always told to come back  different day.....04  Given referral to another facility.....05  Given no information or referral.....06  Other_____96</p> <p>(SPECIFY)</p>	
Q28.	<p>If a woman who has come for <b>STI treatment, VCT, PMTCT, or HIV/AIDS care</b> is interested in <b>getting sterilized</b>, what is the normal practice for this facility?</p> <p>CIRCLE ONE.</p>	<p>Procedure can happen on same day.....01  Sometimes the procedure can happen on same  day.....02  Make appointment to come back a different day....03  No appointment made, always told to come back  different day.....04  Given referral to another facility.....05  Given no information or referral.....06  Other_____96</p>	
Q29.	<p>[SEE Q9A (22) FAMILY PLANNING COUNSELING &amp; SERVICES] → <b>IF FP IS OFFERED</b>,</p> <p>YES, <input type="checkbox"/></p> <p>↓</p>	<p>[SEE Q9A (22) FAMILY PLANNING COUNSELING &amp; SERVICES] → <b>IF FP IS NOT OFFERED</b>,</p> <p>NO, <input type="checkbox"/></p> <p>↓</p> <p>Would FP counseling and services be appropriate to include into the existing services offered?</p> <p>Yes ..... 1  No ..... 2  Don't know ..... 8</p>	<p>ALL  SKIP  TO  <b>Q67</b></p>

ASK IF THE FOLLOWING CONTRACEPTIVES ARE PROVIDED IN THIS FACILITY. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE.

METHOD	Q30a. Does this facility provide the following FP methods/services?	Q30b. How many days per week is the method provided?	Q30c. What year was METHOD first offered at this facility? <b>Don't know = 9998</b>	Q30d. Are there requirements for partner's consent to receive the following METHOD?	Q30e. How many staff do you have that can provide METHOD?
(01) Combined oral pill	YES.....1 NO.....2 ↓ <b>(02)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(02) Progestin only pill	YES.....1 NO.....2 ↓ <b>(03)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(03) Emergency contraceptive	YES.....1 NO.....2 ↓ <b>(04)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(04) Male condom	YES.....1 NO.....2 ↓ <b>(05)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(05) Female condom	YES.....1 NO.....2 ↓ <b>(06)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(06) Injectables	YES.....1 NO.....2 ↓ <b>(07)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	
(07) Implants (Jadelle/Implanon)	YES.....1 NO.....2 ↓ <b>(08)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(08) IUD	YES.....1 NO.....2 ↓ <b>(09)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(09) Female sterilization/tubal ligation	YES.....1 NO.....2 ↓ <b>(10)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(10) Male sterilization	YES.....1 NO.....2 ↓ <b>(11)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(11) Other (specify)	YES.....1 NO.....2 ↓ <b>(Q31a)</b>	Days... <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2	

Now I would like to ask you about your specific stocks of different family planning methods/products. ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q22a.								
CONTRACEPTIVE	Q31a. Where does your stock of CONTRACEPTIVE come from? CHOOSE ALL.	Q31b. When was the last time that you received a routine supply of CONTRACEPTIVE either that you ordered, or that is part of your routine supply system? READ LIST.	Q31c. Does this facility determine the quantity of each CONTRACEPTIVE that it needs and order that, or is the quantity that you receive determined elsewhere? READ LIST.	Q31d. Do you always receive a standard fixed quantity of CONTRACEPTIVE or does the quantity you receive vary according to recent need or activity level? READ LIST.	Q31e. CHECK Q31c. IF Q31c IS "NO", SKIP TO Q31g When you order CONTRACEPTIVE, how much do you order? READ LIST.	Q31f. When do you decide to order CONTRACEPTIVE? READ LIST.	Q31g. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.	Q31h. Is METHOD usually delivered or must you go get them?
(01) Combination oral contraceptives (estrogen and progestin)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(02) Progestin-only oral contraceptives	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(03) Emergency contraceptives	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3
(04) Male condoms	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other.....X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other.....6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other.....6 (Specify) Don't know . ....8	Delivered .....1 Pick them up...2 Both .....3



CONTRACEPTIVE	Q31a. Where does your stock of CONTRACEPTIVE come from? CHOOSE ALL.	Q31b. When was the last time that you received a routine supply of CONTRACEPTIVE either that you ordered, or that is part of your routine supply system? READ LIST.	Q31c. Does this facility determine the quantity of each CONTRACEPTIVE that it needs and order that, or is the quantity that you receive determined elsewhere? READ LIST.	Q31d. Do you always receive a standard fixed quantity of CONTRACEPTIVE or does the quantity you receive vary according to recent need or activity level? READ LIST.	Q31e. <b>CHECK Q31c. IF Q31c IS "NO", SKIP TO Q31g</b> When you order CONTRACEPTIVE, how much do you order?  READ LIST.	Q31f. When do you decide to order CONTRACEPTIVE?  READ LIST.	Q31g. On average, how long does it take to receive your supplies after you have placed an order?  READ LIST.	Q31h. Is METHOD usually delivered or must you go get them?
(05) Female condoms	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other _____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other _____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other _____6 (Specify) Don't know .....8	Delivered .....1 Pick them up...2 Both .....3
(06) Spermicide	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other _____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other _____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other _____6 (Specify) Don't know .....8	Delivered .....1 Pick them up...2 Both .....3
(07) Injectables (e.g., Depo Provera, Noristerat)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other _____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other _____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other _____6 (Specify) Don't know .....8	Delivered .....1 Pick them up...2 Both .....3
(08) Implant (Norplant)	Govt..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/ dealer/distributor.....D Other _____X (Specify) Don't know.....Z	< 4 wks ago.....1 Between 4-12 wks.....2 > 12 wks ago.....3 No routine supply system.....4 Don't know.....8	Determines own need....1 →(Q31e) Determined Elsewhere.....2 Both.....3 Don't know .....8 →(Q31g)	Quantity based on activity level....1 Standard fixed supply.....2 Don't know.....8	Order to maintain stock.....1 Order same amount.....2 Order based on consumption.....3 Other _____6 (Specify) Don't know.....8	Fall below predetermined level.....1 Fixed time – Every [ ] days.....2 Order when needed..3 Other.....6 Don't know.....8	One week or less.....1 Between 2-4 weeks...2 Between 5-8 weeks...3 More than 8 weeks...4 Other _____6 (Specify) Don't know .....8	Delivered .....1 Pick them up...2 Both .....3

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

**ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q30a.**

METHOD	Q32a. Is <u>METHOD</u> currently available?	Q32b. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last <u>one year</u> ?	Q32c. If Yes, how many times has this facility had a stockout of METHOD in the past one year?  (CHECK if "Yes" to Q32b)	Q32d. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the past one year?  (CHECK if "Yes" to Q32b)	Q32e. SOURCE OF INFORMATION FOR STOCKOUTS IN PAST ONE YEAR:	Q32f. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last 30 days (one month)?	Q32g. If Yes, how many times has this facility had a stockout of METHOD in the past 30 days?  (CHECK if "Yes" to Q32f)	Q32h. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the last 30 days?  (CHECK if "Yes" to Q32f)	Q32i. SOURCE OF INFORMATION ON STOCKOUTS IN PAST 30 DAYS:
(01) Combined oral pill	YES .....1 NO .....2	YES .....1 NO .....2 ↓ (02)	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(02) Progestin only pill	YES .....1 NO .....2	YES .....1 NO .....2 ↓ (03)	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(03) Emer- gency contra- ptive	YES .....1 NO .....2	YES .....1 NO .....2 ↓ (04)	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(04) Male condom	YES .....1 NO .....2	YES .....1 NO .....2 ↓ (05)	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2

ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q30a.									
METHOD	Q32a. Is <u>METHOD</u> currently available?	Q32b. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last <u>one year</u> ?	Q32c. If Yes, how many times has this facility had a stockout of METHOD in the past one year?  (CHECK if "Yes" to Q32b)	Q32d. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the past one year?  (CHECK if "Yes" to Q32b)	Q32e. SOURCE OF INFORMATION FOR STOCKOUTS IN PAST ONE YEAR:	Q32f. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last 30 days (one month)?	Q32g. If Yes, how many times has this facility had a stockout of METHOD in the past 30 days?  (CHECK if "Yes" to Q32f)	Q32h. If Yes, how many <b>total</b> days of stockout of METHOD did this facility experience in the last 30 days?  (CHECK if "Yes" to Q32f)	Q32i. SOURCE OF INFORMATION ON STOCKOUTS IN PAST 30 DAYS:
(05) Female condom	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(06)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(06) Injectable (DMPA, Noristerat)	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(07)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(07) Implants (Jadelle/ Implanon)	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(08)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2
(08) IUD	YES .....1 NO .....2	YES .....1 NO .....2 ↓ <b>(09)</b>	Number... <input type="text"/> <input type="text"/> DON'T KNOW..98	Days... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number... <input type="text"/> <input type="text"/> DON'T KNOW.....98	Days... <input type="text"/> <input type="text"/> DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2

ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q30a.									
METHOD	Q32a. Is <u>METHOD</u> currently available?	Q32b. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last <u>one year</u> ?	Q32c. If Yes, how many times has this facility had a stockout of METHOD in the past one year?  (CHECK if "Yes" to Q32b)	Q32d. If Yes, how many <u>total</u> days of stockout of METHOD did this facility experience in the past one year?  (CHECK if "Yes" to Q32b)	Q32e. SOURCE OF INFORMATION FOR STOCKOUTS IN PAST ONE YEAR:	Q32f. Has this facility had a stockout of METHOD that lasted at least 24 hours in the last 30 days (one month)?	Q32g. If Yes, how many times has this facility had a stockout of METHOD in the past 30 days?  (CHECK if "Yes" to Q32f)	Q32h. If Yes, how many <u>total</u> days of stockout of METHOD did this facility experience in the last 30 days?  (CHECK if "Yes" to Q32f)	Q32i. SOURCE OF INFORMATION ON STOCKOUTS IN PAST 30 DAYS:
(09) Other (specify)  _____	YES .....1 NO .....2	YES .....1 NO .....2  ↓ <b>(Q33a)</b>	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	Days...  <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995 DK.....998	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2	YES .....1 NO .....2	Number...  <input type="text"/> <input type="text"/>  DON'T KNOW.....98	Days...  <input type="text"/> <input type="text"/>  DON'T KNOW..98	OBSERVED RECORD.....1  PROVIDER ESTIMATE.....2

ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED AT THE FACILITY FROM Q30a.		
METHOD	Q33a. How many [NAMED METHOD] do you usually provide to a <b>new acceptor</b> on her first visit?	Q33b. How many [NAMED METHOD] do you usually provide to a woman coming for <b>resupply/continuing to use the same method</b> ?
(01) Combined oral contraceptives (number of cycles)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(02) Progestin-only oral contraceptives (number of cycles)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(03) Male condoms (number of pieces)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(04) Female condoms (number of pieces)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q30a.</b>				
METHOD	Q34a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q34b. Do fees for METHOD vary depending on the product available?	Q34c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b>FROM LOWEST TO HIGHEST PRICE.</b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q34A AND Q34C is “FREE”, GO TO NEXT METHOD  Q34d. What percent of clients pay the charge for METHOD/PROCEDURE?
(01) Combined oral pill	CONSULTATION....1 [ ][ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ][ ]
(02) Progestin only pill	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ][ ]
(03) Emergency contraceptive	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per package/cycle  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ][ ]
(04) Male condom	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per piece  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ][ ]

Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q30a.</b>				
METHOD	Q34a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q34b. Do fees for METHOD vary depending on the product available?	Q34c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b>FROM LOWEST TO HIGHEST PRICE.</b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q34A AND Q34C is “FREE”, GO TO NEXT METHOD  Q34d. What percent of clients pay the charge for METHOD/PROCEDURE?
(05) Female condom	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ] TO [ ][ ][ ][ ]per piece  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ]
(06) Injectables [Depo (DMPA), Noristorat]	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ] TO [ ][ ][ ][ ]per injectable  PRESCRIPTION/REFERRAL ONLY.....9994 FREE.....9995 DON'T KNOW.....9998	[ ][ ][ ]
(07) Implants (Jadelle/Implanon)	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per implant  PRESCRIPTION/REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ][ ][ ]
(08) IUD	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ] → <b>Q34d</b>	Yes .....1 No/only one brand or product available..... 2 Don't know .....8	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ]per IUD  PRESCRIPTION/REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ][ ][ ]

Now I'm going to ask you some questions related to how much clients pay for contraceptive services and methods. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED BY THE FACILITY FROM Q30a.</b>				
METHOD	Q34a. How much is the consultation fee (in Naira) for METHOD/PROCEDURE?  OR  Package Deal (both consult and method/procedure)	Q34b. Do fees for METHOD vary depending on the product available?	Q34c. How much is the METHOD/PROCEDURE?  RECORD THE RANGE (in Naira) IF PRICE DIFFERS BY BRAND <b>FROM LOWEST TO HIGHEST PRICE.</b>  RECORD THE PRICE IN THE FIRST FIELD IF THERE IS ONLY ONE PRODUCT OR IF THE PRICE DOES NOT DIFFER BY BRAND	CHECK – IF OPTION Q34A AND Q34C is “FREE”, GO TO NEXT METHOD  Q34d. What percent of clients pay the charge for METHOD/PROCEDURE?
(09) Female sterilization/ tubal ligation	CONSULTATION....1 [ ][ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → Q34d		[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ] PER OPERATION  REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ][ ][ ][ ]
(10) Male sterilization	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → Q34d		[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ] PER OPERATION  REFERRAL ONLY.....99994 FREE.....99995 DON'T KNOW.....99998	[ ][ ][ ][ ]
(11) Other (specify)  _____	CONSULTATION....1 [ ][ ][ ][ ][ ] FREE.....99995 DON'T KNOW.....99998  OR PACKAGE DEAL.....2 [ ][ ][ ][ ][ ] → Q34d	Yes .....1 No/only one brand or product available.... 2 Don't know .....8 → Q34d	[ ][ ][ ][ ][ ] TO [ ][ ][ ][ ][ ] per UNIT  PRESCRIPTION/REFERRAL ONLY....99994 FREE.....99995 DON'T KNOW.....99998	[ ][ ][ ][ ]

**SERVICE STATISTICS** Now I want to ask about service statistics for the following contraceptive methods.. For each method I ask about, please tell me the number of new acceptors/users and the number of resupply/continuing users for both the last month and the last 12 months.

Q35a. How many clients received family planning services in the <b>last 12 completed months?</b> [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE ...999993	Q35b. Total new family planning acceptors/users in the <b>last 12 completed months?</b> [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....999993 NOTE: New acceptors/users = new to clinic and those who switch methods on day of service.	Q35c. Total FP visits in the <b>last 12 completed months?</b> [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE ...999993	Q35d. INDICATE WHERE STATISTICS COME FROM: OBSERVED .....1 ESTIMATED.....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
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Q36. INDICATE **BEGINNING** MONTH AND YEAR FOR Q35a-Q35c ABOVE . . . . . [ ][ ] [ ][ ][ ][ ][ ]  
 MONTH YEAR

Q37. INDICATE **ENDING** MONTH AND YEAR FOR Q35a-Q35c ABOVE. . . . . [ ][ ] [ ][ ][ ][ ][ ]  
 MONTH YEAR

METHOD <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q30a.</b>	Q38a. Number of <u>new acceptors/users</u> last month	Q38b. Number of <u>resupply/continuing clients</u> last month	Q38c. Number of <u>new acceptors/users</u> last 12 months	Q38d. Number of <u>resupply/continuing clients</u> last 12 months	Q38e. INDICATE WHERE STATISTICS COME FROM:
(01) Combined oral pill	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(02) Progestin only pill	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(03) Emergency contraceptive	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(04) Male condom	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....9993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] NOT AVAILABLE .....99993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)



METHOD <b>ONLY ASK ABOUT THOSE METHODS THAT ARE OFFERED IN Q30a.</b>	Q38a. Number of <u>new</u> <u>acceptors/users</u> <u>last month</u>	Q38b. Number of <u>resupply/continuing</u> <u>clients last month</u>	Q38c. Number of <u>new</u> <u>acceptors/users last 12</u> <u>months</u>	Q38d. Number of <u>resupply/continuing clients</u> <u>last 12 months</u>	Q38e. INDICATE WHERE STATISTICS COME FROM:
(05) Female condom	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(06) Injectables (Depo/ Noristerat)	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(07) Implants (Jadelle/ Implanon)	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(08) IUD	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(09) Female sterilization	<input type="text"/> NOT AVAILABLE .....9993		<input type="text"/> NOT AVAILABLE .....9993		OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(10) Male sterilization	<input type="text"/> NOT AVAILABLE .....9993		<input type="text"/> NOT AVAILABLE .....9993		OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
(11) Other (specify) _____	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	<input type="text"/> NOT AVAILABLE .....9993	OBSERVED .....1 ESTIMATED .....2 NOT AVAILABLE.....3 OTHER:.....6 (SPECIFY)
Q39.	INDICATE <b>MONTH</b> OF RECORDS FOR Q38a-Q38b ABOVE ..... <input type="text"/> <input type="text"/>				(L.e., For February, record "02")
Q40a.	INDICATE <b>BEGINNING</b> MONTH AND YEAR FOR Q38c-Q38d ABOVE ..... <input type="text"/> <input type="text"/> .....				<input type="text"/> <input type="text"/> MONTH      YEAR
Q40b.	INDICATE <b>ENDING</b> MONTH AND YEAR FOR Q38c-Q38d ABOVE..... <input type="text"/> <input type="text"/> .....				<input type="text"/> <input type="text"/> MONTH      YEAR

IEC MATERIALS AND OUTREACH ACTIVITIES					
Q41.	Are the following family planning IEC materials displayed and/or available for use?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
	a) Posters	1	2	3	8
	b) Informational flip chart	1	2	3	8
	c) Brochures/pamphlets	1	2	3	8
	d) Information sheets	1	2	3	8
	e) Job aids	1	2	3	8
	f) Demonstration models	1	2	3	8
	g) Counseling cards	1	2	3	8
	h) Samples of various FP methods	1	2	3	8
	i) Other (specify) _____	1	2	3	8
Q42.	Does this facility have a health outreach program for IEC (Information, Education and Communication)?	Yes .....1 No ..... 2 → <b>Q46</b> Don't know.....8 → <b>Q46</b>			
Q43.	Does this outreach program discuss family planning/birth spacing?	Yes ..... 1 No ..... 2 Don't know.....8			
Q44.	How many communities are regularly visited through this outreach program?	NUMBER ..... [ ]			
Q45.	About how often are these communities visited through this outreach program?	WEEKLY.....1 MONTHLY ..... 2 QUARTERLY ..... 3 ANNUALLY ..... 4 OTHER ..... 6 (Specify)			
Q46.	Does this facility give health talks for members of the community?	Yes ..... 1 No ..... 2 → <b>Q50</b> Don't know.....8 → <b>Q50</b>			
Q47.	Has this facility ever given a health talk on family planning/birth spacing to the community?	Yes .....1 No ..... 2 Don't know.....8			
Q48.	How often does this facility give health talks to the community?	EVERY DAY ..... 1 WEEKLY ..... 2 MONTHLY.....3 QUARTERLY.....4 OTHER ..... 6 (Specify)			
Q49.	How often do the topics of the health talks change?	EVERY DAY ..... 1 WEEKLY ..... 2 MONTHLY.....3 QUARTERLY.....4 OTHER ..... 6 (Specify)			
Q50.	Does this facility supervise CBDs (community-based distributors of contraceptives)?	YES ..... 1 NO ..... 2 → <b>Q52</b>			
Q51.	What organization sponsors the CBDs? <b>CIRCLE ALL THAT APPLY</b>	MOH .....A MARIE STOPES .....B PPFN.....C SFH.....D OTHER .....X (SPECIFY)			

<b>QUALITY ASSURANCE/STANDARD OPERATING PROCEDURES</b>			
Now I want to ask about common quality assurance activities and guidelines. For each activity or guideline mentioned, please tell me if this exists anywhere in the facility.			
IF QUALITY ASSURANCE ACTIVITIES ARE REPORTED TO BE CARRIED OUT, ASK: Can I see some document or record that shows this has been carried out during the past year?			
A REPORT OR MINUTES OF A MEETING WHICH MENTIONS THE QUALITY ASSURANCE ACTIVITY IS ACCEPTABLE.			
Q52.	Are there any written guidelines or service protocols in this facility for family planning services?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 → Don't know .....8 →	<b>Q54</b> <b>Q54</b>
Q53.	Who is the author of these guidelines or service protocols you are using? NAME OF GUIDELINES: _____ _____ _____	Facility created guidelines.....A WHO guidelines.....B FMOH guidelines.....C Other _____X (Specify)	
<b>CHOOSE ALL THAT APPLY.</b>			
Q54	Are there any written guidelines or service protocols in this facility for the integration of family planning and HIV services?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know .....8	
Q55.	Are you using any guideline(s) or tool(s) to screen patients for pregnancy?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 → Don't know .....8 →	<b>Q57</b> <b>Q57</b>
Q56.	Do these guideline(s) recommend that you screen all patients for pregnancy before dispensing a new family planning method?	Yes .....1 No .....2 Other guidance provided _____6 (Specify) Don't know .....8	
Q57.	Do any of the guidelines recommend that family planning counseling is offered to most clients in this facility as a routine or normal practice?	Yes .....1 No .....2 No guidelines.....3 Other guidance provided _____6 (Specify) Don't know .....8	
Q58.	Are periodic audits or reports of medical records or service registers conducted/compiled at least quarterly?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know .....8	
Q59.	Is there any type of quality assurance committee or staff meetings that assure quality control for family planning service delivery?	Yes, document observed.....1 Yes, document reported but not seen.....2 No.....3 Don't know .....8	

<b>STORAGE:</b> Now I would like to see the place where contraceptive methods are stored. We are just trying to get an idea of how facilities keep their stock and store contraceptive methods. Remember that my findings will be just used for research purposes and will be kept strictly confidential.			
Q60.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNESS	YES ..... 1 NO ..... 2 CANNOT OBSERVE STORAGE AREA.....3	→ <b>Q66</b>
Q61.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES ..... 1 NO ..... 2	
Q62.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES ..... 1 NO ..... 2	
Q63.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES ..... 1 NO ..... 2	
Q64.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES ..... 1 NO ..... 2	
Q65.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.	YES ..... 1 NO ..... 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7	
Q66.	Does the pharmacy separate damaged and/or expired family planning methods from the usable products, and remove them from the inventory?  IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED. ALSO ASK FOR THE TALLY CARD TO CHECK FOR RECORDED BALANCE.	YES, DAMAGED/EXPIRED ITEM REMOVED FROM INVENTORY ..... 1  REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT..... 2  EXPIRED ITEMS OBSERVED ..... 3  REPORTED YES BUT CANNOT OBSERVE.... 4  NO ..... 5	

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

**PHYSICAL INFRASTRUCTURE AND EQUIPMENT**

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

INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.

Q67.	DOES THIS FACILITY HAVE A SIGN POSTED WITH ITS HOURS OF OPERATION AND SERVICES?	Observed, both hours and services. ....1 Observed, hours only.....2 Observed, services only.....3 Reported, both hours and services.....4 Reported, hours only.....5 Reported, services only.....6 No sign.....7		
		<b>Not Available</b>	<b>Available but not functioning</b>	<b>Available and functioning</b>
Q68.	Electricity	1	2	3
Q69.	Back-up generator	1	2	3
Q70.	Piped water supply	1	2	3
Q71.	Toilet facilities/latrine	1	2	3
Q72.	Telephone/GSM (dedicated to the facility)	1	2	3
Q73.	Storage area for drugs and supplies	1	2	3
Q74.	Sharps container for needles	1	2	3
Q75.	Laboratory	1	2	3
Q76.	Private examination room (ie, a private room for pelvic exams and IUD insertion)	1	2	3
Q77.	Exam table for gynecological examination	1	2	3
Q78.	Examination light	1	2	3
Q79.	Delivery room with bed and lighting	1	2	3
Q80.	Operating theatre with basic/required equipment	1	2	3
Q81.	Weighing scale for adults	1	2	3
Q82.	Infant weighing scale	1	2	3
Q83.	Blood pressure apparatus	1	2	3
Q84.	Stethoscope	1	2	3
Q85.	Fetal stethoscope	1	2	3
Q86.	Sterilizer	1	2	3
Q87.	Microscope	1	2	3
Q88.	Oxygen apparatus	1	2	3
Q89.	Centrifuge	1	2	3
Q90.	Thermometer	1	2	3
Q91.	Scalpels	1	2	3
Q92.	Two pairs of scissors	1	2	3
Q93.	Long needle holder	1	2	3
Q94.	Forceps	1	2	3
Q95.	Sponge holding forceps			
Q96.	Tenacula (Volsellum forceps)	1	2	3
Q97.	Vaginal speculum (small size)	1	2	3
Q98.	Vaginal speculum (medium size)	1	2	3
Q99.	Vaginal speculum (large size)	1	2	3
Q100.	Minor surgery kit (e.g. artery forceps, hemostat)			
Q101.	Vacuum extractor	1	2	3

		Not Available	Available but not functioning	Available and functioning
Q102.	Manual vacuum aspiration (MVA) kit	1	2	3
Q103.	Minilaparotomy kit	1	2	3
Q104.	Uterine hook	1	2	3
Q105.	Tubal hook	1	2	3
Q106.	Vasectomy kit	1	2	3
Q107.	Uterine sounds	1	2	3
Q108.	Canula and trochar for inserting implants	1	2	3

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

**CONSUMABLE SUPPLIES**

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

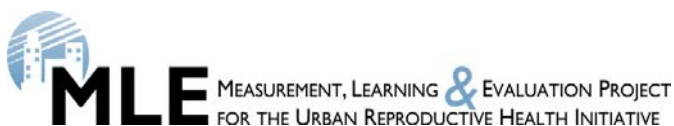
INTERVIEWER NEEDS TO CHECK AVAILABILITY WHERE POSSIBLE.

		Not Available	Available sometimes but not on a regular basis	Available all of the time
Q109.	Sutures	1	2	3
Q110.	Antiseptic solution (such as iodine)	1	2	3
Q111.	Methylated spirit	1	2	3
Q112.	Sterile gauze pad or cotton wool	1	2	3
Q113.	Sterile disposable latex gloves	1	2	3
Q114.	Long gloves	1	2	3
Q115.	Disposable sterile syringes and needles	1	2	3
Q116.	Intravenous kit	1	2	3
Q117.	Scalpel blades	1	2	3
Q118.	Sealed implants pack (for performing FP implant insertions)	1	2	3
Q119.	Sedatives (such as Valium)	1	2	3
Q120.	Atropine (such as Buscopan)	1	2	3
Q121.	Opioid analgesic	1	2	3
Q122.	Local anesthetic (such as lignocaine)	1	2	3

Q123.	RECORD THE TIME [24-HOUR TIME]	Hour .....	<input type="text"/>	<input type="text"/>
		Minutes .....	<input type="text"/>	<input type="text"/>

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

COMMENTS:



## Measurement, Learning & Evaluation (MLE) Project Service Provider – Nigeria - 2011

IDENTIFICATION				
CITY NAME & CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)	[ ]			
LGA NAME & CODE _____	[ ][ ][ ][ ]			
LOCALITY NAME & CODE _____	[ ][ ][ ][ ][ ]			
FACILITY NAME AND CODE _____	[ ][ ][ ][ ][ ][ ]			
PROVIDER NAME AND CODE (FROM THE FACILITY AUDIT LIST – Q8d) _____	[ ][ ][ ][ ]			
RESPONDENT: NOT INTERVIEWED = 1    PREVIOUSLY INTERVIEWED IN THIS FACILITY = 2 (END)				[ ]
IF PREVIOUSLY INTERVIEWED, OTHER FACILITY NAME AND CODE _____				[ ][ ][ ][ ][ ][ ]
INTERVIEWER VISITS				
VISIT No.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/YEAR [ ][ ]/[ ][ ]/[ 11 ]	DAY/ MONTH/ YEAR [ ][ ]/[ ][ ]/[ 11 ]	DAY/ MONTH/ YEAR [ ][ ]/[ ][ ]/[ 11 ]	DAY [ ][ ] MONTH [ ][ ] YEAR [ 2 ][ 0 ][ 1 ][ 1 ]
INTERVIEWER'S NAME	_____	_____	_____	_____
INTERVIEWER CODE	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
RESULT*	[ ]	[ ]	[ ]	[ ]
NEXT VISIT: DATE:	[ ][ ]/[ ][ ]/[ 11 ]	[ ][ ]/[ ][ ]/[ 11 ]	[ ][ ]/[ ][ ]/[ 11 ]	TOTAL NO. OF VISITS
TIME:	[ ][ ] [ ][ ] H H   M M	[ ][ ] [ ][ ] H H   M M	[ ][ ] [ ][ ] H H   M M	[ ]
<b>*RESULT CODES:</b> 1. COMPLETED    4. REFUSED 2. RESPONDENT NOT AVAILABLE    5. PARTLY COMPLETED 3. POSTPONED    6. OTHER _____ (Specify)				

IDENTIFICATION		
SUPERVISOR NAME _____ CODE [ ][ ] DATE [ ]/[ ]/[11] DD MM YY	OFFICE EDITOR NAME _____ CODE [ ][ ] DATE [ ]/[ ]/[11] DD MM YY	KEYED BY NAME _____ CODE [ ][ ] DATE [ ]/[ ]/[11] DD MM YY

BACKGROUND INFORMATION			
Source	Questions	Coding	Skip
Q1.	RECORD THE TIME  (IN 24 HOUR FORMAT)	Hour ..... [ ][ ]      Minutes ..... [ ][ ]	
Q2.	SEX OF PROVIDER INTERVIEWED	MALE.....1 FEMALE.....2	
Q3.	How long have you been working here at this facility?	YEARS... [ ][ ]  LESS THAN ONE YEAR =00 DON'T KNOW = 98	
Q4.	What cadre of staff are you?	OBSTETRICIAN/GYNECOLOGIST.....01 GENERAL SURGEON.....02 PEDIATRICIAN.....03 GENERAL PHYSICIAN.....04 THEATRE NURSE.....05 NURSE/MIDWIFE.....06 NURSE.....07 MIDWIFE.....08 COMMUNITY HEALTH EXTENSION WORKER (CHEW)...09 COMMUNITY HEALTH OFFICER (CHO).....10 VCT COUNSELOR.....11 OTHER _____ 96 (SPECIFY)	
Q5.	How old were you at your last birthday?	YEARS..... [ ][ ]	
Q6.	What is your religion?	CHRISTIAN-CATHOLIC.....01 CHRISTIAN-PROTESTANT/OTHER CHRISTIAN.....02 ISLAM.....03 TRADITIONAL.....04 NO RELIGION .....05  OTHER _____ 06 (SPECIFY)	
Q7.	In which department or unit do you work?	GENERAL OUTPATIENT DEPARTMENT (GOPD) ... 01 OBSTETRICS AND GYNECOLOGY ..... 02 SURGERY .....03 PEDIATRICS .....04 FAMILY PLANNING DEPARTMENT .....05 INFANT AND CHILD CARE .....06 ANC.....07 HIV TESTING OR STI/HIV TREATMENT.....08 Other _____ 96 (SPECIFY)	
Q8.	How many years have you been working as a health care provider?	NUMBER OF YEARS: [ ][ ]	
Q9.	How many years ago did you finish your <u>pre-service</u> training?	YEARS AGO..... [ ][ ]  LESS THAN ONE YEAR = 00 NO PRE-SERVICE TRAINING=97	



Q10.	Have you received any <b>in-service</b> training on family planning?	YES.....1 NO.....2 → Q12a
Q11.	How long ago was the last <b>in-service</b> family planning training that you attended?	DAYS AGO.....1 [ ] [ ] WEEKS AGO.....2 [ ] [ ] MONTHS AGO.....3 YEARS AGO.....4 DON'T REMEMBER....998

**TRAINING ON FAMILY PLANNING**  
 Now, I will ask you few questions related to training on FP.

**CHECK Q09 AND Q10 ON PRE-SERVICE AND IN-SERVICE TRAINING:**

**HAS HAD BOTH PRE AND IN-SERVICE TRAINING** (Q9=00 OR HIGHER AND Q10=1)  → **Q12a-Q12d**

**HAS HAD IN-SERVICE TRAINING ONLY** (Q9=97 AND Q10=1)  → **Q12b**

**HAS HAD PRE-SERVICE TRAINING ONLY** (Q9=00 OR GREATER AND Q10=2)  → **Q12a ONLY**

**HAS NOT HAD ANY PRE OR IN SERVICE TRAINING** (Q9=97 AND Q10=2)  → **Q13**

TOPICS	Q12a. Did your <b>pre-service</b> training cover TOPIC?	Q12b. Have you ever attended an <b>in-service</b> training on TOPIC?	Q12c. What year was your most recent <b>in-service</b> training on TOPIC?	Q12d. Which organization or government ministry conducted this training?  LIST NAME OF ORGANIZATION.
(01) Contraceptive technology update	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(02)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(02) Exclusive breastfeeding counseling/LAM	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(03)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(03) Natural family planning (rhythm method, cycle beads, etc.)	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(04)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(04) Emergency Contraceptive	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(05)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(05) Oral pills	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(06)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(06) FP counseling skills	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(07)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(07) Clinical skills on IUD	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(08)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(08) Clinical skills on injectable contraceptive	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(09)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]
(09) Clinical skills on implant	YES ..... 1 NO ..... 2 DK.....8	YES ..... 1 NO ..... 2 →(10)	[ ] [ ] [ ] [ ] DK=9998	[ ] [ ] [ ] [ ]

TOPICS		Q12a. Did your <b>pre-service</b> training cover TOPIC?	Q12b. Have you ever attended an <b>in-service</b> training on TOPIC?	Q12c. What year was your most recent <b>in-service</b> training on TOPIC?	Q12d. Which organization or government ministry conducted this training?  LIST NAME OF ORGANIZATION.
(10)	Clinical skills on Female Sterilization	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 →(11)	[ ] [ ] [ ] [ ] [ ] DK=9998	 <hr/> [ ] [ ] [ ]
(11)	Clinical skills on male sterilization	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 →(12)	[ ] [ ] [ ] [ ] [ ] DK=9998	 <hr/> [ ] [ ] [ ]
(12)	Management of incomplete abortion (Post-Abortion Care)	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 →(13)	[ ] [ ] [ ] [ ] [ ] DK=9998	 <hr/> [ ] [ ] [ ]
(13)	Manual vacuum aspiration (MVA)	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 →(14)	[ ] [ ] [ ] [ ] [ ] DK=9998	 <hr/> [ ] [ ] [ ]

<b>Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.</b>						
METHOD	13a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You know do not know METHOD at all	13b. Have you provided (assisted with) [METHOD] to clients at this facility?	13c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	13d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	13e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	13f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(01) Combined oral pill	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (02) DO NOT KNOW.....8	YES.....1 NO.....2 → (02)	YES.....1 NO.....2 → (02) PRESCRIPTION ONLY.....3 → (02)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998		
(02) Progestin-only pill	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (03) DO NOT KNOW.....8	YES.....1 NO.....2 → (03)	YES.....1 NO.....2 → (03) PRESCRIPTION ONLY.....3 → (03)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998		
(03) Injectables	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (04) DO NOT KNOW.....8	YES.....1 NO.....2 → (04)	YES.....1 NO.....2 → (04) PRESCRIPTION ONLY.....3 → (04)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998		

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
METHOD	13a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You know do not know METHOD at all	13b. Have you provided (assisted with) [METHOD] to clients at this facility?	13c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	13d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	13e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	13f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(04) Male condom	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (05) DO NOT KNOW.....8	YES.....1 NO.....2→ (05)	YES.....1 NO.....2→ (05) PRESCRIPTION ONLY.....3→ (05)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(05) Female condom	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (06) DO NOT KNOW.....8	YES.....1 NO.....2→ (06)	YES.....1 NO.....2→ (06) PRESCRIPTION ONLY.....3→ (06)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		
(06) Emergency contraception	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (07) DO NOT KNOW.....8	YES.....1 NO.....2→ (07)	YES.....1 NO.....2→ (07) PRESCRIPTION ONLY.....3→ (07)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998		

Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.						
METHOD	13a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You know do not know METHOD at all	13b. Have you provided (assisted with) [METHOD] to clients at this facility?	13c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	13d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	13e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	13f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(07) Spermicide	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (08) DO NOT KNOW.....8	YES.....1 NO.....2→ (08)	YES.....1 NO.....2→ (08) PRESCRIPTION ONLY.....3→ (08)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998		
(08) Diaphragm	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (09) DO NOT KNOW.....8	YES.....1 NO.....2→ (09)	YES.....1 NO.....2→ (09) PRESCRIPTION ONLY.....3→ (09)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998		
(09) IUD	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (10) DO NOT KNOW.....8	YES.....1 NO.....2→ (10)	YES.....1 NO.....2→ (10) PRESCRIPTION ONLY.....3→ (10)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DON'T KNOW..998	YES.....1 NO.....2→ (10)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/>  CONSTANT PROBLEM...995  DK.....998

<b>Now I would like to ask you some questions about your knowledge and provision of various methods of family planning. If you have provided a particular method before, we are also interested in the availability and quality of the materials required to provide that method.</b>						
METHOD	13a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. You know METHOD sufficiently well to counsel and provide/assist in provision to a client; 2. You know METHOD sufficiently well to counsel, but not to provide; 3. You know little about METHOD and would not feel comfortable counseling or providing; 8. You know do not know METHOD at all	13b. Have you provided (assisted with) [METHOD] to clients at this facility?	13c. Have you experienced any stockouts in this facility that lasted more than 24 hours of [METHOD] in the last one year?	13d. If yes, how many total days of stockouts did this facility have in the last ONE YEAR of [METHOD] (all stockouts combined)?	13e. Have you experienced a lack of essential equipment needed to provide [METHOD] in the last ONE YEAR?	13f. If Yes, how many total days did you lack essential equipment needed to provide [METHOD] in the last ONE YEAR?
(10) Implants	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (11) DO NOT KNOW.....8	YES.....1 NO.....2 → (11)	YES.....1 NO.....2 → (11) PRESCRIPTION ONLY.....3 → (11)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DON'T KNOW..998	YES.....1 NO.....2 → (11)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998
(11) Female sterilization	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (12) DO NOT KNOW.....8	YES.....1 NO.....2 → (12)			YES.....1 NO.....2 → (12)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998
(12) Male sterilization	PROVIDE & COUNSEL.....1 COUNSEL, NOT PROVIDE.....2 KNOW LITTLE ABOUT.....3 } (13) DO NOT KNOW.....8	YES.....1 NO.....2 → (13)			YES.....1 NO.....2 → (13)	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> CONSTANT PROBLEM...995 DK.....998

	13a. Can you please tell me which of the following best describes your knowledge of [METHOD]: 1. Know the method sufficiently well to counsel and recommend to client 2. Know little about the method and would not feel comfortable counseling or recommending 8. Do not know method	13b. Have you ever recommended [METHOD] to clients at this facility?
(13) Natural methods (Rhythm, periodic abstinence, withdrawal, cycle beads)	COUNSEL & RECOMMEND.....1 KNOW LITTLE ABOUT.....2 } → (14) DO NOT KNOW.....8 }	Yes.....1 No.....2
(14) Exclusive breastfeeding method (LAM)	COUNSEL & RECOMMEND.....1 KNOW LITTLE ABOUT.....2 } → Q14 DO NOT KNOW.....8 }	Yes.....1 No.....2

**Q14. CHECK Q13A:**

PROVIDES AND/OR COUNSELS ANY FP METHOD (ANY Q13A = 1 OR 2)



DOES NOT PROVIDE AND DOES NOT COUNSEL ANY FP METHOD (ALL Q13A = 3 OR 4)  → Q20

<b>Now I would like to ask you specifically about the contraceptive methods that you provide. (ASK ONLY ABOUT THE FAMILY PLANNING METHODS THE RESPONDENT IS PROVIDING – Q13b)</b>						
METHOD	Q15a. What is the minimum age that you would offer this [METHOD]?	Q15b. What is the maximum age that you would offer this [METHOD]?	Q15c. Is there a minimum number of children a person must have before you will offer [METHOD]?	Q15d. What is that minimum number of children?	Q15e. Do you require a partner's consent before you will provide [METHOD]?	Q15f. Would you offer METHOD to an unmarried person?
(1) Combined oral pills	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(2) Progestin-only pill	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(3) Male condom	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(4) Female condom	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(5) IUD	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(6) Spermicide	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(7) Diaphragm	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(8) Injectables	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(9) Implants	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX.....93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(10) Male sterilization	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(11) Female sterilization	<input type="text"/> <input type="text"/> NO MIN.....93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2
(12) Emergency contraceptive	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO .....2 →Q15e DK.....8→Q15e	<input type="text"/> <input type="text"/>	YES ... 1 NO .....2	YES ... 1 NO .....2







Q16.	What do you do/tell the client when talking about FP to clients?  PROBE – Anything else? <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	IDENTIFY REPRODUCTIVE GOALS OF CLIENT.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP CLIENT SELECT A SUITABLE METHOD.....D EXPLAIN THE WAY TO USE THE SELECTED METHOD.....E EXPLAIN THE SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G REQUEST FOR PARTNER'S CONSENT.....H  OTHERS _____ X (SPECIFY)	
Q17.	<b>CHECK Q13B:</b>  PROVIDES HORMONAL METHODS (PILL OF ANY TYPE, IUD, INJECTABLE, OR IMPLANTS: Q13B(1)=1 OR Q13B(2)=1 OR Q13B(3)=1 OR Q13B(9)=1 OR Q13B(10)=1) <input type="checkbox"/>		
Q18.	What do you do for a new client who wants the pill or another hormonal method but is not having her menses?  <b>DO NOT READ OPTIONS</b>  PROBE WITH "Anything else?"  <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	QUESTION TO EXCLUDE PREGNANCY.....A EXAMINE TO EXCLUDE PREGNANCY.....B TEST TO EXCLUDE PREGNANCY.....C TELL HER TO COME BACK AT NEXT MENSES...D TRY TO INDUCE MENSES.....E SUPPLY CONDOMS UNTIL NEXT MENSES.....F SUPPLY HORMONAL METHOD IF REASONABLY CERTAIN SHE IS NOT PREGNANT.....G SUPPLY HORMONAL METHOD AND CONDOMS, ASK HER TO USE CONDOMS UNTIL NEXT MENSES.....H JUST GIVE HORMONAL METHOD.....J REQUEST FOR PARTNER'S CONSENT.....K OTHER _____ X (SPECIFY)	
Q19.	Which kind of personal and financial records do you complete each time you provide a client with family planning services?  <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	NO RECORD KEPT.....Y A CLIENT RECORD CARD/FORM.....A AN ENTRY IN THE FP REGISTER.....B AN ENTRY IN THE FACILITY LOGBOOK/ REGISTER.....C INFORMAL NOTES IN A NOTEBOOK.....D A PAYMENT RECEIPT IF A FEE IS INVOLVED....E OTHER _____ X (SPECIFY)	

INTEGRATION OF FAMILY PLANNING WITH OTHER SERVICES			
Q20.	Which are the other services that you yourself provide to clients at this health facility? READ THE OPTIONS.  <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ANTE-NATAL CARE.....A DELIVERY SERVICES.....B POST-NATAL CARE.....C POST-ABORTION CARE.....D CHILD IMMUNIZATION.....E CHILD GROWTH MONITORING.....F OTHER CURATIVE SERVICES FOR WOMEN.....G OTHER CURATIVE SERVICES FOR CHILDREN....H HIV/AIDS MANAGEMENT.....I PMTCT.....J VCT.....K NONE OF THESE.....Y	→ Q62
Q21.	<b>CHECK Q20:</b>  IF OPTION A (ANTENATAL CARE) IS CIRCLED <input type="checkbox"/>		
Q22.	During <u>Antenatal care</u> , do you provide information about FP routinely?	YES.....1 NO.....2	→ Q25

Q23.	What do you do/tell the client when talking about FP during antenatal care?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	HELP THE WOMAN SELECT A SUITABLE METHOD FOR POST-DELIVERY.....A INFORM ABOUT THE IMPORTANCE OF USING FP BY 40 DAYS POSTPARTUM.....B PROVIDE INFORMATION ON LAM.....C EXPLAIN SIDE-EFFECTS.....D ENCOURAGE WOMEN TO WAIT FOR SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHERS: _____X (SPECIFY)	
Q24.	Do you tell women where they can obtain an FP method after delivery?	YES.....1 NO.....2	All skip to Q27
Q25.	Why are you not able to provide FP information routinely during antenatal care visits?  <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS...H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____X (SPECIFY)	
Q26.	Would you be willing to include family planning information routinely in your antenatal care services/visits?	YES.....1 NO.....2	
<b>Q27. CHECK Q20:</b>  IF OPTION B (DELIVERY CARE) IS CIRCLED <input type="checkbox"/>  IF OPTION B (DELIVERY CARE) IS <b>NOT</b> CIRCLED <input type="checkbox"/>  <b>Q33</b>			
Q28.	During <u>delivery care</u> (anytime before they are discharged from your facility), do you provide information about FP routinely?	YES.....1 NO.....2	Q31
Q29.	What do you do/tell the client when talking about FP during delivery care?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	HELP SELECT SUITABLE FP METHOD BY 40 DAYS POSTPARTUM.....A PROVIDE INFORMATION ON LAM.....B EXPLAIN SIDE-EFFECTS.....C EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....D ENCOURAGE WOMEN TO WAIT SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHER _____X (SPECIFY)	
Q30.	Do you tell women where they can obtain an FP method during delivery care?	YES.....1 NO.....2	All skip to Q33

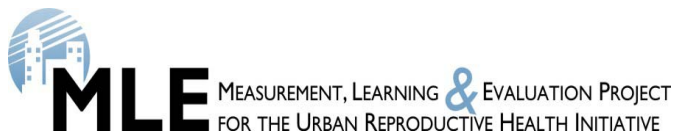
Q31.	Why are you not able to provide FP information routinely during delivery care?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS...H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____ X (SPECIFY)	
Q32.	Would you be willing to include family planning information routinely in your delivery care services?	YES.....1 NO.....2	
<b>Q33. CHECK Q20:</b>  IF OPTION C (POST-NATAL CARE) IS CIRCLED <input type="checkbox"/> IF OPTION C (POST-NATAL CARE) IS <b>NOT</b> CIRCLED <input type="checkbox"/> → <b>Q38</b>			
Q34.	During <u>post-natal care</u> visits, do you provide information about FP routinely?	YES.....1 NO.....2 → <b>Q36</b>	
Q35.	What do you do/tell the client when talking about FP during post-natal care visits?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	HELP SELECT SUITABLE FP METHOD BY 40 DAYS POSTPARTUM.....A PROVIDE INFORMATION ON LAM.....B EXPLAIN SIDE-EFFECTS.....C EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....D ENCOURAGE WOMEN TO WAIT SOME TIME BEFORE THE NEXT PREGNANCY.....E REQUEST FOR PARTNER'S CONSENT.....F OTHER _____ X (SPECIFY)	
Q36.	Do you tell women where they can obtain an FP method during post-natal care visits?	YES.....1 } NO.....2 } → <b>All skip to Q38</b>	
Q37.	Why are you not able to provide FP information routinely during post-natal care visits?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS...H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____ X (SPECIFY)	
<b>Q38. CHECK Q20:</b>  IF OPTION D (POST-ABORTION CARE) IS CIRCLED <input type="checkbox"/> IF OPTION D (POST-ABORTION CARE) IS <b>NOT</b> CIRCLED <input type="checkbox"/> → <b>Q44</b>			

Q39.	During a <u>post abortion care</u> , do you provide information about FP routinely?	YES.....1 NO.....2 →	Q42
Q40.	What do/tell the client when talking about FP during post abortion care visits?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	IDENTIFY REPRODUCTIVE GOALS OF WOMAN.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E INFORM ABOUT HOW SOON AFTER ABORTION SHE MAY BECOME PREGNANT IF NOT USING CONTRACEPTION.....F EXPLAIN SIDE-EFFECTS.....G EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....H REQUEST FOR PARTNER'S CONSENT.....I OTHERS:.....X (SPECIFY)	
Q41.	Do you tell women where they can obtain an FP method during post abortion care visits?	YES.....1 NO.....2 →	All skip to Q44
Q42.	Why are you not able to provide FP information routinely during post abortion care visits?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME TO DISCUSS.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L OTHERS.....X (SPECIFY)	
Q43.	Would you be willing to include family planning information routinely in your post abortion care services/visits?	YES.....1 NO.....2	
<p>Q44. <b>CHECK Q20:</b></p> <p>IF <b>EITHER</b> OPTION E (CHILD IMMUNIZATION) OR OPTION F (CHILD GROWTH MONITORING) IS CIRCLED <input type="checkbox"/> →</p> <p>IF <b>NEITHER</b> OPTION E (CHILD IMMUNIZATION) <b>NOR</b> OPTION F (CHILD GROWTH MONITORING) IS CIRCLED <input type="checkbox"/> → Q50</p>			
Q45.	During <u>child immunization/child growth monitoring</u> , do you provide information about FP routinely?	YES.....1 NO.....2 →	Q48
Q46.	What do you do/tell clients when talking about FP during child immunization or child growth monitoring visits?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	IDENTIFY REPRODUCTIVE GOALS OF WOMAN.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E EXPLAIN SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G REQUEST FOR PARTNER'S CONSENT.....H OTHERS:.....X (SPECIFY)	
Q47.	Do you tell women where they can obtain an FP method?	Yes.....1 No.....2 →	All skip to Q50

Q48.	Why are you not able to provide FP information routinely?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____ X (SPECIFY)	
Q49.	Would you be willing to include family planning information routinely in your child immunization or child growth monitoring visits?	YES.....1 NO.....2	
<b>Q50. CHECK Q20:</b>  IF <b>EITHER</b> OPTION G (CURATIVE SERVICES FOR WOMEN) OR H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED <input type="checkbox"/>  IF <b>NEITHER</b> OPTION G (CURATIVE SERVICES FOR WOMEN) <b>NOR</b> H (CURATIVE SERVICES FOR CHILDREN) IS CIRCLED <input type="checkbox"/>  <b>Q56</b>			
Q51.	While providing curative services to women or children, do you provide information on FP routinely?	YES.....1 NO.....2  <b>Q54</b>	
Q52.	What are the main activities you follow when talking about FP to clients?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	IDENTIFY REPRODUCTIVE GOALS OF WOMAN.....A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES...C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E EXPLAIN SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G OTHERS: _____ X (SPECIFY)	
Q53.	Do you tell women where they can obtain an FP method?	YES.....1 NO.....2  <b>All skip to Q56</b>	
Q54.	Why are you not able to provide FP information routinely?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____ X (SPECIFY)	

Q55.	Would you be willing to include family planning information routinely in your curative care services/visits for women or children?	YES.....1 NO.....2	
Q56.	<b>CHECK Q20:</b> IF <b>ANY</b> OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED <input type="checkbox"/> IF <b>NONE</b> OF THE OPTIONS I (HIV/AIDS MANAGEMENT), OPTION J (PMTCT), OR K (VCT) ARE CIRCLED <input type="checkbox"/> → <b>Q62</b>		
Q57.	While providing HIV-related services (HIV/AIDS management, PMTCT, and/or VCT) to women and men, do you provide information on FP routinely?	YES.....1 NO.....2 →	<b>Q60</b>
Q58.	What are the main activities you follow when talking about FP to clients?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	IDENTIFY REPRODUCTIVE GOALS OF WOMAN...A PROVIDE INFORMATION ABOUT DIFFERENT FP METHODS.....B DISCUSS THE CLIENT'S FP PREFERENCES.....C HELP WOMEN SELECT A SUITABLE METHOD.....D EDUCATE WOMEN TO USE THE SELECTED METHOD.....E EXPLAIN SIDE-EFFECTS.....F EXPLAIN SPECIFIC MEDICAL REASONS TO RETURN.....G DISCUSS HIV/AIDS PREVENTION METHODS.....H DISCUSS METHODS NOT RECOMMENDED FOR HIV POSITIVE (LAM, IUD).....I RECOMMEND ALWAYS USE CONDOM IN ADDITION TO OTHER FP METHODS.....J REQUEST FOR PARTNER'S CONSENT.....K OTHERS: _____ X (SPECIFY)	
Q59.	Do you tell women where they can obtain an FP method?	YES.....1 NO.....2 } →	<b>All skip to Q62</b>
Q60.	Why are you not able to provide FP information routinely?  PROBE: "ANYTHING ELSE?" <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	ADEQUATE CONTRACEPTIVE METHODS FREQUENTLY UNAVAILABLE.....A AVAILABLE CONTRACEPTIVES OFTEN PAST EXPIRATION DATE.....B LACK OF STERILE EQUIPMENT SO NO POINT DISCUSSING.....C LACK OF FUNCTIONAL EQUIPMENT SO NO POINT DISCUSSING.....D NO INTEREST IN PROVIDING FP INFORMATION.....E LACK KNOWLEDGE ABOUT FP.....F DO NOT FEEL ADEQUATELY TRAINED TO PROVIDE FP INFORMATION.....G NO INTEREST IN FP ON THE PART OF THE PATIENTS.....H OVERLOAD OF WORK/NO TIME.....I NO NEED TO.....K NOT A PROFITABLE SERVICE TO PROVIDE.....L  OTHERS _____ X (SPECIFY)	
Q61.	Would you be willing to include family planning information routinely in your HIV-related services/visits for women and men?	YES.....1 NO.....2	

Q62.	Is this facility linked with another organization that provides family planning methods and materials at a discounted rate or for free (for example PPFN or SFH)?		YES.....1 NO.....2 → DON'T KNOW.....8 →	<b>Q64</b> <b>Q64</b>
Q63a.	What is the name of the organization?		Q63b. What year did this facility begin to associate with each organization named?	
	1.		YEAR ..... [ ][ ][ ][ ][ ] DON'T KNOW ..... 9998	
	2.		YEAR ..... [ ][ ][ ][ ][ ] DON'T KNOW ..... 9998	
	3.		YEAR ..... [ ][ ][ ][ ][ ] DON'T KNOW ..... 9998	
	4.		YEAR ..... [ ][ ][ ][ ][ ] DON'T KNOW ..... 9998	
Q64.	RECORD THE TIME IN 24 HOUR FORMAT	HOUR ..... [ ][ ]	MINUTES ..... [ ][ ]	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!				
<b>COMMENTS:</b>				



## Women Exit Interview for Family Planning and Potential Integration Clients – Nigeria 2011 (Hausa)

CITY NAME & CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)		[ ]
LGA NAME & CODE _____		[ ] [ ] [ ]
LOCALITY NAME & CODE _____		[ ] [ ] [ ] [ ]
FACILITY NAME AND CODE _____		[ ] [ ] [ ] [ ] [ ]
TYPE OF HEALTH FACILITY		
PUBLIC SECTOR		
GOVT. HOSPITAL..... 11	FBO	
WOMEN AND CHILDREN HOSPITAL 12	MISSION HOSPITAL..... 31	
CHILD WELFARE CLINIC..... 13	FAITH-BASED HOME/HEALTH CENTRE..... 32	
GOVT. HEALTH CENTRE..... 14	OTHER	
GOVT. HEALTH POST/DISPENSARY 15	OTHER NGO HOSPITAL..... 41	
MATERNITY HOME..... 16	OTHER NGO CLINIC..... 42	
OTHER PUBLIC..... 18	OTHER..... 96	
(SPECIFY)	(SPECIFY)	
PRIVATE SECTOR		
PRIVATE HOSPITAL..... 21	HEALTH FACILITY VOLUME TYPE (pre-code)	
PRIVATE CLINIC..... 22	HIGH VOLUME.....1	
PRIVATE DOCTOR'S OFFICE..... 23	OTHER.....2	
NURSING/MATERNITY HOME..... 24		
OTHER PRIVATE..... 29		
(SPECIFY)		
LANGUAGE OF INTERVIEW		TRANSLATOR USED?
HAUSA 1	YORUBA 2	YES 1
IGBO 3	PIDGIN 4	NO 2
ENGLISH 5	OTHER (SPECIFY) 6 _____	
NATIVE LANGUAGE OF RESPONDENT		
HAUSA 1	YORUBA 2	
IGBO 3	PIDGIN 4	
ENGLISH 5	OTHER (SPECIFY) 6 _____	
<b>INTERVIEWER'S VISITS AND RESULTS</b>		
INTERVIEWER	INTERVIEWER RESULT	INTERVIEW DATE
NAME _____  [ ] [ ] [ ]	Completed .....1 Incomplete.....2 Refused .....3 Other .....6 (specify)	Day [ ] [ ] Month [ ] [ ] [ ] [ ] Year [ ] [ ] [ ] [ ]
SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____
CODE [ ] [ ] [ ]	CODE [ ] [ ] [ ]	CODE [ ] [ ] [ ]
DATE [ ] / [ ] / [ ] DD MM YY	DATE [ ] / [ ] / [ ] DD MM YY	DATE [ ] / [ ] / [ ] DD MM YY



PARTICIPANT ELIGIBILITY/SCREENING QUESTIONS			
No.	Questions	Coding	Skip
Q1.	Did you see a provider today for health care services?  <i>Shin yau kin ga ma'aikaciyar lafiya saboda ayyukan inganta lafiya?</i>	YES.....1 NO.....2→	<b>END INTERVIEW</b>
Q2.	How old were you at your last birthday?  <i>Shekarun ki nawa cikakku?</i>	AGE IN YEARS . . . . [ ] [ ]	<b>STOP IF YOUNGER THAN 15 OR OLDER THAN 49</b>

INFORMATION ABOUT VISIT			
	QUESTIONS	CODING	SKIP/NOTES
Q3.	RECORD THE TIME THE INTERVIEW STARTED [24-HOUR TIME]	[ ] [ ] : [ ] [ ]	
Now I would like to talk to you about the health services for which you had come today to this facility. <i>Yanzu ina so nanyi miki Magana a kan ayyukan tsarin iyali da kika zo yi a yau a wannan asibiti.</i>			
Q4.	What was the <u>main service</u> that you came for today?  <i>Wanne muhimmin aiki kika zo ayi miki a yau?</i>	FAMILY PLANNING----- 01  ANTENATAL CARE----- 02 DELIVERY SERVICES ----- 03 POSTNATAL CARE ----- 04 POST-ABORTION CARE -----05 GROWTH MONITORING----- 06 CHILD IMMUNIZATION ----- 07 STI MANAGEMENT -----08 HIV/AIDS MANAGEMENT ----- 09 CURATIVE SERVICES ----- 10 VCT ----- 11 OTHER _____ 96  (SPECIFY)	} <b>Q22</b>
Q5.	What was the <u>main purpose</u> of coming for a family planning visit today?  <i>Wanne muhimmin dalili ya sa ki ka zo tsarin iyali a yau?</i>  <b>IF RESPONDENT DOES NOT SPONTANEOUSLY MENTION ANY OF THE OPTIONS LISTED. PROBE BY READING THE LIST &amp; SAYING WHICH OPTION BEST DESCRIBES WHY YOU VISITED THE FACILITY TODAY. IF NONE OF THE OPTIONS APPLY, WRITE IN THE PURPOSE IN "OTHER". CIRCLE ONLY ONE RESPONSE.</b>	START USING FAMILY PLANNING FOR THE FIRST TIME.....01 RESUPPLY OF CONTRACEPTIVE.....02 FOLLOW-UP WITHOUT ANY PROBLEM.....03 FOLLOW-UP WITH PROBLEM .....04 STOP CONTRACEPTIVE.....05 RESTART FAMILY PLANNING.....06 SWITCH TO A DIFFERENT METHOD.....07 Other _____ 96  (SPECIFY)	

<p>Q6.</p>	<p>Before today's visit, what are all of the things you have done or methods you have used to avoid a pregnancy?</p> <p><i>Kafin ziyarar yau,wanne irin hanya (hanyoyi) na tsarin iyali ki ka yi amfani da shi?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A          MALE CONDOM . . . . . B          FEMALE CONDOM . . . . . C          IUD..... D          SPERMICIDE/FOAM/JELLY..... E          DIAPHRAGM . . . . . F          INJECTABLES.....G          IMPLANT . . . . .H          NATURAL METHODS          (STANDARD DAYS/CYCLE BEADS/          WITHDRAWAL) .....I          BREASTFEEDING/LAM .....J          MALE STERILIZATION . . . . .K          FEMALE STERILIZATION.....L          EMERGENCY CONTRACEPTION . . . . . M          OTHER _____ X          (SPECIFY)</p> <p>NONE..... Y →</p>	<p><b>Q16</b></p>
<p>Q7.</p>	<p>Were you using any FP method the last time you had sex?</p> <p><i>Kina da wani kariya da ki ke amfani dashi ne kafin ki sadu da mijin ki?</i></p>	<p>Yes ..... 1          No ..... 2 →</p>	<p><b>Q9</b></p>
<p>Q8.</p>	<p>Which method(s) were you using?</p> <p><i>Wacce hanya(hanyoyi) kike amfani da ita?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A          MALE CONDOM . . . . . B          FEMALE CONDOM . . . . . C          IUD..... D          SPERMICIDE/FOAM/JELLY..... E          DIAPHRAGM . . . . . F          INJECTABLES.....G          IMPLANT . . . . .H          NATURAL METHODS          (STANDARD DAYS/CYCLE BEADS/          WITHDRAWAL) .....I          BREASTFEEDING/LAM .....J          MALE STERILIZATION . . . . .K          FEMALE STERILIZATION.....L          EMERGENCY CONTRACEPTION . . . . . M          OTHER _____ X          (SPECIFY)</p>	
<p>Q9.</p>	<p>Are you currently using a FP method?</p> <p><i>A halin yanzu wacce hanya kike amfani da ita?</i></p>	<p>YES.....1          NO.....2 →</p>	<p><b>Q13</b></p>
<p>Q10.</p>	<p>Which method(s) are you using?</p> <p><i>Wacce hanya(hanyoyi) kike amfani da ita?</i></p> <p>CIRCLE ALL MENTIONED</p>	<p>DAILY PILL .....A          MALE CONDOM . . . . . B          FEMALE CONDOM . . . . . C          IUD..... D          SPERMICIDE/FOAM/JELLY..... E          DIAPHRAGM . . . . . F          INJECTABLES.....G          IMPLANT . . . . .H          NATURAL METHODS          (STANDARD DAYS/CYCLE BEADS/          WITHDRAWAL) .....I          BREASTFEEDING/LAM .....J          MALE STERILIZATION . . . . .K          FEMALE STERILIZATION.....L          EMERGENCY CONTRACEPTION . . . . . M          OTHER _____ X          (SPECIFY)</p>	

<b>Current User</b>				
Q11. During your consultation today, did the provider: <i>Yayin da ake duba ki yau,shin ko ma'aikaciya:</i>	YES	NO	DON'T KNOW	NOT APPLIC
a. Ask the reason for your visit? <i>Ta tambayeki dalilin ziyara?</i>	1	2	8	7
b. Ask specifically about any problems you were having (or have had) with the current method? <i>Tayi tambaya ta musamman akan wata matsala da kike da ita (ko kika samu) da hanyar yanzun?</i>	1	2	8	7
c. Suggest any action(s) to resolve the problem? <i>Bada shawara (shawarwari) da za a magance matsaloli?</i>	1	2	8	7
d. Ask your reproductive goal? <i>Ta tambayeki burin ki na haihuwa?</i>	1	2	8	7
e. Provide information about different FP methods? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8	7
f. Ask about your FP preference? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8	7
g. Talk about possible side effects with the <u>current</u> method you are using? <i>An yi Magana akan larurar da zata iya faruwa da hanyar da ki ke amfani da ita a yanzu?</i>	1	2	8	7
h. Tell you what to do if you have any problems with the <u>current</u> method you are using? <i>An gaya miki abin da za kiyi idan kin samu matsala da hanyar da ki ke amfani da ita a yanzu?</i>	1	2	8	7
i. Tell you when to return for follow-up? <i>An gaya miki yaushe za ki dawo a kara duba ki?</i>	1	2	8	7

Q12.	What was the outcome of this visit—did you decide to continue the same method, stop using method, or switch methods? <i>Menene sakamakon wannan ziyarar-Shin ko kin yanke shawara cigaba da amfani da wannan hanyar,daina amfani da hanyar ko kuma canja wata hanya?</i>	CONTINUE WITH SAME METHOD.....1 SWITCH METHOD.....2 STOP USING METHOD (DUE TO PROBLEMS).....3 STOP USING METHOD (ELECTIVE-NO PROBLEMS).....4 OTHERS (SPECIFY).....6	1 → Q19 2 → Q16 3 } 4 } → Q39 6 }
<b>Ever User – Not Using at Time of Visit</b>			
Q13.	When was the last time you did something or used a method to avoid a pregnancy? <i>Yaushe ne lokaci na karshe da ka yi amfani da wata hanya domin hana daukan ciki?</i>	WITHIN 3 MONTHS .....1 MORE THAN 3-6 MONTHS AGO .....2 MORE THAN 6 MONTHS -1 YEAR AGO.. 3 MORE THAN 1 YEAR AGO .....4	
Q14.	What was the last method(s) that you were using to avoid a pregnancy?  <i>Wacce hanya ki ka yi amfani da ita daga karshe domin hana daukan ciki?</i>  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	DAILY PILL .....A MALE CONDOM . . . . . B FEMALE CONDOM . . . . . C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM . . . . . F INJECTABLES.....G IMPLANT . . . . . H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) .....I BREASTFEEDING/LAM . . . . . J MALE STERILIZATION . . . . . K FEMALE STERILIZATION.....L EMERGENCY CONTRACEPTION . . . . . M OTHER(SPECIFY) .....X	

Q15.	<p>Why did you stop using the method(s)?</p> <p><i>Me yasa ki ka daina amfani da hanyar?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>MISSED PILL OR INJECTION .....A          NO ACCESS .....B          NO MONEY .....C          NOT AVAILABLE .....D          DIDN'T KNOW WHERE TO GET THE METHOD .          ..... E          INCONVENIENT TO USE.....F          WANTED TO GET PREGNANT....G          INFREQUENT/NO SEX.....H          HUSBAND AWAY.....I          HEALTH CONCERNS.....J          FEAR OF SIDE EFFECTS.....K          PARTNER DISAPPROVED.....L          OTHERS DISAPPROVED.....M          METHOD FAILED/GOT PREGNANT.....N          LACK OF SEXUAL SATISFACTION.....O          MENSTRUAL PROBLEMS.....P          GAINED WEIGHT.....Q          OTHER _____ X</p> <p>(SPECIFY)</p>	
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<b>Never/Ever User</b>			
Q16. During your consultation today, did the provider: <i>Yayin da ake duba ki yau, shin ko ma'aikaciya:</i>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
a. Ask the reason for your visit? <i>Ta tambayeki dalilin zuwan ki?</i>	1	2	8
b. Ask your reproductive goal? <i>Ta tambayeki dalilin zuwan ki?</i>	1	2	8
c. Provide information about different FP methods? <i>Tayi miki bayani akan hanyoyi dabam dabam na tsarin iyali?</i>	1	2	8
d. Ask about your preference? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8
e. Help you select a method? <i>Ta taimaka miki wajen zaben hanya?</i>	1	2	8
f. Explain how to use this method? <i>Tayi miki bayanin yadda ake amfani da wannan hanyar?</i>	1	2	8
g. Talk about possible side effects? <i>Tayi miki Magana larurar da zata iya faruwa?</i>	1	2	8
h. Tell you what to do if you have any problems? <i>Ta gaya miki abun da za kiyi idan kin samu ko wacce irin matsala?</i>	1	2	8
i. Tell you when to return for follow-up? <i>Ta gaya miki yaushe za ki koma a kara duba ki?</i>	1	2	8

Q17.	<p>Did you know what family planning method you wanted to use before you came here today during your visit? <i>Shin ko kin san wacce irin hanyar tsarin iyali kike son kiyi amfani da da ita kafin kizo nan yau?</i></p>	<p>YES ..... 1          NO ..... 2 →</p>	<b>Q19</b>
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<p>Q18.</p> <p>What method was that?</p> <p><i>Wacce irin hanya ce?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>		<p>DAILY PILL .....A</p> <p>MALE CONDOM ..... B</p> <p>FEMALE CONDOM ..... C</p> <p>IUD..... D</p> <p>SPERMICIDE/FOAM/JELLY..... E</p> <p>DIAPHRAGM ..... F</p> <p>INJECTABLES..... G</p> <p>IMPLANT ..... H</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I</p> <p>BREASTFEEDING/LAM ..... J</p> <p>MALE STERILIZATION ..... K</p> <p>FEMALE STERILIZATION..... L</p> <p>EMERGENCY CONTRACEPTION ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
<p>Q19.</p> <p>Did you receive a contraceptive method today? <i>Shin ko kin karbi wata hanyar tsarin iyali yau?</i></p>		<p>YES ..... 1 →</p> <p>NO ..... 2</p>	<p><b>Q21</b></p>
<p>Q20.</p> <p>Did you receive a referral, or prescription for a family planning method today?</p> <p><i>Shin ko kin samu an tura ki wani wuri ko an tsara miki wata hanya domin tsarin iyall a yau?</i></p>		<p>YES, RECEIVED REFERRAL.....1</p> <p>YES, RECEIVED PRESCRIPTION.....2</p> <p>NO, DID NOT RECEIVE ANYTHING. . . . 3 →</p> <p>ALREADY USING.....4 →</p>	<p><b>Q39</b></p> <p><b>Q39</b></p>
<p>Q21.</p> <p>(For) What method(s)?</p> <p><i>A kan wacce hanya?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>		<p>DAILY PILL .....A</p> <p>MALE CONDOM ..... B</p> <p>FEMALE CONDOM ..... C</p> <p>IUD..... D</p> <p>SPERMICIDE/FOAM/JELLY..... E</p> <p>DIAPHRAGM ..... F</p> <p>INJECTABLES..... G</p> <p>IMPLANT ..... H</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I</p> <p>BREASTFEEDING/LAM ..... J</p> <p>FEMALE STERILIZATION..... L</p> <p>EMERGENCY CONTRACEPTION ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p><b>ALL SKIP TO Q39</b></p>

<b>POTENTIAL INTEGRATION USERS</b>			
<p>Q22.</p> <p>Were there other health concerns you wanted to learn about today that you did not discuss with the doctor or nurse?</p> <p><i>Ko kina da wasu matsalolin da suka shafi lafiya wanda ba ki tattauna su da ma'aikacin ko likitan ba?</i></p>		<p>YES ..... 1</p> <p>NO ..... 2 →</p>	<p><b>Q24</b></p>
<p>Q23.</p> <p>What were those health concerns related to?</p> <p><i>Shin wadannan al'amuran lafiyan me suka shafa?</i></p> <p><b>DO NOT READ LIST. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>		<p>ANTENATAL CARE ..... A</p> <p>DELIVERY SERVICES ..... B</p> <p>POSTNATAL CARE ..... C</p> <p>GROWTH MONITORING ..... D</p> <p>STI MANAGEMENT ..... E</p> <p>HIV/AIDS MANAGEMENT ..... F</p> <p>CURATIVE SERVICES ..... G</p> <p>NUTRITION SERVICES/INFORMATION. . . . H</p> <p>CHILD IMMUNIZATION ..... I</p> <p>POST-ABORTION CARE. . . . J</p> <p>VOLUNTARY COUNSELING TESTING.....K</p> <p>FAMILY PLANNING.....L</p> <p>OTHER HEALTH SERVICES ..... X</p>	

Q24.	<p><b>CHECK Q4: IF ANTENATAL OR DELIVERY SERVICES (Q4=02 OR 03)</b> <input type="checkbox"/> →</p> <p>IF ANY OTHER SERVICE, INCLUDING:</p> <p>INFANT GROWTH MONITORING (Q4=06) OR CHILD IMMUNIZATION (Q4=07) OR STI MANAGEMENT (Q4=08) OR HIV/AIDS MANAGEMENT (Q4=09) OR CURATIVE SERVICES (Q4=10) OR VCT (Q4=11) <input type="checkbox"/> ↓</p> <p>POST NATAL CARE OR POST ABORTION CARE (Q4=04 OR 05) <input type="checkbox"/> →</p>	<p><b>Q29</b></p> <p><b>Q26</b></p>	
Q25.	<p>Are you currently pregnant? <i>Yanzu haka kina da ciki ne?</i></p>	<p>YES.....1 →</p> <p>NO.....2</p> <p>UNSURE.....8</p>	<p><b>Q29</b></p>
Q26.	<p>Are you currently doing anything to prevent pregnancy? <i>A yanzu haka kina yin wani abu da zai hana daukan ciki?</i></p>	<p>YES.....1 →</p> <p>NO.....2</p>	<p><b>Q28</b></p>
Q27.	<p>Why aren't you using a method of family planning/birth spacing to delay or avoid pregnancy? <i>Shin me yasa bakya amfani da wata hanya ta tsarin iyali/tazara tsakanin haihuwa dan hutuwa ko kin daukan ciki?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p><b>FERTILITY RELATED REASONS</b></p> <p>INFREQUENT SEX/NO SEX.....A</p> <p>HUSBAND/PARTNER IS AWAY.....B</p> <p>MENOPAUSAL/HYSTERECTOMY.....C</p> <p>BREASTFEEDING.....D</p> <p>CAN'T HAVE CHILDREN.....E</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE.....F</p> <p>WANTS TO GET/TRYING TO GET PREGNANT.....G</p> <p>POSTPARTUM AMENORRHEA.....H</p> <p><b>OPPOSITION TO USE:</b></p> <p>RESPONDENT OPPOSES.....I</p> <p>PARNTER OPPOSES.....J</p> <p>OTHERS OPPOSE.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p><b>LACK OF KNOWLEDGE:</b></p> <p>KNOWS NO METHOD.....M</p> <p>DON'T KNOW HOW TO USE METHOD...N</p> <p>KNOWS NO SOURCE.....O</p> <p><b>METHOD-RELATED REASONS:</b></p> <p>HEALTH CONCERNS.....P</p> <p>FEAR OF SIDE EFFECTS.....Q</p> <p>LACK OF ACCESS/TOO FAR.....R</p> <p>COSTS TOO MUCH.....S</p> <p>INCONVENIENT TO USE.....T</p> <p>DON'T LIKE EXISTING METHODS.....U</p> <p>BAD EXPERIENCE WITH EXISTING METHODS.....V</p> <p><b>FATALISTIC:</b></p> <p>UP TO GOD.....W</p> <p>OTHER.....X</p> <p>DON'T KNOW.....Z</p>	<p><b>ALL SKIP TO Q29</b></p>

<p>Q28.</p>	<p>What method are you using? <i>Wacce hanya kike amfani da ita?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL ..... A MALE CONDOM ..... B FEMALE CONDOM ..... C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM ..... F INJECTABLES..... G IMPLANT ..... H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I BREASTFEEDING/LAM ..... J MALE STERILIZATION ..... K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION ..... M OTHER ..... X (SPECIFY)</p>	
<p>Q29.</p>	<p>During this visit, did you see or receive any information about family planning? <i>A lokacin wannan ziyara, shin ko kin samu bayani akan tsarin iyali?</i></p>	<p>YES ..... 1 NO ..... 2 →</p>	<p><b>Q32</b></p>
<p>Q30.</p>	<p>How did you get this information? <i>Shin ta yaya kika samu wannan bayanin?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>PROVIDER SPOKE ABOUT FP..... A YOU ASKED ABOUT FP ..... B SAW A VIDEO..... C PARTICIPATED IN A GROUP DISCUSSION... D SAW WRITTEN MATERIALS..... E OTHER: ..... X</p>	
<p>Q31.</p>	<p>Which methods were discussed in the information you saw or received? <i>Shin ta yaya kika samu wannan bayanin?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL ..... A MALE CONDOM ..... B FEMALE CONDOM ..... C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM ..... F INJECTABLES..... G IMPLANT ..... H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I BREASTFEEDING/LAM ..... J MALE STERILIZATION ..... K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION ..... M OTHER ..... X (SPECIFY)</p>	
<p>Q32.</p>	<p>Do you know if you can obtain family planning methods or services at this facility? <i>Shin ko kin san zaki iya samun ayyukan tsarin iyali a wannan asibiti?</i></p>	<p>YES, CAN RECEIVE FP HERE..... 1 NO, CANNOT RECEIVE FP HERE..... 2 → DON'T KNOW..... 8</p>	<p><b>Q35</b></p>
<p>Q33.</p>	<p>Did you receive a family planning method, referral, or prescription for a family planning method today? <i>Shin ko kin samu an tura ki wani wuri dan hanyar tsarin iyali ko an tsara miki wata hanya ta tsarin iyali a yau?</i></p>	<p>YES, RECEIVED METHOD ..... 1 YES, RECEIVED REFERRAL..... 2 YES, RECEIVED PRESCRIPTION..... 3 NO, DID NOT RECEIVE ANYTHING. .... 4 → ALREADY USING..... 5 →</p>	<p><b>Q35</b> <b>Q39</b></p>

<p>Q34.</p>	<p>For what method(s)? <i>A kan wacce hanya (hanyoyi)?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A MALE CONDOM . . . . .B FEMALE CONDOM . . . . .C IUD.....D SPERMICIDE/FOAM/JELLY.....E DIAPHRAGM . . . . .F INJECTABLES.....G IMPLANT . . . . .H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) .....I BREASTFEEDING/LAM . . . . .J FEMALE STERILIZATION.....L EMERGENCY CONTRACEPTION . . . . .M OTHER _____X (SPECIFY)</p>	<p><b>ALL SKIP TO Q39</b></p>
<p>Q35.</p>	<p>If the provider HAD offered you family planning counseling or services during your visit would you have been interested? <i>In da ace ma'aikaciyar asibiti ta baki shawara ko ayyuka akan tsarin iyali a lokacin ziyarar ki, za kiyi sha'awar hakan?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>	<p><b>Q38 Q38</b></p>
<p>Q36.</p>	<p>What method(s) would you be interested in? <i>Shin wacce hanya zaki yi sha'awa?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A MALE CONDOM . . . . .B FEMALE CONDOM . . . . .C IUD.....D SPERMICIDE/FOAM/JELLY.....E DIAPHRAGM . . . . .F INJECTABLES.....G IMPLANT . . . . .H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) .....I BREASTFEEDING/LAM . . . . .J MALE STERILIZATION . . . . .K FEMALE STERILIZATION.....L EMERGENCY CONTRACEPTION . . . . .M OTHER _____X (SPECIFY)</p>	

<p>Q37a. <b>ADD FP METHOD CODES FROM Q14 ABOVE</b></p>	<p>Q37b. Would you be willing to pay for METHOD? <i>Shin za ki so ki biya a hanyar?</i></p>	<p>Q37c. If YES, how much would you be willing to pay (in Naira) for METHOD? <i>Shin nawa za ki so ki biya (da Naira) a hanyar?</i></p> <p>ANY AMOUNT.....9995 DON'T KNOW..... 9998</p>	
<p>(1) METHOD <input type="checkbox"/></p>	<p>YES.....,1 NO.....2 → (1)</p>	<p>AMOUNT <input type="text"/></p>	
<p>(2) METHOD <input type="checkbox"/></p>	<p>YES.....,1 NO.....2 → (2)</p>	<p>AMOUNT <input type="text"/></p>	<p><b>ALL SKIP TO Q39</b></p>
<p>(3) METHOD <input type="checkbox"/></p>	<p>YES.....,1 NO.....2 → (Q38)</p>	<p>AMOUNT <input type="text"/></p>	



<p>Q38.</p>	<p>Why would you not be interested? <i>Shin me yasa baza ki yi sha'awa ba?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>NOT APPROPRIATE TIME FOR DISCUSSION..... A NOT APPROPRIATE TIME BECAUSE CHILDREN WERE PRESENT.....B NOT COMFORTABLE WITH PROVIDER.....C DIDN'T HAVE TIME.....D WANT MORE CHILDREN.....E NEVER THOUGHT OF IT.....F HUSBAND/PARTNER WOULD DISAPPROVE.....G SHE DISAPPROVES OF FP.....H CURRENTLY PREGNANT.....I RELIGIOUS PROHIBITIONS.....J BREASTFEEDING.....K POSTPARTUM AMENORRHEA.....L INFREQUENT/NO SEX.....M HUSBAND/PARTNER AWAY.....N MENOPAUSAL/HYSTERECTOMY.....O CAN'T HAVE CHILDREN.....P HEALTH CONCERNS.....Q FEAR OF SIDE EFFECTS.....R TOO EXPENSIVE.....S LACK ACCESS TO METHOD ON REGULAR BASIS.....T INCONVENIENT TO USE.....U DON'T LIKE EXISTING METHODS.....V BAD EXPERIENCE WITH EXISTING METHODS.....W METHOD INTERESTED IN NOT AVAILABLE.....Y OTHER.....X (SPECIFY)</p>	<p><b>ALL SKIP TO Q41</b></p>
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INFORMATION ABOUT CLIENT'S SATISFACTION			
	QUESTIONS	CODING	SKIP
	<p>I would like to begin by asking you some questions about the services you received today. Please refer to the provider that provided you with the most information during your visit. The provider will not learn of your responses, so please be honest. This information will help improve family planning services. <i>Yanzu inaso na fara da yi miki wasu tambayoyi akan ayyukan da kika samu yau. Ki gaya min ma'aikaciyar da ta baki yawancin bayanen lokacin ziyara. Ma'aikaciyar ba zata ji amsoshin ki ba, ki fadi gaskiya. Wannan bayani zai taimaka wajen inganta ayyukan tsarin iyali.</i></p>		
<p>Q39.</p>	<p>In addition to the family planning services you received, did you receive any other health services from the service provider today? <i>Harda ayyukan tsarin iyali da kika karba, shin ko kin karbi kowanne irin aikin lafiya daga ma'aikaciyar lafiya a yau?</i></p>	<p>YES..... 1 NO..... 2 →</p>	<p><b>Q41</b></p>
<p>Q40.</p>	<p>What other services did you receive? <i>Wadanne ayyukan kuma kika samu?</i></p> <p><b>DO NOT READ LIST. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>ANTENATAL CARE..... A DELIVERY SERVICES.....B POSTNATAL CARE..... C GROWTH MONITORING..... D STI MANAGEMENT.....E HIV/AIDS MANAGEMENT..... F CURATIVE SERVICES.....G NUTRITION SERVICES/INFORMATION..... H CHILD IMMUNIZATION..... I POST-ABORTION CARE.....J VCT.....K OTHER HEALTH SERVICES:.....X</p>	

Q41.	About how long did you wait between the time you first arrived at this facility and the time you saw staff for a consultation? <i>Shin tun zuwan ki asibitin nan har tsawon wanne lokaci kika jira kafin ganin wani ma'aikaci domin a duba ki?</i>	<15 MINUTES .....1 16-30 MINUTES .....2 31-45 MINUTES .....3 46-60 MINUTES .....4 61-90 MINUTES .....5 91-120 MINUTES .....6 >120 MINUTES .....7 DON'T KNOW.....8	
Q42.	Do you feel that your waiting time was reasonable or too long? <i>Shin ki na zaton lokacin da kika jira yayi dai dai gwargwado ko yayi tsawo?</i>	NO WAITING TIME; WAS SEEN IMMEDIATELY.....1 REASONABLE AMOUNT OF TIME..... 2 TOO LONG .....3 DON'T KNOW .....8	
Q43	When meeting with the provider during your visit, do you think other clients could <u>see</u> you? <i>A lokacin ganawa da ka kika yi da malamin/malamar asibiti, shin ko ki na tunanin wasu sun gan ki?</i>	YES .....1 NO .....2	
Q44.	When meeting with the provider during your visit, do you think other clients could <u>hear what you said</u> ? <i>Shin kina tunanin yayin ganawar ki da ma'aikacin asibiti a lokacin ziyara ko wasu sun ji me ku ka ce?</i>	YES .....1 NO .....2 DON'T KNOW .....8	
Q45.	Did you feel comfortable to ask questions during this visit? <i>Shin kin samu nutsuwar yin tambayoyi lokacin ziyarar?</i>	YES .....1 NO .....2	
Q46.	Did the provider ask you if you had any questions? <i>Shin ko ma'aikacin ya tambaye ki ko kina da wata tambaya?</i>	YES ..... 1 NO .....2	
Q47.	Did the provider answer all of your questions? <i>Shin ko ma'aikacin ya tambaye ki ko kina da wata tambaya?</i>	YES ..... 1 NO ..... 2 DON'T KNOW /REMEMBER. .... 8	
Q48.	Do you believe that the information that you shared about yourself with the provider will be kept confidential? <i>Shin kina zaton bayanin da kika yiwa ma'aikacin asibitin za a ajiye shi cikin sirri?</i>	YES .....1 NO .....2 DON'T KNOW .....8	
Q49.	<u>During your visit, how were you treated by the provider?</u> Would you say you were treated "very well", "well" or "not very well/poorly?" <i>A yayin ziyarar, yaya malamin/malamar asibiti ta lura da ke? Za ki iya cewa ya/ta lura da ke sosai, lura kawai ko ba lura sosai/ba lura?</i>	VERY WELL .....1 WELL .....2 NOT VERY WELL/POORLY. ....3	
Q50.	<u>During your visit, how were you treated by the other staff?</u> Would you say you were treated "very well", "well" or "not very well/poorly?" <i>Yayin ziyara, shin yaya sauran ma'aikata suka lura da ke? Za ki iya cewa an lura da ke sosai, lura kawai ko ba lura sosai/ba lura?</i>	VERY WELL .....1 WELL .....2 NOT VERY WELL/POORLY .....3 THERE WAS NO OTHER STAFF. ....4	
Q51.	Did you feel the information given to you during your visit today was too little, just about right, or too much? <i>Shin kina tunanin bayanin da aka yi miki a lokacin ziyarar ki yau yayi kadan, daidai ko yayi yawa?</i>	TOO LITTLE ..... 1 ABOUT RIGHT .....2 TOO MUCH .....3 DON'T KNOW .....8	
Q52.	Were you highly satisfied, satisfied, somewhat satisfied or not at all satisfied with your services at the facility today? <i>Shin yaya zuwan ki asibiti a yau ya kasance, kin gamsu sosai, ko kuma dai babu laifi, ko kuma ma baki gamsu ba?</i>	HIGHLY SATISFIED .....1 SATISFIED.....2 SOMEWHAT SATISFIED .....3 NOT AT ALL SATISFIED.....4	

Q53.	Will you use this facility for health care services in the future? <i>Shin za ki yi amfani da wannan asibitin domin samun ayyuka a nan gaba?</i>	YES .....1 NO .....2 DON'T KNOW.....8	
Q54.	Will you recommend this facility to family/friends/neighbors? <i>Shin za ki talla ta wannan asibiti ma iyalki/kawayenki ko makwabtanki?</i>	YES .....1 NO .....2 DON'T KNOW.....8	
Q55.	CHECK Q4 SERVICE RECEIVED AND Q29 RECEIVING FP INFORMATION: IF Q4 = 01 FOR FP <b>OR</b> Q29 = YES <input type="checkbox"/> <b>IF Q4 = ANYTHING OTHER THAN 01 AND Q29= NO</b> <input type="checkbox"/> <b>→ Q58</b>		
Q56.	Did the providers show you any printed informational (IEC) materials on family planning during their discussion with you? <i>Shin ko ma'aikacyar asibiti ta nuna miki wasu hotuna na tsarin iyali a lokacin da kuke tattaunawa?</i>	YES .....1 NO .....2	
Q57.	Were you given any printed informational (IEC) materials on family planning to take away with you during your visit? <i>Ko an baki ko wanne irin hoto a akan tsarin iyali domin ki tafi dashi lokacin ziyarar?</i>	YES .....1 NO .....2	
Q58.	Now I would like to ask you about the cost of your service today. What is the total amount you paid for all services or treatments you received at this facility today?  Please include any money you paid for laboratory tests, supplies, and consultation fee.  <i>Yanzu ina so nayi miki tambaya akan ayyukan da aka yi miki yau. Shin gaba ki daya nawa kika biya ga duk ayyukan ko magungunan da kika karba a wannan asibitin yau?</i>  <i>Ki hada harda kudin da kika biya a gwaje gwaje, kudin ganin likita da kuma ko wane irin kudin da ki ka biya a wasu abubuwa.</i>	PAID NO MONEY ..... 00000 DON'T KNOW .....99998  1) LAB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) METHOD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3) CONSULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>=TOTAL AMOUNT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q59.	Do you have insurance or a similar institutional arrangement that pays for some or all of the services you received at this facility? <i>Shin kina da wata hanya ta musamman ko kusan irin wannan tsarin da ke biyan wasu ko dukkan ayyuka da kike karba a wannan asibitin?</i>	YES .....1 NO .....2 DON'T KNOW .....8	

INFORMATION ABOUT HEALTH FACILITY			
	QUESTIONS	CODING	SKIP
Now I would like to ask you some questions about your means of transport and access to health care facilities. <i>Yanzu ina so nayi miki wasu tambayoyi akan abun hawa da kuma inda zaki samu asibiti.</i>			
Q60.	How long did it take to come here today?  <i>Shin tsawon wane lokaci ya dauke ki zuwa nan?</i>	<input type="text"/> <input type="text"/> <input type="text"/> Time in minutes (Don't know = 998)	
Q61.	What was the <u>main means</u> of transport that you used to get here?  <i>Wanne irin abun hawa ki ka yi amfani dashi domin zuwa nan?</i>	WALK .....01 PUBLIC BUS .....02 TAXI.....03 BICYCLE .....04 TRICYCLE (KEKE NAPEP).....05 MOTORCYCLE/SCOOTER.....06 PRIVATE VEHICLE.....07 OTHER .....96 (SPECIFY)	

<p>Q62.</p>	<p>Why did you choose this facility for service today? <i>Shin me yasa kika zabi wannan asibitin domin aikin a yau?</i></p> <p><b>PROBE:</b> Any other reason? <i>Da wani dalilin kuma?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b></p>	<p>CLOSE TO YOUR HOME.....A CONVENIENT TO YOUR PLACE OF WORK.....B CONVENIENT OPERATING HOURS . . . . .C YOU CAN REMAIN ANONYMOUS.....D GOOD REPUTATION . . . . . E STAFF ARE DISCREET/MAINTAIN CONFIDENTIALITY . . . . . F IT IS MORE AFFORDABLE . . . . .G WAS REFERRED TO THIS FACILITY . . . . .H THIS FACILITY IS CLOSER TO YOUR WORK.....I THIS FACILITY IS FAR FROM MY HOME.....J PROVIDE GOOD QUALITY SERVICES.....K THEY PROVIDE DESIRED SERVICES . . . . .L FACILITY ACCEPTS INSURANCE.....M PROVIDERS TREAT PATIENTS WELL.....N OTHER(SPECIFY) _____ X DON'T KNOW . . . . . Z</p>	
<p>Q63.</p>	<p>Is this the closest health facility to your place of work? <i>Shin wannan ne asibiti mafi kusa da wajen aikin ki daya ke da ayyukan?</i></p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T WORK.....3 DON'T KNOW . . . . .8</p>	
<p>Q64.</p>	<p>Is this the closest health facility to your home? <i>Shin wannan ne asibiti mafi kusa da gidan ki?</i></p>	<p>YES . . . . . 1 → NO . . . . . 2 DON'T KNOW . . . . .8 →</p>	<p><b>Q67</b> <b>Q67</b></p>
<p>Q65.</p>	<p>Which is the closest type of facility to your home? <i>Shin wanne irin asibiti ne mafi kusa da gidan ki?</i></p>	<p>PUBLIC SECTOR GOVT. HOSPITAL..... 11 WOMEN AND CHILDREN HOSPITAL..... 12 CHILD WELFARE CLINIC..... 13 GOVT. HEALTH CENTRE..... 14 GOVT. HEALTH POST/DISPENSARY..... 15 MATERNITY HOME..... 16 OTHER PUBLIC _____ 18 (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE CLINIC..... 22 PRIVATE DOCTOR'S OFFICE..... 23 NURSING/MATERNITY HOME.....24 OTHER PRIVATE _____29 (SPECIFY)</p> <p>FBO MISSION HOSPITAL.....31 FAITH-BASED HOME/HEALTH CENTRE. ....32</p> <p>OTHER OTHER NGO HOSPITAL.....41 VCT CLINIC.....42</p> <p>OTHER NGO CLINIC.....43</p>	
<p>Q66.</p>	<p>What was the main reason you did not go to this facility near your home? <i>Shin wanne irin muhimmin dalili ne yasa baki je wannan asibiti na kusa da gidan ki ba?</i></p>	<p>INCONVENIENT OPERATING HOURS . . . . .1 BAD REPUTATION . . . . . 2 DON'T LIKE PERSONNEL.....3 NO MEDICINE . . . . . 4 PREFERS TO REMAIN ANONYMOUS . . . . .5 IT IS MORE EXPENSIVE . . . . .6 REFERRAL TO ANOTHER FACILITY . . . . .7 FACILITY NOT OPEN.....8 FACILITY OF POOR QUALITY.....9 DO NOT PROVIDE DESIRED SERVICES . . . . .10 PROVIDERS OFTEN AWAY.....11 DOES NOT ACCEPT INSURANCE.....12 PROVIDER TREATS PATIENTS POORLY.....13 OTHER(SPECIFY) _____96 DON'T KNOW . . . . .98</p>	

Q67.	Do you use this health facility (the one closest to your home) for other health services? <i>Shin kina amfani da wannan asibitin (mafi kusa da gidanki) domin wasu ayyukan lafiya?</i>	YES ..... 1 NO ..... 2 →	Q69
Q68.	For what other health services do you go to this facility near your home?  <i>Domin wadanne irin ayyukan lafiya kika je asibiti mafi kusa da gidan ki?</i>  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	ANTENATAL CARE ..... A DELIVERY SERVICES ..... B POSTNATAL CARE ..... C GROWTH MONITORING ..... D STI MANAGEMENT ..... E HIV/AIDS MANAGEMENT ..... F CURATIVE SERVICES ..... G NUTRITION SERVICES/INFORMATION ..... H CHILD IMMUNIZATION ..... I POST-ABORTION CARE ..... J VCT ..... K FAMILY PLANNING ..... L OTHER HEALTH SERVICE ..... X _____ (SPECIFY)	
Q69.	When you or someone in your family needs drugs, do you usually purchase drugs from a pharmacy, a patent medical store (chemist), or other type of drug shop? <i>Shin ke ko wani a iyalan ki na son magunguna, ko kuna saya daga babban dakin shan magani, karamin dakin shan magani ko kowanne irin wurin sai da magani?</i>	PRIVATE PHARMACY ..... 1 PMS/CHEMIST ..... 2 OTHER(SPECIFY) ..... 96	
Q70.	What type of drug shop is <u>closest to your home</u> ? <i>Wanne irin wurin sai da magani yafi kusa da gidan ki?</i>	PRIVATE PHARMACY ..... 1 PMV/CHEMIST ..... 2 OTHER(SPECIFY) ..... 96	

MEDIA EXPOSURE			
Now i would like to ask you some questions about the different media sources from which you receive information. Yanzu ina so nayi miki wasu tambayoyi akan hanyoyi dabam dabam na watsa labarai da ki ke samun bayanai.			
SOURCE	QUESTIONS	CODING	SKIP
Q71.	<p>What are your main sources for receiving health information?</p> <p><i>Shin ta wadanne muhimman hanyoyi kike samun bayanin kiwon lafiya?</i></p> <p><b>PROBE SEPARATELY FOR:</b></p> <p>A. Media sources B. Health personnel sources C. Community sources D. Interpersonal sources</p> <p><b>PROBE: Any other source? (FOR EACH CATEGORY)</b></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p><b>Media Sources</b></p> <p>RADIO ..... A TV ..... B VIDEOS ..... C NEWSPAPERS ..... D MAGAZINES ..... E FLYERS/LEAFLETS... F BILL BOARDS..... G WALL PAINTING..... H FACEBOOK..... I INTERNET..... J E-MAIL..... K SMS..... L</p> <p><b>Health Personnel Sources</b></p> <p>CLINICAL OFFICER/DOCTOR..... M NURSE/MIDWIFE..... N PHARMACIST..... O PATENT MEDICINE VENDOR(PMV)/CHEMIST... P COMMUNITY HEALTH WORKER..... Q TBA ..... R TRADITIONAL HEALER..... S</p> <p><b>Community Sources</b></p> <p>MOBILE CINEMA..... T COMMUNITY VIEWING CENTER..... U VIDEO SHOPS/DENS..... V COMMUNITY OUTREACH EVENTS..... W PEER EDUCATION..... X SCHOOL..... Y NGOs..... Z FBOs/CHURCH/MOSQUES..... AA WOMEN'S GROUPS..... BB COMMUNITY MEETINGS..... CC</p> <p><b>Interpersonal Sources</b></p> <p>PARENTS ..... DD IN-LAWS ..... EE SPOUSE/PARTNER..... FF SIBLINGS..... GG SISTER/BROTHER IN-LAWS..... HH FRIENDS/NEIGHBORS..... II OTHER RELATIVES..... JJ <b>OTHER SOURCES: _____ XX</b></p> <p>NONE..... YY DON'T KNOW..... ZZ</p>	
Q72.	<p>Have you heard any family planning messages in the last three months? <i>A cikin wata uku da suka shige kin ji wani sako na tsarin iyali?</i></p>	<p>YES..... 1 NO..... 2 → DON'T REMEMBER..... 8 →</p>	<p><b>Q74</b> <b>Q74</b></p>

<p>Q73. From where did you hear <b>this (these)</b> family planning message(s)?</p> <p><i>Daga ina kika samu wannan (wadan) sako na tsarin iyali?</i></p> <p>PROBE: Any other places/by any other means?</p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p><b>Media Sources</b></p> <p>RADIO ..... A TV ..... B VIDEOS ..... C NEWSPAPERS ..... D MAGAZINES ..... E FLYERS/LEAFLETS..... F BILL BOARDS..... G WALL PAINTING..... H FACEBOOK..... I INTERNET..... J E-MAIL..... K SMS..... L</p> <p><b>Health Personnel Sources</b></p> <p>CLINICAL OFFICER/DOCTOR..... M NURSE/MIDWIFE..... N PHARMACIST..... O PATENT MEDICINE VENDOR(PMV)/CHEMIST... P COMMUNITY HEALTH WORKER..... Q TBA ..... R TRADITIONAL HEALER..... S</p> <p><b>Community Sources</b></p> <p>MOBILE CINEMA..... T COMMUNITY VIEWING CENTER..... U VIDEO SHOPS/DENS..... V COMMUNITY OUTREACH EVENTS..... W PEER EDUCATION..... X SCHOOL..... Y NGOs..... Z FBOs/CHURCH/MOSQUES..... AA WOMEN'S GROUPS..... BB COMMUNITY MEETINGS..... CC</p> <p><b>Interpersonal Sources</b></p> <p>PARENTS ..... DD IN-LAWS ..... EE SPOUSE/PARTNER..... FF SIBLINGS..... GG SISTER/BROTHER IN-LAWS..... HH FRIENDS/NEIGHBORS..... II OTHER RELATIVES..... JJ <b>OTHER SOURCES: _____ XX</b></p> <p>NONE..... YY DON'T KNOW..... ZZ</p>
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PERSONAL CHARACTERISTICS OF CLIENT			
SOURCE	QUESTIONS	CODING	SKIP
Now i a.m going to ask you some questions about yourself. <i>Yanzu zan yi miki wasu tambayoyi game da ke.</i>			
Q74.	Have you ever attended school? <i>Shin kin taba shiga makaranta?</i>	YES.....1 NO.....2	→ Q77
Q75.	What is the highest level of school you attended: Quranic only, primary, junior secondary, senior secondary, or higher? <i>Wanne matsayi na ilmi kika samu?</i>	QURANIC ONLY..... 0 PRIMARY..... 1 JUNIOR SECONDARY (JSS)..... 2 SENIOR SECONDARY (SSS)..... 3 HIGHER..... 4	→ Q77
Q76.	What is the highest (class/form/year) you completed at that level? <i>Wanne aji mafi nisa kika kammala a wannan matsayin?</i>	CLASS/FORM/YEAR..... [ ] [ ]	

Q77.	What is your religion? <i>Menene addinin ki?</i>	CHRISTIAN, CATHOLIC.....1 CHRISTIAN, PROTESTANT/OTHER.....2 ISLAM.....3 TRADITIONAL.....4 NO RELIGION.....5 OTHER.....6 (SPECIFY)	
Q78.	What is your ethnic group? <i>Wacce kabila ce ke?</i>	_____ <input type="text"/> <input type="text"/> <input type="text"/> OFFICE USE ONLY	
Q79.	What is your current marital status? <i>Shin kina da aure?</i> <b>PROBE FOR EXACT STATUS</b>	CURRENTLY MARRIED.....1 LIVING WITH A WOMAN AS IF MARRIED ..... 2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5 SINGLE, NEVER MARRIED .....6	Q82
Q80.	Is your husband/partner living with you now, or does he stay elsewhere? <i>Shin mijin ki /abokin zaman ki na tare da ke yanzu ko yana zaune a wani waje?</i>	LIVING WITH YOU.....1 STAYING ELSEWHERE .....2	
Q81.	Have you ever discussed family planning with your husband/Partner? <i>Shin ko kin taba tattaunawa da maigidanki/abokin zaman ki akan tsarin iyali?</i>	YES .....1 NO .....2	
Q82.	In the last 6 months, have you discussed family planning with anyone else, apart from a husband or regular partner? <i>A cikin wata shida da suka shige,kin yi maganar tsarin iyali/tazara tsakanin haihuwa da wani dabam,ban da mijinki ko abokin ki na yau da kullum?</i>	YES ..... 1 NO ..... 2 DON'T KNOW .....8	
Q83.	<p>CHECK Q4: FOR DELIVERY-RELATED SERVICE OR Q25 CURRENTLY PREGNANT</p> <p>IF Q4= FAMILY PLANNING (01), GROWTH MONITORING (06), CHILD IMMUNIZATION (07), STI MANAGEMENT (08), HIV/AIDS MANAGEMENT (09), CURATIVE SERVICES (10), VCT (11), OTHER (96) <b>AND</b> <input type="checkbox"/> Q25 =2 OR 8 FOR <b>NOT</b> CURRENTLY PREGNANT</p> <p>IF Q4= ANTENATAL CARE (02), DELIVERY SERVICES (03), POSTNATAL CARE (04), OR POST-ABORTION CARE (05), <b>OR</b> <input type="checkbox"/> Q25=1 FOR CURRENTLY PREGNANT</p>		
Q84.	Have you ever been pregnant? <i>Shin ko kin taba samun ciki?</i>	YES ..... 1 NO .....2	Q86
Q85.	How many living children of your own do you have? <i>Yara guda nawa rayayyu kike dasu?</i> <b>RECORD NUMBER GIVEN.</b>	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/> NONE .....00 DON'T KNOW .....98	
Q86.	[After the birth of this child] Would you like to have (a/another) child in the future? <i>{Bayan haihuwar wannan yaro}Shin zaki so ki samu wani dan a nan gaba?</i>	YES ..... 1 NO ..... 2 DEPENDS ON HUSBAND . . . 3 DEPENDS ON GOD . . . . . 4 CAN'T GET PREGNANT.....5 DON'T KNOW .....8	Q88
Q87.	[After the birth of this child] How long would you like to wait from now before the birth of (a/another) child? <i>{Bayan haihuwar wannan yaro}Har tsawon wanne lokaci daga yanzu kike son ki dakata kafin ki haifi wani da?</i>	LESS THAN A YEAR . . . . . 1 ONE TO TWO YEARS . . . . . 2 MORE THAN TWO YEARS . . . . . 3 DON'T KNOW . . . . .8	



Q88.	<p>How many times have you had sex in the last three (3) months?</p> <p><i>A cikin wata uku da suka shige sau nawa kika yi jima'i?</i></p>	<p>NUMBER OF TIMES..... [ ] [ ] [ ]</p> <p><b>OR</b></p> <p>NONE.....000 DAILY.....991 WEEKLY.....992 MONTHLY.....993 OTHER.....996 (SPECIFY) DON'T KNOW.....998</p>	
Q89.	<p>Did anyone come with you to the facility today? <i>Shin ko kin zo da wani yayin ziyarar ki yau?</i></p>	<p>YES.....1 NO.....2 →</p>	Q91
Q90.	<p>Who came with you? <i>Waye yazo da ke?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>CHILD(REN).....A HUSBAND.....B MOTHER.....C MOTHER-IN-LAW.....D FRIEND.....E OTHER.....X</p>	

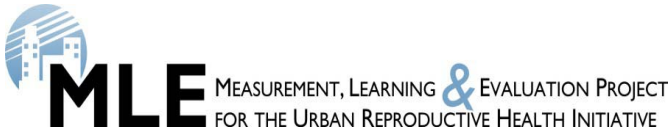
<p>Now I am going to ask you some questions about the household in which you live. <i>Yanzu ina so nanyi miki wasu tambayoyi akan gidan da kike zaune.</i></p>			
Q91.	<p>Where do you currently live? <i>Yanzu a ina kike da zama?</i></p>	<p>VILLAGE/TOWN NAME _____</p> <p>LGA NAME _____ [ ] [ ] [ ]</p> <p>STATE NAME _____ [ ] [ ]</p> <p>OFFICE USE ONLY</p>	
Q92.	<p>What is the predominant material that the roof of your house is made of? <i>Shin da mafi yawan me aka yi rufin gidan ki?</i></p> <p><b>PROBE FOR PREDOMINANT MATERIAL USED; ONLY CIRCLE ONE RESPONSE.</b></p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF.....11 THATCH/PALM LEAF /REED/GRASS..12 DUNG/MUD .....13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT.....21 PALM/BAMBOO.....22 WOOD PLANKS.....23 CARDBOARD.....24 PLASTIC BAGS.....25 TIN CANS.....26 CORRUGATED IRON SHEETS.....27</p> <p><b>FINISHED ROOFING</b></p> <p>METAL/ZINC.....31 CERAMIC TILES.....33 CEMENT.....34 ROOFING SHINGLES.....35 ASBESTOS.....36 CONCRETE.....37 OTHER.....96 (SPECIFY)</p>	

<p>Q93.</p>	<p>What kind of toilet facility does your household have? <i>Shin wane irin bayan gida kike dashi a gidan ki?</i></p>	<p><b>FLUSH OR POUR FLUSH TOILET</b>          FLUSH TO PIPED SEWER SYSTEM .11          FLUSH TO SEPTIC TANK . . . . . 12          FLUSH TO PIT LATRINE . . . . . 13          FLUSH TO SOMEWHERE ELSE.....14          FLUSH, DON'T KNOW WHERE . . . .15</p> <p><b>PIT LATRINE</b>          VENTILATED IMPROVED          PIT LATRINE . . . . . 21          PIT LATRINE WITH SLAB . . . . . 22          PIT LATRINE WITHOUT SLAB/          OPEN PIT . . . . .23</p> <p>COMPOSTING TOILET . . . . .31          BUCKET TOILET . . . . .41          HANGING TOILET/HANGING LATRINE...51          NO FACILITY/BUSH/FIELD . . . . . 61          OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ Q96</p>
<p>Q94.</p>	<p>Is it inside or outside your dwelling? <i>Shin yana ciki ko wajen gidan?</i></p>	<p>INSIDE DWELLING ..... 1          OUTSIDE DWELLING ..... 2</p>	
<p>Q95.</p>	<p>Do you share this toilet with other households? <i>Shin kina amfani da wannan bayan gida da wasu gidajen?</i></p>	<p>YES ..... 1          NO ..... 2          DON'T KNOW.....8</p>	
<p>Q96.</p>	<p>What is the main source of drinking water for your household? <i>Ta wacce irin muhimmiyar hanya ake samun ruwan sha a gidan ki?</i></p>	<p><b>PIPED WATER</b>          INTO DWELLING.....11          PIPED TO YARD/PLOT.....12          PUBLIC TAP/STANDPIPE.....13</p> <p>TUBE WELL OR BOREHOLE.....21</p> <p><b>DUG WELL</b>          PROTECTED WELL.....31          UNPROTECTED WELL.....32</p> <p><b>WATER FROM SPRING</b>          PROTECTED SPRING.....41          UNPROTECTED SPRING.....42</p> <p><b>RAINWATER</b>          WITHIN THE YARD/PLOT..... 51          OUTSIDE THE YARD/PLOT..... 52</p> <p>TANKER TRUCK.....61          CART WITH SMALL TANK.....71          SURFACE WATER (RIVER/DAM/          RAKE/POND/STREAM/          CANAL).....81          BOTTLED WATER.....91          WATER DISPENSER ..... 92          SACHETS ..... 93          OTHER ..... 96</p>	
<p>Q97.</p>	<p>How many rooms in total are in your household, including rooms for sleeping but not including bathrooms and kitchen? <i>Shin ta wacce hanya kuka fi samun ruwan sha a gidanki?</i></p>	<p>ROOMS (TOTAL)..... <input type="text"/> <input type="text"/></p>	
<p>Q98.</p>	<p>Does your household have electricity? <i>Shin akwai wutar lantarki a gidan nan?</i></p>	<p>YES .....1          NO.....2</p>	

Q99.	Does this household have a generator? <i>Shin gidan ka na da janareta?</i>	YES .....1 NO.....2	
Q100.	Does your household have a mobile phone? <i>Shin akwai wayar hannu a gidan nan?</i>	YES .....1 NO.....2	
Q101.	Does your household have a radio? <i>Shin akwai rediyo a gidan nan?</i>	YES .....1 NO.....2	
Q102.	Does your household have electric/gas cooker/ burner? <i>Shin akwai murhun girki na lantarki/murhum gas a gidan nan?</i>	YES .....1 NO.....2	
Q103.	Does your household own a television? <i>Shin gidan na da talabijin?</i>	YES .....1 NO.....2	
Q104.	Does your household own an electric iron? <i>A nan gidan akwai dutsen guga?</i>	YES .....1 NO.....2	
Q105.	Does your household have subscription to any cable network? <i>A nan gidan akwai yanar gizo mai faifayi?</i>	YES .....1 NO.....2	
Q106.	Does your household own a VCR/DVD player? <i>A nan gidan akwai garmaho?</i>	YES .....1 NO.....2	
Q107.	Does your household own a mattress? <i>A nan gidan akwai katifa?</i>	YES .....1 NO.....2	
Q108.	Does your household own a refrigerator? <i>A nan gidan akwai firij?</i>	YES .....1 NO.....2	
Q109.	Does your household own an electric fan? <i>A nan gidan akwai fanka?</i>	YES .....1 NO.....2	
Q110.	RECORD THE TIME WHEN THE INTERVIEW ENDED... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

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

**INTERVIEWER'S COMMENTS:**



**Women Exit Interview for Family Planning and Potential Integration Clients – Nigeria 2011 (Yoruba)**

CITY NAME & CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)	[ ]																			
LGA NAME & CODE _____	[ ] [ ] [ ]																			
LOCALITY NAME & CODE _____	[ ] [ ] [ ] [ ]																			
FACILITY NAME AND CODE _____	[ ] [ ] [ ] [ ] [ ]																			
<b>TYPE OF HEALTH FACILITY</b>																				
<b>PUBLIC SECTOR</b>																				
GOVT. HOSPITAL..... 11	FBO																			
WOMEN AND CHILDREN HOSPITAL 12	MISSION HOSPITAL..... 31																			
CHILD WELFARE CLINIC..... 13	FAITH-BASED HOME/HEALTH CENTRE..... 32																			
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OTHER PUBLIC _____ 18	Other _____ 96																			
(SPECIFY)	(Specify)																			
<b>PRIVATE SECTOR</b>																				
PRIVATE HOSPITAL..... 21	<b>HEALTH FACILITY VOLUME TYPE (pre-code)</b>																			
PRIVATE CLINIC..... 22	HIGH VOLUME.....1																			
PRIVATE DOCTOR'S OFFICE..... 23	OTHER.....2																			
NURSING/MATERNITY HOME..... 24																				
OTHER PRIVATE _____ 29																				
(SPECIFY)																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">HAUSA</td> <td style="text-align: center;">YORUBA</td> <td style="text-align: center;">IGBO</td> <td style="text-align: center;">PIDGIN</td> <td style="text-align: center;">ENGLISH</td> <td style="text-align: center;">OTHER (SPECIFY)</td> </tr> <tr> <td style="text-align: center;">LANGUAGE OF INTERVIEW 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6 _____</td> </tr> <tr> <td style="text-align: center;">NATIVE LANGUAGE OF RESPONDENT 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6 _____</td> </tr> </table>		HAUSA	YORUBA	IGBO	PIDGIN	ENGLISH	OTHER (SPECIFY)	LANGUAGE OF INTERVIEW 1	2	3	4	5	6 _____	NATIVE LANGUAGE OF RESPONDENT 1	2	3	4	5	6 _____	<b>TRANSLATOR USED?</b> YES NO 1 2
HAUSA	YORUBA	IGBO	PIDGIN	ENGLISH	OTHER (SPECIFY)															
LANGUAGE OF INTERVIEW 1	2	3	4	5	6 _____															
NATIVE LANGUAGE OF RESPONDENT 1	2	3	4	5	6 _____															
<b>INTERVIEWER'S VISITS AND RESULTS</b>																				
<b>INTERVIEWER</b>	<b>INTERVIEWER RESULT</b>	<b>INTERVIEW DATE</b>																		
NAME _____  [ ] [ ] [ ]	Completed .....1 Incomplete.....2 Refused .....3 Other _____6 (specify)	Day [ ] [ ] Month [ ] [ ] [ ] [ ] Year [ ] [ ] [ ] [ ]																		
<b>SUPERVISOR</b>	<b>OFFICE EDITOR</b>	<b>KEYED BY</b>																		
NAME _____ CODE [ ] [ ] [ ] [ ] DATE [ ] / [ ] / [ ] DD MM YY	NAME _____ CODE [ ] [ ] [ ] [ ] DATE [ ] / [ ] / [ ] DD MM YY	NAME _____ CODE [ ] [ ] [ ] [ ] DATE [ ] / [ ] / [ ] DD MM YY																		

PARTICIPANT ELIGIBILITY/SCREENING QUESTIONS			
No.	Questions	Coding	Skip
Q1.	Did you see a provider today for health care services?  <i>Nje e ri olupese ilera loni fun eto ilera?</i>	YES.....1 NO.....2→	<b>END INTERVIEW</b>
Q2.	How old were you at your last birthday?  <i>Omo odun melo ni yin nigba ti e se ojo-ibi kehin?</i>	AGE IN YEARS . . . . [ ] [ ]	<b>STOP IF YOUNGER THAN 15 OR OLDER THAN 49</b>

INFORMATION ABOUT VISIT			
	QUESTIONS	CODING	SKIP/NOTES
Q3.	RECORD THE TIME THE INTERVIEW STARTED [24-HOUR TIME]	[ ] [ ] : [ ] [ ]	
Now I would like to talk to you about the health services for which you had come today to this facility.  <i>Bayi, mo fe ba yin soro nipa eto ilera eyi ti e wa fun loni ni ibi bayi.yi.</i>			
Q4.	What was the <u>main service</u> that you came for today?  <i>Kini itoju Pataki ti e wa fun loni?</i>	FAMILY PLANNING----- 01 ANTENATAL CARE----- 02 DELIVERY SERVICES ----- 03 POSTNATAL CARE ----- 04 POST-ABORTION CARE -----05 GROWTH MONITORING----- 06 CHILD IMMUNIZATION ----- 07 STI MANAGEMENT -----08 HIV/AIDS MANAGEMENT ----- 09 CURATIVE SERVICES ----- 10 VCT ----- 11 OTHER _____ 96 (SPECIFY)	<b>Q22</b>
Q5.	What was the <u>main purpose</u> of coming for a family planning visit today?  <i>Kini idi pataki ti e fi wa fun ifetosomobibi loni?</i>  <b>IF RESPONDENT DOES NOT SPONTANEOUSLY MENTION ANY OF THE OPTIONS LISTED. PROBE BY READING THE LIST &amp; SAYING WHICH OPTION BEST DESCRIBES WHY YOU VISITED THE FACILITY TODAY. IF NONE OF THE OPTIONS APPLY, WRITE IN THE PURPOSE IN "OTHER". CIRCLE ONLY ONE RESPONSE.</b>	START USING FAMILY PLANNING FOR THE FIRST TIME.....01 RESUPPLY OF CONTRACEPTIVE.....02 FOLLOW-UP WITHOUT ANY PROBLEM.....03 FOLLOW-UP WITH PROBLEM .....04 STOP CONTRACEPTIVE.....05 RESTART FAMILY PLANNING.....06 SWITCH TO A DIFFERENT METHOD.....07 Other _____ 96 (SPECIFY)	

<p>Q6.</p> <p>Before today's visit, what are all of the things you have done or methods you have used to avoid a pregnancy?</p> <p><i>Ki e to wa loni, iru, awon ohun wo ni e ti se tabi eto ti e ti lo lati dena iloyun?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM . . . . . B                  FEMALE CONDOM . . . . . C                  IUD..... D                  SPERMICIDE/FOAM/JELLY..... E                  DIAPHRAGM . . . . . F                  INJECTABLES.....G                  IMPLANT . . . . .H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM .....J                  MALE STERILIZATION . . . . .K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION . . . . . M                  OTHER _____ X                  (SPECIFY)</p> <p>NONE..... Y →</p>	<p><b>Q16</b></p>
<p>Q7.</p> <p>Were you using any FP method the last time you had sex?</p> <p><i>Nje e nlo ifetosomobibi kankan nigba tie ni ibalopo kehin?</i></p>	<p>Yes ..... 1                  No ..... 2 →</p>	<p><b>Q9</b></p>
<p>Q8.</p> <p>Which method(s) were you using?</p> <p><i>Iru ilana (awon liana) wo ni e nlo?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM . . . . . B                  FEMALE CONDOM . . . . . C                  IUD..... D                  SPERMICIDE/FOAM/JELLY..... E                  DIAPHRAGM . . . . . F                  INJECTABLES.....G                  IMPLANT . . . . .H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM .....J                  MALE STERILIZATION . . . . .K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION . . . . . M                  OTHER _____ X                  (SPECIFY)</p>	
<p>Q9.</p> <p>Are you currently using a FP method?</p> <p><i>Nje e nlo ifetosomobibi kan bayi?</i></p>	<p>YES.....1                  NO.....2 →</p>	<p><b>Q13</b></p>
<p>Q10.</p> <p>Which method(s) are you using?</p> <p><i>Iru ilana (awon liana) ifetosomobibi wo ni e nlo?</i></p> <p>CIRCLE ALL MENTIONED</p>	<p>DAILY PILL .....A                  MALE CONDOM . . . . . B                  FEMALE CONDOM . . . . . C                  IUD..... D                  SPERMICIDE/FOAM/JELLY..... E                  DIAPHRAGM . . . . . F                  INJECTABLES.....G                  IMPLANT . . . . .H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM .....J                  MALE STERILIZATION . . . . .K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION . . . . . M                  OTHER _____ X                  (SPECIFY)</p>	

<b>Current User</b>				
Q11. During your consultation today, did the provider: <i>Ni akoko ibewo yin loni, nje olupese ilera:</i>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>NOT APPLIC</b>
a. Ask the reason for your visit? <i>Beere idi ti e fi wa?</i>	1	2	8	7
b. Ask specifically about any problems you were having (or have had) with the current method? <i>Beere ni pato nipa isoro kankan ti e ni (tabi ti e ti ni) pelu ilana ti e nlo lowolowo?</i>	1	2	8	7
c. Suggest any action(s) to resolve the problem? <i>Daba ohun kan tabi omiran ti e le se lati bori isoro na?</i>	1	2	8	7
d. Ask your reproductive goal? <i>Beere erongba yin nipa ibisi?</i>	1	2	8	7
e. Provide information about different FP methods? <i>Pese ifitonileti nipa awon orisi ilana ifetosomobibi?</i>	1	2	8	7
f. Ask about your FP preference? <i>Beere nipa ifetosomobibi ti e yan layo?</i>	1	2	8	7
g. Talk about possible side effects with the <u>current</u> method you are using? <i>Soro nipa awon alebu ti o le wa pelu ilana ti e nlo lowo?</i>	1	2	8	7
h. Tell you what to do if you have any problems with the <u>current</u> method you are using? <i>So fun yin, ohun ti e le se ti e ba ni isoro pelu ilana ti e nlo lowolowo?</i>	1	2	8	7

Q12.	What was the outcome of this visit—did you decide to continue the same method, stop using method, or switch methods? <i>Kini abajade wiwa yi? Nje e pinu lati tesiwaju pelu ilana ti e nlo lowo, da lilo ilana yi duro, tabi yipada si ilana miran?</i>	CONTINUE WITH SAME METHOD.....1 SWITCH METHOD.....2 STOP USING METHOD (DUE TO PROBLEMS).....3 STOP USING METHOD (ELECTIVE-NO PROBLEMS).....4 OTHERS (SPECIFY).....6	1 → <b>Q19</b> 2 → <b>Q16</b> 3 } 4 } → <b>Q39</b> 6 }
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<b>Ever User – Not Using at Time of Visit</b>		
Q13.	When was the last time you did something or used a method to avoid a pregnancy? <i>Ni igba wo kehin ni e se nkan tabi lo ilana kan lati dena ati loyun?</i>	WITHIN 3 MONTHS .....1 MORE THAN 3-6 MONTHS AGO .....2 MORE THAN 6 MONTHS -1 YEAR AGO.. 3 MORE THAN 1 YEAR AGO .....4
Q14.	What was the last method(s) that you were using to avoid a pregnancy? <i>Kini ilana ti e lo lati dena ati loyun?</i>  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	DAILY PILL .....A MALE CONDOM . . . . . B FEMALE CONDOM . . . . . C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM . . . . . F INJECTABLES..... G IMPLANT . . . . . H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I BREASTFEEDING/LAM . . . . . J MALE STERILIZATION . . . . . K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION . . . . . M OTHER(SPECIFY) X

<p>Q15.</p>	<p>Why did you stop using the method(s)? <i>Kini idi ti e fi da lilo ilana yi duro?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>MISSED PILL OR INJECTION .....A NO ACCESS .....B NO MONEY .....C NOT AVAILABLE .....D DIDN'T KNOW WHERE TO GET THE METHOD . .....E INCONVENIENT TO USE.....F WANTED TO GET PREGNANT....G INFREQUENT/NO SEX.....H HUSBAND AWAY.....I HEALTH CONCERNS.....J FEAR OF SIDE EFFECTS.....K PARTNER DISAPPROVED.....L OTHERS DISAPPROVED.....M METHOD FAILED/GOT PREGNANT.....N LACK OF SEXUAL SATISFACTION.....O MENSTRUAL PROBLEMS.....P GAINED WEIGHT.....Q OTHER _____ X (SPECIFY)</p>	
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<b>Never/Ever User</b>			
<p>Q16. During your consultation today, did the provider: <i>Ni akoko abewo yin loni, nje olupese ilera:</i></p>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
<p>a. Ask the reason for your visit? <i>Beere idi ti e fi wa?</i></p>	1	2	8
<p>b. Ask your reproductive goal? <i>Beere erongba ibisi yin?</i></p>	1	2	8
<p>c. Provide information about different FP methods? <i>Pese ifitonileti nipa awon orisi ilana ifetosomobi?</i></p>	1	2	8
<p>d. Ask about your preference? <i>Beere nipa ifetosomobi ti e fe?</i></p>	1	2	8
<p>e. Help you select a method? <i>Ba yin yan ilana kan?</i></p>	1	2	8
<p>f. Explain how to use this method? <i>Se alaye bi e se le lo ilana yi?</i></p>	1	2	8
<p>g. Talk about possible side effects? <i>Soro nipa awon alebu ti o le wa?</i></p>	1	2	8
<p>h. Tell you what to do if you have any problems? <i>So fun yin, ohun ti e le se ti e ba ni isoro kankan?</i></p>	1	2	8
<p>i. Tell you when to return for follow-up? <i>So fun yin igba ti e le pada wa fun ayewo?</i></p>	1	2	8

<p>Q17.</p>	<p>Did you know what family planning method you wanted to use before you came here today during your visit? <i>Nje e mo iru ilana ifetosomobi ti e fe lo ki e to wa si ibi loni?</i></p>	<p>YES ..... 1 NO ..... 2 →</p>	<p><b>Q19</b></p>
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Q18.	<p>What method was that?</p> <p><i>Iru ilana wo ni eyi?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILL .....A</p> <p>MALE CONDOM ..... B</p> <p>FEMALE CONDOM ..... C</p> <p>IUD..... D</p> <p>SPERMICIDE/FOAM/JELLY..... E</p> <p>DIAPHRAGM ..... F</p> <p>INJECTABLES..... G</p> <p>IMPLANT ..... H</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I</p> <p>BREASTFEEDING/LAM ..... J</p> <p>MALE STERILIZATION ..... K</p> <p>FEMALE STERILIZATION..... L</p> <p>EMERGENCY CONTRACEPTION ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
Q19.	<p>Did you receive a contraceptive method today?</p> <p><i>Nje e gba ilana ifetosomombibi kan loni ?</i></p>	<p>YES ..... 1 →</p> <p>NO ..... 2</p>	Q21
Q20.	<p>Did you receive a referral, or prescription for a family planning method today?</p> <p><i>Nje a dari yin si ibi miran tabi so nipa ifetosomobibi loni?</i></p>	<p>YES, RECEIVED REFERRAL..... 1</p> <p>YES, RECEIVED PRESCRIPTION..... 2</p> <p>NO, DID NOT RECEIVE ANYTHING. .... 3 →</p> <p>ALREADY USING..... 4 →</p>	Q39 Q39
Q21.	<p>(For) What method(s)?</p> <p><i>(Fun) iru awon liana wo?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILL .....A</p> <p>MALE CONDOM ..... B</p> <p>FEMALE CONDOM ..... C</p> <p>IUD..... D</p> <p>SPERMICIDE/FOAM/JELLY..... E</p> <p>DIAPHRAGM ..... F</p> <p>INJECTABLES..... G</p> <p>IMPLANT ..... H</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) ..... I</p> <p>BREASTFEEDING/LAM ..... J</p> <p>FEMALE STERILIZATION..... L</p> <p>EMERGENCY CONTRACEPTION ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p><b>ALL SKIP → TO Q39</b></p>

<b>POTENTIAL INTEGRATION USERS</b>			
Q22.	<p>Were there other health concerns you wanted to learn about today that you did not discuss with the doctor or nurse?</p> <p><i>Nje awon ohun ilera miran ti o je yin lokan ti e fe mo nipa re loni wa ti eko ni anfani ati soro nipa re pelu dokito tabi noosi?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2 →</p>	Q24
Q23.	<p>What were those health concerns related to?</p> <p><i>Kini awon ohun ilera wonni ti o nje yin lokan fara jo?</i></p> <p><b>DO NOT READ LIST. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p>ANTENATAL CARE ..... A</p> <p>DELIVERY SERVICES ..... B</p> <p>POSTNATAL CARE ..... C</p> <p>GROWTH MONITORING ..... D</p> <p>STI MANAGEMENT ..... E</p> <p>HIV/AIDS MANAGEMENT ..... F</p> <p>CURATIVE SERVICES ..... G</p> <p>NUTRITION SERVICES/INFORMATION..... H</p> <p>CHILD IMMUNIZATION ..... I</p> <p>POST-ABORTION CARE..... J</p> <p>VOLUNTARY COUNSELING TESTING..... K</p> <p>FAMILY PLANNING..... L</p> <p>OTHER HEALTH SERVICES ..... X</p>	

Q24.	<p><b>CHECK Q4: IF ANTENATAL OR DELIVERY SERVICES (Q4=02 OR 03)</b> <input type="checkbox"/> →</p> <p>IF ANY OTHER SERVICE, INCLUDING:</p> <p>INFANT GROWTH MONITORING (Q4=06) OR CHILD IMMUNIZATION (Q4=07) OR STI MANAGEMENT (Q4=08) OR HIV/AIDS MANAGEMENT (Q4=09) OR CURATIVE SERVICES (Q4=10) OR VCT (Q4=11) <input type="checkbox"/> ↓</p> <p>POST NATAL CARE OR POST ABORTION CARE (Q4=04 OR 05) <input type="checkbox"/> →</p>	<p><b>Q29</b></p> <p><b>Q26</b></p>	
Q25.	<p>Are you currently pregnant?  <i>Nje e loyun bayi?</i></p>	<p>YES.....1 →</p> <p>NO.....2</p> <p>UNSURE.....8</p>	<p><b>Q29</b></p>
Q26.	<p>Are you currently doing anything to prevent pregnancy?  <i>Nje e nse nkan bayi lati de na iloyun?</i></p>	<p>YES.....1 →</p> <p>NO.....2</p>	<p><b>Q28</b></p>
Q27.	<p>Why aren't you using a method of family planning/birth spacing to delay or avoid pregnancy?  <i>Kini idi ti e ko fi lo ilana ifetosomobib/alafo sarin omo bibi kan lati sun ati loyun siwaju tabi dena ati loyun?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p><b>FERTILITY RELATED REASONS</b></p> <p>INFREQUENT SEX/NO SEX.....A</p> <p>HUSBAND/PARTNER IS AWAY.....B</p> <p>MENOPAUSAL/HYSTERECTOMY.....C</p> <p>BREASTFEEDING.....D</p> <p>CAN'T HAVE CHILDREN.....E</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE.....F</p> <p>WANTS TO GET/TRYING TO GET PREGNANT.....G</p> <p>POSTPARTUM AMENORRHEA.....H</p> <p><b>OPPOSITION TO USE:</b></p> <p>RESPONDENT OPPOSES.....I</p> <p>PARTNER OPPOSES.....J</p> <p>OTHERS OPPOSE.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p><b>LACK OF KNOWLEDGE:</b></p> <p>KNOWS NO METHOD.....M</p> <p>DON'T KNOW HOW TO USE METHOD...N</p> <p>KNOWS NO SOURCE.....O</p> <p><b>METHOD-RELATED REASONS:</b></p> <p>HEALTH CONCERNS.....P</p> <p>FEAR OF SIDE EFFECTS.....Q</p> <p>LACK OF ACCESS/TOO FAR.....R</p> <p>COSTS TOO MUCH.....S</p> <p>INCONVENIENT TO USE.....T</p> <p>DON'T LIKE EXISTING METHODS.....U</p> <p>BAD EXPERIENCE WITH EXISTING METHODS.....V</p> <p><b>FATALISTIC:</b></p> <p>UP TO GOD.....W</p> <p>OTHER.....X</p> <p>DON'T KNOW.....Z</p>	<p><b>ALL SKIP TO Q29</b></p>

<p>Q28.</p>	<p>What method are you using?  <i>Kini ilana ti e nlo?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM ..... B                  FEMALE CONDOM ..... C                  IUD..... D                  SPERMICIDE/FOAM/JELLY..... E                  DIAPHRAGM ..... F                  INJECTABLES.....G                  IMPLANT .....H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM .....J                  MALE STERILIZATION .....K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION ..... M                  OTHER ..... X                  (SPECIFY)</p>	
<p>Q29.</p>	<p>During this visit, did you see or receive any information about family planning?  <i>Lakoko wiwa yin yi, nje e ri tabi egba ifitonileti Kankan nipa ifetosomobibi?</i></p>	<p>YES ..... 1                  NO ..... 2 →</p>	<p><b>Q32</b></p>
<p>Q30.</p>	<p>How did you get this information?  <i>Bawo ni eti se gba ifitonileti yi?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>PROVIDER SPOKE ABOUT FP.....A                  YOU ASKED ABOUT FP .....B                  SAW A VIDEO.....C                  PARTICIPATED IN A GROUP DISCUSSION...D                  SAW WRITTEN MATERIALS.....E                  OTHER: ..... X</p>	
<p>Q31.</p>	<p>Which methods were discussed in the information you saw or received?  <i>Awon ilana wo le jiroro le lori ninu ifitonileti ti e ri tabi ti e gba?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM ..... B                  FEMALE CONDOM ..... C                  IUD..... D                  SPERMICIDE/FOAM/JELLY..... E                  DIAPHRAGM ..... F                  INJECTABLES.....G                  IMPLANT .....H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM .....J                  MALE STERILIZATION .....K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION ..... M                  OTHER ..... X                  (SPECIFY)</p>	
<p>Q32.</p>	<p>Do you know if you can obtain family planning methods or services at this facility?  <i>Nje e mo boya e le gba itoju nipa ifetosomobibi ni ile iwosan yi?</i></p>	<p>YES, CAN RECEIVE FP HERE.....1                  NO, CANNOT RECEIVE FP HERE.....2 →                  DON'T KNOW.....8</p>	<p><b>Q35</b></p>
<p>Q33.</p>	<p>Did you receive a family planning method, referral, or prescription for a family planning method today?  <i>Nje e gba ilana ifetosomobibi kan idari eni sibi miran, tabi so nipa ifetosmobibi loni?</i></p>	<p>YES, RECEIVED METHOD ..... 1                  YES, RECEIVED REFERRAL.....2                  YES, RECEIVED PRESCRIPTION.....3                  NO, DID NOT RECEIVE ANYTHING. .... 4 →                  ALREADY USING.....5 →</p>	<p><b>Q35</b> <b>Q39</b></p>

<p>Q34.</p>	<p>For what method(s)?  <i>(Fun) iru awon ilana wo?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM . . . . .B                  FEMALE CONDOM . . . . .C                  IUD.....D                  SPERMICIDE/FOAM/JELLY.....E                  DIAPHRAGM . . . . .F                  INJECTABLES.....G                  IMPLANT . . . . .H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM . . . . .J                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION . . . . .M                  OTHER _____X</p> <p>(SPECIFY)</p>	<p><b>ALL SKIP                  TO Q39</b></p>
<p>Q35.</p>	<p>If the provider HAD offered you family planning counseling or services during your visit would you have been interested?  <i>Nje ti olupese eto ilera BA TILE gba yn ni imoran leni lori ifetosomobibi lakoko ibewo yin, nje eyin yio nife si eyi?</i></p>	<p>YES ..... 1                  NO ..... 2                  DON'T KNOW ..... 8</p>	<p><b>Q38                  Q38</b></p>
<p>Q36.</p>	<p>What method(s) would you be interested in?  <i>Ilana (awon ilana) wo ni e ba nife si?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>DAILY PILL .....A                  MALE CONDOM . . . . .B                  FEMALE CONDOM . . . . .C                  IUD.....D                  SPERMICIDE/FOAM/JELLY.....E                  DIAPHRAGM . . . . .F                  INJECTABLES.....G                  IMPLANT . . . . .H                  NATURAL METHODS                  (STANDARD DAYS/CYCLE BEADS/                  WITHDRAWAL) .....I                  BREASTFEEDING/LAM . . . . .J                  MALE STERILIZATION . . . . .K                  FEMALE STERILIZATION.....L                  EMERGENCY CONTRACEPTION . . . . .M                  OTHER _____X</p> <p>(SPECIFY)</p>	

<p>Q37a. <b>ADD FP METHOD CODES FROM Q14 ABOVE</b></p>	<p>Q37b. Would you be willing to pay for METHOD?  <i>Nje ma nife lati sanwo fun ILANA?</i></p>	<p>Q37c. If YES, how much would you be willing to pay (in Naira) for METHOD?  <i>Ti o ba RI BE, elo ni e ma fe lati san (ni owo nira) fun ilana?</i></p> <p>ANY AMOUNT .....9995                  DON'T KNOW..... 9998</p>	
<p>(1) METHOD <input type="checkbox"/></p>	<p>YES.....,1                  NO.....2 → (1)</p>	<p>AMOUNT <input type="text"/></p>	
<p>(2) METHOD <input type="checkbox"/></p>	<p>YES.....,1                  NO.....2 → (2)</p>	<p>AMOUNT <input type="text"/></p>	<p><b>ALL SKIP TO Q39</b></p>
<p>(3) METHOD <input type="checkbox"/></p>	<p>YES.....,1                  NO.....2 → (Q38)</p>	<p>AMOUNT <input type="text"/></p>	

<p>Q38.</p>	<p>Why would you not be interested?  <i>Kini idi ti e ko fi nife si?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>NOT APPROPRIATE TIME FOR DISCUSSION..... A                  NOT APPROPRIATE TIME BECAUSE CHILDREN WERE PRESENT..... B                  NOT COMFORTABLE WITH PROVIDER..... C                  DIDN'T HAVE TIME..... D                  WANT MORE CHILDREN..... E                  NEVER THOUGHT OF IT..... F                  HUSBAND/PARTNER WOULD DISAPPROVE..... G                  SHE DISAPPROVES OF FP..... H                  CURRENTLY PREGNANT..... I                  RELIGIOUS PROHIBITIONS..... J                  BREASTFEEDING..... K                  POSTPARTUM AMENORRHEA..... L                  INFREQUENT/NO SEX..... M                  HUSBAND/PARTNER AWAY..... N                  MENOPAUSAL/HYSTERECTOMY..... O                  CAN'T HAVE CHILDREN..... P                  HEALTH CONCERNS..... Q                  FEAR OF SIDE EFFECTS..... R                  TOO EXPENSIVE..... S                  LACK ACCESS TO METHOD ON REGULAR BASIS..... T                  INCONVENIENT TO USE..... U                  DON'T LIKE EXISTING METHODS..... V                  BAD EXPERIENCE WITH EXISTING METHODS..... W                  METHOD INTERESTED IN NOT AVAILABLE..... Y                  OTHER..... X                  (SPECIFY)</p>	<p><b>ALL SKIP TO Q41</b></p>
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INFORMATION ABOUT CLIENT'S SATISFACTION			
	QUESTIONS	CODING	SKIP
	<p>I would like to begin by asking you some questions about the services you received today. Please refer to the provider that provided you with the most information during your visit. The provider will not learn of your responses, so please be honest. This information will help improve family planning services.  <i>Ma fe; beere pelu awon ibeere nipa eto itoju ti e ri gba loni, E jowo mo fe pe akiyesi yin si olupese ilera ti o fun yin ni ifitonileti ti o po julo lakoko ti e wa. Olupese ilera na koni mo nipa ohun ti e ba so, nitorina afe ki e so otito. Ifitonileti yi yio se iranlowo lati mu ki eto ilera dara si ni.</i></p>		
<p>Q39.</p>	<p>In addition to the family planning services you received, did you receive any other health services from the service provider today?  <i>Ni afikun, itoju nipa ifetosomobibi ti egba ,nje e tun gba itoju miran lori eto ilera lodo olupese eto ilera loni?</i></p>	<p>YES ..... 1                  NO ..... 2 →</p>	<p><b>Q41</b></p>
<p>Q40.</p>	<p>What other services did you receive?  <i>Kini awon itoju miran ti e gba?</i></p> <p><b>DO NOT READ LIST.                  MULTIPLE RESPONSES POSSIBLE.                  CIRCLE ALL MENTIONED.</b></p>	<p>ANTENATAL CARE ..... A                  DELIVERY SERVICES ..... B                  POSTNATAL CARE ..... C                  GROWTH MONITORING ..... D                  STI MANAGEMENT ..... E                  HIV/AIDS MANAGEMENT ..... F                  CURATIVE SERVICES ..... G                  NUTRITION SERVICES/INFORMATION..... H                  CHILD IMMUNIZATION ..... I                  POST-ABORTION CARE..... J                  VCT..... K                  OTHER HEALTH SERVICES: ..... X</p>	

Q41.	About how long did you wait between the time you first arrived at this facility and the time you saw staff for a consultation?  <i>Oto igba wo lati gba ti e fi kokode si ibiyi, ti e fi duro ki e to ri osise kan fun iyewo?</i>	<15 MINUTES .....1 16-30 MINUTES .....2 31-45 MINUTES .....3 46-60 MINUTES .....4 61-90 MINUTES .....5 91-120 MINUTES .....6 >120 MINUTES .....7 DON'T KNOW.....8	
Q42.	Do you feel that your waiting time was reasonable or too long?  <i>Nje e yin ro wipe akoko ti e fi duro bojumu tabi o ti po ju?</i>	NO WAITING TIME;WAS SEEN IMMEDIATELY.....1 REASONABLE AMOUNT OF TIME..... 2 TOO LONG .....3 DON'T KNOW .....8	
Q43	When meeting with the provider during your visit, do you think other clients could <u>see</u> you?  <i>Nigba ti e ba olupese ilera soro ni akoko ti e wa,nje eyin ro wipe awon elomiran to wa fun itoju le ri yin?</i>	YES .....1 NO .....2	
Q44.	When meeting with the provider during your visit, do you think other clients could <u>hear what you said</u> ?  <i>Nigba ti e ba olupese ilera soro ni akoko ti e wa,nje eyin ro wipe awon elomiran to wa fun itoju le feti si ohun ti e so?</i>	YES .....1 NO .....2 DON'T KNOW .....8	
Q45.	Did you feel comfortable to ask questions during this visit?  <i>Nje o ro yin lorun lati bere awon ibeere lakoko iyewo yi?</i>	YES .....1 NO .....2	
Q46.	Did the provider ask you if you had any questions?  <i>Nje olupese ilera beere ti e ba ni iberee Kankan?</i>	YES ..... 1 NO .....2	
Q47.	Did the provider answer all of your questions?  <i>Nje olupese ilera dahun gbogbo ibere yin?</i>	YES ..... 1 NO ..... 2 DON'T KNOW /REMEMBER ..... 8	
Q48.	Do you believe that the information that you shared about yourself with the provider will be kept confidential?  <i>Nje eyin ni igbagbo pe ohun ti e ba olupese ilera so nipa ara yin, yio wa ni bonkele?</i>	YES .....1 NO .....2 DON'T KNOW .....8	
Q49.	During your visit, how were you treated by the <b>provider</b> ? Would you say you were treated "very well", "well" or "not very well/poorly?"  <i>Ni akoko ibewo yin, ba wo ni olupese ilera se toju yin? Nje e le so wipe itoju yi "dara gidigidi", "dara"tabi "ko dara to/ko dara rara?"</i>	VERY WELL .....1 WELL .....2 NOT VERY WELL/POORLY .....3	
Q50.	During your visit, how were you treated by the <b>other staff</b> ? Would you say you were treated "very well", "well" or "not very well/poorly?" <i>Ni akoko ti e wa, bawo ni awon osise toku se toju yin? Nje e le so wipe itoju yi "dara gidigidi", "dara"tabi "ko dara to/ko dara rara?"</i>	VERY WELL .....1 WELL .....2 NOT VERY WELL/POORLY .....3 THERE WAS NO OTHER STAFF. ....4	

Q51.	Did you feel the information given to you during your visit today was too little, just about right, or too much? <i>Nje e ro wipe ifitonileti ti won fun yin lakoko ti e wa, ti kere ju ,o se dede, tabi o ti po ju?</i>	TOO LITTLE ..... 1 ABOUT RIGHT ..... 2 TOO MUCH ..... 3 DON'T KNOW ..... 8	
Q52.	Were you highly satisfied, satisfied, somewhat satisfied or not at all satisfied with your services at the facility today? <i>Nje e ni itelorun gidigidi, itelorun, itelorun die tabi e ko ni itelorun rara pelu awon eto ni ile iwosan yi loni?</i>	HIGHLY SATISFIED ..... 1 SATISFIED ..... 2 SOMEWHAT SATISFIED ..... 3 NOT AT ALL SATISFIED ..... 4	
Q53.	Will you use this facility for health care services in the future? <i>Nje e ma lo ibi yi fun itoju lori ilera lojo iwaju?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
Q54.	Will you recommend this facility to family/friends/neighbors? <i>Nje eyin ma so nipa ibi yi fun awon ebi, ore tabi aladugbo yin?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
Q55.	CHECK Q4 SERVICE RECEIVED AND Q29 RECEIVING FP INFORMATION: IF Q4 = 01 FOR FP <b>OR</b> Q29 = YES <input type="checkbox"/> <b>IF Q4 = ANYTHING OTHER THAN 01 AND Q29= NO</b> <input type="checkbox"/> → <b>Q58</b>		
Q56.	Did the providers show you any printed informational (IEC) materials on family planning during their discussion with you? <i>Nje olupese ilera fi awon iwe ti a te (IEC) nipa ifetosomobibi kankan han yin ni akoko iforowero pelu yin?</i>	YES ..... 1 NO ..... 2	
Q57.	Were you given any printed informational (IEC) materials on family planning to take away with you during your visit? <i>Nje a fun yin ni awon iwe ti a te (IEC) nipa ifetosomobibi lati mu lo si' le lakoko ibewo yin?</i>	YES ..... 1 NO ..... 2	
Q58.	Now I would like to ask you about the cost of your service today. What is the total amount you paid for all services or treatments you received at this facility today?  Please include any money you paid for laboratory tests, supplies, and consultation fee.  Ni bayi mo fe lati beere nipa iye ti e na yin fun itoju loni. <i>Kini apapo gbogbo owo ti e san fun itoju ti egba nibi loni?</i>  <i>Ejowo ese apapo owo ti e san fun ayewo, awon ohun ti a fun yin, ati owo ti e fi se iyewo.</i>	PAID NO MONEY ..... 00000 DON'T KNOW ..... 99998  1) LAB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) METHOD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3) CONSULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>=TOTAL AMOUNT</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q59.	Do you have insurance or a similar institutional arrangement that pays for some or all of the services you received at this facility?  <i>Nje eni eto lati se idabobo fun ojo ola tabi awon to fe fara jo to san ninu owo yi tabi won tile san gbogbo owo fun itoju ti egba nibi?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

INFORMATION ABOUT HEALTH FACILITY			
	QUESTIONS	CODING	SKIP
Now I would like to ask you some questions about your means of transport and access to health care facilities. <i>Ni bayi mo fe lati bi yin ni awon beere nipa ohun irina ati bi e se ni aye si ile iwosan.</i>			
Q60.	How long did it take to come here today? <i>Akoko wo lo gba ki e to de ibi loni?</i>	Time in minutes <input type="text"/> <input type="text"/> <input type="text"/> (Don't know = 998)	
Q61.	What was the <u>main means</u> of transport that you used to get here? <i>Iru koko ohun irina wo le lo lati debi?</i>	WALK .....01 PUBLIC BUS .....02 TAXI.....03 BICYCLE .....04 TRICYCLE (KEKE NAPEP).....05 MOTORCYCLE/SCOOTER.....06 PRIVATE VEHICLE.....07 OTHER .....96 (SPECIFY)	
Q62.	Why did you choose this facility for service today? <i>Idi wo ni e fi yan ile iwosan yi fun itoju?</i> <b>PROBE:</b> Any other reason? <i>Idi miran wa bi?</i> <b>MULTIPLE RESPONSES POSSIBLE.</b> <b>CIRCLE ALL MENTIONED.</b>	CLOSE TO YOUR HOME.....A CONVENIENT TO YOUR PLACE OF WORK.....B CONVENIENT OPERATING HOURS .....C YOU CAN REMAIN ANONYMOUS.....D GOOD REPUTATION ..... E STAFF ARE DISCREET/MAINTAIN CONFIDENTIALITY ..... F IT IS MORE AFFORDABLE .....G WAS REFERRED TO THIS FACILITY .....H THIS FACILITY IS CLOSER TO YOUR WORK.....I THIS FACILITY IS FAR FROM MY HOME.....J PROVIDE GOOD QUALITY SERVICES.....K THEY PROVIDE DESIRED SERVICES .....L FACILITY ACCEPTS INSURANCE.....M PROVIDERS TREAT PATIENTS WELL.....N OTHER(SPECIFY) .....X DON'T KNOW .....Z	
Q63.	Is this the closest health facility to your place of work? <i>Nje ile iwosan yi ni o sun mo ile ise yin julo?</i>	YES ..... 1 NO ..... 2 DON'T WORK.....3 DON'T KNOW .....8	
Q64.	Is this the closest health facility to your home? <i>Nje ile iwosan yi ni o sun mo ile yin julo?</i>	YES ..... 1 → NO ..... 2 DON'T KNOW .....8 →	Q67 Q67
Q65.	Which is the closest type of facility to your home? <i>Iru ile itoju wo ni o sumo ile yin julo?</i>	PUBLIC SECTOR GOVT. HOSPITAL..... 11 WOMEN AND CHILDREN HOSPITAL..... 12 CHILD WELFARE CLINIC..... 13 GOVT. HEALTH CENTRE ..... 14 GOVT. HEALTH POST/DISPENSARY..... 15 MATERNITY HOME..... 16 OTHER PUBLIC ..... 18 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE CLINIC..... 22 PRIVATE DOCTOR'S OFFICE..... 23 NURSING/MATERNITY HOME.....24 OTHER PRIVATE .....29 (SPECIFY) FBO MISSION HOSPITAL.....31 FAITH-BASED HOME/HEALTH CENTRE. ....32 OTHER OTHER NGO HOSPITAL.....41 VCT CLINIC.....42 OTHER NGO CLINIC.....43	



Q66.	<p>What was the main reason you did not go to this facility near your home?</p> <p><i>Kini idi pataki ti e ko fi lo si ile itoju ti o sunmo ile yin?</i></p>	<p>INCONVENIENT OPERATING HOURS . . . . .1          BAD REPUTATION . . . . .2          DON'T LIKE PERSONNEL.....3          NO MEDICINE . . . . .4          PREFERS TO REMAIN ANONYMOUS . . . . .5          IT IS MORE EXPENSIVE . . . . .6          REFERRAL TO ANOTHER FACILITY . . . . .7          FACILITY NOT OPEN.....8          FACILITY OF POOR QUALITY.....9          DO NOT PROVIDE DESIRED SERVICES . . . . .10          PROVIDERS OFTEN AWAY.....11          DOES NOT ACCEPT INSURANCE.....12          PROVIDER TREATS PATIENTS POORLY.....13          OTHER(SPECIFY) _____ 96          DON'T KNOW . . . . .98</p>	
Q67.	<p>Do you use this health facility (the one closest to your home) for other health services?</p> <p><i>Nje e ma nlo ile iwosan yi (eyi ti o sunmo ile yin julo) fun awon eto ilera miran?</i></p>	<p>YES . . . . . 1          NO . . . . . 2 →</p>	Q69
Q68.	<p>For what other health services do you go to this facility near your home?</p> <p><i>Fun awon eto lera miran wo le se nma lo si ibi ile itoju ti o sunmo ile yin?</i></p> <p><b>MULTIPLE RESPONSES POSSIBLE.          CIRCLE ALL MENTIONED.</b></p>	<p>ANTENATAL CARE . . . . . A          DELIVERY SERVICES . . . . . B          POSTNATAL CARE . . . . . C          GROWTH MONITORING . . . . . D          STI MANAGEMENT . . . . . E          HIV/AIDS MANAGEMENT . . . . . F          CURATIVE SERVICES . . . . . G          NUTRITION SERVICES/INFORMATION. . . . . H          CHILD IMMUNIZATION . . . . . I          POST-ABORTION CARE. . . . . J          VCT.....K          FAMILY PLANNING. . . . . L          OTHER HEALTH SERVICE          _____ X          (SPECIFY)</p>	
Q69.	<p>When you or someone in your family needs drugs, do you usually purchase drugs from a pharmacy, a patent medical store (chemist), or other type of drug shop?</p> <p><i>Ti eyin tabi elomiran ni ebi yin ba nilo ogun, se e maa nra ogun ni ile itaogun famaci (pharmacy), ile itaogun kemisi (chemist), tabi awon ile itaogun miran?</i></p>	<p>PRIVATE PHARMACY.....1          PMS/CHEMIST.....2          OTHER(SPECIFY) _____ 96</p>	
Q70.	<p>What type of drug shop is <u>closest to your home</u>?</p> <p><i>Ile itaogun wo ni o sunmo ile yin julo?</i></p>	<p>PRIVATE PHARMACY.....1          PMV/CHEMIST.....2          OTHER(SPECIFY) _____ 96</p>	

MEDIA EXPOSURE			
Now i would like to ask you some questions about the different media sources from which you receive information. <i>Ni bayi mo fe lati bi yin ni awon beere nipa awon onirohin nibi ti e ti ngba ifitonileti.</i>			
SOURCE	QUESTIONS	CODING	SKIP
Q71.	<p>What are your main sources for receiving health information?</p> <p><i>Kini awon ona ti o se koko ti e fi ma ngba ifitonileti lori ilera?</i></p> <p><b>PROBE SEPARATELY FOR:</b></p> <p>A. Media sources B. Health personnel sources C. Community sources D. Interpersonal sources</p> <p><b>PROBE:</b> Any other source? <i>Ona miran?</i> <b>(FOR EACH CATEGORY)</b></p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p><b>Media Sources</b></p> <p>RADIO ..... A TV ..... B VIDEOS ..... C NEWSPAPERS ..... D MAGAZINES ..... E FLYERS/LEAFLETS... F BILL BOARDS..... G WALL PAINTING..... H FACEBOOK..... I INTERNET..... J E-MAIL..... K SMS..... L</p> <p><b>Health Personnel Sources</b></p> <p>CLINICAL OFFICER/DOCTOR..... M NURSE/MIDWIFE..... N PHARMACIST..... O PATENT MEDICINE VENDOR(PMV)/CHEMIST... P COMMUNITY HEALTH WORKER..... Q TBA ..... R TRADITIONAL HEALER..... S</p> <p><b>Community Sources</b></p> <p>MOBILE CINEMA..... T COMMUNITY VIEWING CENTER..... U VIDEO SHOPS/DENS..... V COMMUNITY OUTREACH EVENTS..... W PEER EDUCATION..... X SCHOOL..... Y NGOs..... Z FBOs/CHURCH/MOSQUES..... AA WOMEN'S GROUPS..... BB COMMUNITY MEETINGS..... CC</p> <p><b>Interpersonal Sources</b></p> <p>PARENTS ..... DD IN-LAWS ..... EE SPOUSE/PARTNER..... FF SIBLINGS..... GG SISTER/BROTHER IN-LAWS..... HH FRIENDS/NEIGHBORS..... II OTHER RELATIVES..... JJ <b>OTHER SOURCES: _____ XX</b></p> <p>NONE..... YY DON'T KNOW..... ZZ</p>	
Q72.	<p>Have you heard any family planning messages in the last three months? <i>Nje e gbo irohin kankan nipa ifetosomobibi laarin osu meta sehin?</i></p>	<p>YES..... 1 NO..... 2 → DON'T REMEMBER..... 8 →</p>	<p><b>Q74</b> <b>Q74</b></p>

Q73.	<p>From where did you hear <b>this (these)</b> family planning message(s)?</p> <p>PROBE: Any other places/by any other means?</p> <p><i>Nibo ni e ti gbo irohin (awon irohin) nipa ifetosomobibi yi?</i></p> <p>PROBE: Nje ibomiran wa/tabii ona miran?</p> <p><b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b></p>	<p><b>Media Sources</b></p> <p>RADIO ..... A TV ..... B VIDEOS ..... C NEWSPAPERS ..... D MAGAZINES ..... E FLYERS/LEAFLETS..... F BILL BOARDS..... G WALL PAINTING..... H FACEBOOK..... I INTERNET..... J E-MAIL..... K SMS..... L</p> <p><b>Health Personnel Sources</b></p> <p>CLINICAL OFFICER/DOCTOR..... M NURSE/MIDWIFE..... N PHARMACIST..... O PATENT MEDICINE VENDOR(PMV)/CHEMIST... P COMMUNITY HEALTH WORKER..... Q TBA ..... R TRADITIONAL HEALER..... S</p> <p><b>Community Sources</b></p> <p>MOBILE CINEMA..... T COMMUNITY VIEWING CENTER..... U VIDEO SHOPS/DENS..... V COMMUNITY OUTREACH EVENTS..... W PEER EDUCATION..... X SCHOOL..... Y NGOs..... Z FBOs/CHURCH/MOSQUES..... AA WOMEN'S GROUPS..... BB COMMUNITY MEETINGS..... CC</p> <p><b>Interpersonal Sources</b></p> <p>PARENTS ..... DD IN-LAWS ..... EE SPOUSE/PARTNER..... FF SIBLINGS..... GG SISTER/BROTHER IN-LAWS..... HH FRIENDS/NEIGHBORS..... II OTHER RELATIVES..... JJ <b>OTHER SOURCES: _____ XX</b></p> <p>NONE..... YY DON'T KNOW..... ZZ</p>
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PERSONAL CHARACTERISTICS OF CLIENT			
SOURCE	QUESTIONS	CODING	SKIP
Now i am going to ask you some questions about yourself. <i>Ni bayi ngo beere awon ibeere nipa ara yin.</i>			
Q74.	Have you ever attended school? <i>Nje e ti lo si ile iwe ri?</i>	YES.....1 NO.....2	→ Q77
Q75.	What is the highest level of school you attended: Quranic only, primary, junior secondary, senior secondary, or higher? <i>Ile iwe ti o ga julo wo ni e lo: ile kewu nikan ile iwe alakoko bere, ile iwe giga ipele kini, ile iwe giga ipele keji, tabi eyi ti o ga julo?</i>	QURANIC ONLY..... 0 PRIMARY..... 1 JUNIOR SECONDARY (JSS)..... 2 SENIOR SECONDARY (SSS)..... 3 HIGHER..... 4	→ Q77
Q76.	What is the highest (class/form/year) you completed at that level? <i>Kini (kilaasi/fomu/odun) ti o ga julo ti e pari ni ipele na?</i>	CLASS/FORM/YEAR..... [ ] [ ]	

Q77.	What is your religion? <i>Kini esin yin?</i>	CHRISTIAN, CATHOLIC.....1 CHRISTIAN, PROTESTANT/OTHER.....2 ISLAM.....3 TRADITIONAL.....4 NO RELIGION.....5 OTHER.....6 (SPECIFY)	
Q78.	What is your ethnic group? <i>Eya wo ni yin?</i>	<input type="text"/> <input type="text"/> <input type="text"/> OFFICE USE ONLY	
Q79.	What is your current marital status? <i>Kini ipo yin bayi nipa boya omindan tabi adelebo?</i> <b>PROBE FOR EXACT STATUS</b>	CURRENTLY MARRIED.....1 LIVING WITH A WOMAN AS IF MARRIED ..... 2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5 SINGLE, NEVER MARRIED .....6	Q82
Q80.	Is your husband/partner living with you now, or does he stay elsewhere? <i>Se oko yin/enikeji yin ngbe pelu yin tabi won ngbe ni ibomiran?</i>	LIVING WITH YOU.....1 STAYING ELSEWHERE .....2	
Q81.	Have you ever discussed family planning with your husband/Partner? <i>Nje e ba oko yin/enikeji yin soro nipa ifetosomobibi ri?</i>	YES .....1 NO .....2	
Q82.	In the last 6 months, have you discussed family planning with anyone else, apart from a husband or partner? <i>Laarin osu mefa sehin, nje e se iforoweoro pelu enikankan nipa ifetosomobibi yato si oko yin tabi enikeji yin ti e nri dede?</i>	YES ..... 1 NO ..... 2 DON'T KNOW .....8	
Q83.	CHECK Q4: FOR DELIVERY-RELATED SERVICE OR Q25 CURRENTLY PREGNANT  IF Q4= FAMILY PLANNING (01), GROWTH MONITORING (06), CHILD IMMUNIZATION (07), STI MANAGEMENT (08), HIV/AIDS MANAGEMENT (09), CURATIVE SERVICES (10), VCT (11), OTHER (96) <b>AND</b> Q25 =2 OR 8 FOR <b>NOT</b> CURRENTLY PREGNANT <input type="checkbox"/>		
		IF Q4= ANTENATAL CARE (02), DELIVERY SERVICES (03), POSTNATAL CARE (04), OR POST-ABORTION CARE (05), <b>OR</b> Q25=1 FOR CURRENTLY PREGNANT <input type="checkbox"/>	Q85
Q84.	Have you ever been pregnant? <i>Nje e ti loyun ri?</i>	YES ..... 1 NO .....2	Q86
Q85.	How many living children of your own do you have? <i>Omo melo ti o wa laaye le ni?</i> <b>RECORD NUMBER GIVEN.</b>	NUMBER OF CHILDREN <input type="text"/> <input type="text"/> NONE .....00 DON'T KNOW .....98	
Q86.	[After the birth of this child] Would you like to have (a/another) child in the future? <i>[Lehin ti e bi omo yi] Nje e ma fe ni (omo /omo miran) ni ojo iwaju?</i>	YES ..... 1 NO ..... 2 DEPENDS ON HUSBAND ... 3 DEPENDS ON GOD ..... 4 CAN'T GET PREGNANT.....5 DON'T KNOW ..... 8	Q88
Q87.	[After the birth of this child] How long would you like to wait from now before the birth of (a/another) child? <i>[Lehin ti e bi omo yi] Igba wo ni e fe duro pe to ki e to bi (omo/omo miran)?</i>	LESS THAN A YEAR . . . . . 1 ONE TO TWO YEARS . . . . . 2 MORE THAN TWO YEARS . . . . . 3 DON'T KNOW . . . . . 8	

Q88.	How many times have you had sex in the last three (3) months? <i>Igba melo ni e ni ibalopo niwon osu meta sehin?</i>	NUMBER OF TIMES..... [ ] [ ] [ ]  <b>OR</b> NONE.....000 DAILY.....991 WEEKLY.....992 MONTHLY.....993 OTHER.....996 (SPECIFY) DON'T KNOW.....998	
Q89.	Did anyone come with you to the facility today? <i>Nje eni kankan bayin wa si ile iwosan yi loni?</i>	YES ..... 1 NO .....2 →	<b>Q91</b>
Q90.	Who came with you? <i>Ta lo ba yin wa?</i>  <b>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</b>	CHILD(REN).....A HUSBAND.....B MOTHER.....C MOTHER-IN-LAW.....D FRIEND.....E OTHER.....X	

Now I am going to ask you some questions about the household in which you live. <i>Ni bayi ngo beere awon ibeere nipa idile yin ti e ngbe.</i>			
Q91.	Where do you currently live? <i>Nibo ni e ngbe bayi?</i>	VILLAGE/TOWN NAME _____  LGA NAME _____ [ ] [ ] [ ] OFFICE USE ONLY STATE NAME _____ [ ] [ ] OFFICE USE ONLY	
Q92.	What is the predominant material that the roof of your house is made of? <i>Kini ohun ikole pataki ti e fi se orule ile ti e ngbe?</i>  <b>PROBE FOR PREDOMINANT MATERIAL USED; ONLY CIRCLE ONE RESPONSE.</b>	<b>NATURAL ROOFING</b> NO ROOF.....11 THATCH/PALM LEAF /REED/GRASS..12 DUNG/MUD .....13  <b>RUDIMENTARY ROOFING</b> RUSTIC MAT.....21 PALM/BAMBOO.....22 WOOD PLANKS.....23 CARDBOARD.....24 PLASTIC BAGS.....25 TIN CANS.....26 CORRUGATED IRON SHEETS.....27  <b>FINISHED ROOFING</b> METAL/ZINC.....31 CERAMIC TILES.....33 CEMENT.....34 ROOFING SHINGLES.....35 ASBESTOS.....36 CONCRETE.....37 OTHER .....96 (SPECIFY)	

<p>Q93.</p>	<p>What kind of toilet facility does your household have? <i>Iru ile igbonse wo ni idile yin ni?</i></p>	<p><b>FLUSH OR POUR FLUSH TOILET</b>  FLUSH TO PIPED SEWER SYSTEM. .11  FLUSH TO SEPTIC TANK . . . . . 12  FLUSH TO PIT LATRINE . . . . . 13  FLUSH TO SOMEWHERE ELSE.....14  FLUSH, DON'T KNOW WHERE . . . .15</p> <p><b>PIT LATRINE</b>  VENTILATED IMPROVED  PIT LATRINE . . . . . 21  PIT LATRINE WITH SLAB . . . . . 22  PIT LATRINE WITHOUT SLAB/  OPEN PIT . . . . .23</p> <p>COMPOSTING TOILET . . . . .31  BUCKET TOILET . . . . .41  HANGING TOILET/HANGING LATRINE...51  NO FACILITY/BUSH/FIELD . . . . . 61  OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ Q96</p>
<p>Q94.</p>	<p>Is it inside or outside your dwelling? <i>Se inu ile lo wa tabi lode?</i></p>	<p>INSIDE DWELLING ..... 1  OUTSIDE DWELLING ..... 2</p>	
<p>Q95.</p>	<p>Do you share this toilet with other households? <i>Nje e nlo ile igbonse yi pelu awon idile miran?</i></p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW.....8</p>	
<p>Q96.</p>	<p>What is the main source of drinking water for your household? <i>Ni bo ni ibi pataki ti idile yin ti ma npon omi mimu?</i></p>	<p><b>PIPED WATER</b>  INTO DWELLING.....11  PIPED TO YARD/PLOT.....12  PUBLIC TAP/STANDPIPE.....13</p> <p>TUBE WELL OR BOREHOLE.....21</p> <p><b>DUG WELL</b>  PROTECTED WELL.....31  UNPROTECTED WELL.....32</p> <p><b>WATER FROM SPRING</b>  PROTECTED SPRING.....41  UNPROTECTED SPRING.....42</p> <p><b>RAINWATER</b>  WITHIN THE YARD/PLOT..... 51  OUTSIDE THE YARD/PLOT..... 52</p> <p>TANKER TRUCK.....61  CART WITH SMALL TANK.....71  SURFACE WATER (RIVER/DAM/  RAKE/POND/STREAM/  CANAL).....81  BOTTLED WATER.....91  WATER DISPENSER ..... 92  SACHETS ..... 93  OTHER ..... 96</p>	
<p>Q97.</p>	<p>How many rooms in total are in your household, including rooms for sleeping but not including bathrooms and kitchen? <i>Yara melo lapapo lo wa ni ile yin pelu awon ti e sun yato si baluwe ati ile idana?</i></p>	<p>ROOMS (TOTAL)..... <input type="text"/> <input type="text"/></p>	
<p>Q98.</p>	<p>Does your household have electricity? <i>Nle idile yi ni ina mona mona?</i></p>	<p>YES .....1  NO.....2</p>	
<p>Q99.</p>	<p>Does this household have a generator? <i>Nje idile yi ni ero ina mona mona?</i></p>	<p>YES .....1  NO.....2</p>	

Q100.	Does your household have a mobile phone? <i>Nje idile yi ni ero ibanisoro alagbeka?</i>	YES .....1 NO.....2	
Q101.	Does your household have a radio? <i>Nje idile yi ni ero asoromagbesi (radio)?</i>	YES .....1 NO.....2	
Q102.	Does your household have electric/gas cooker/ burner? <i>Nje idile yi ni ohun idana ti oyinbo oni ina monamona/ gaasi?</i>	YES .....1 NO.....2	
Q103.	Does your household own a television? <i>Nje idile yi ni ero amohunmaworan (telifison)?</i>	YES .....1 NO.....2	
Q104.	Does your household own an electric iron? <i>Nje idile yi ni ohun iloso ti o nlo ina monamona?</i>	YES .....1 NO.....2	
Q105.	Does your household have subscription to any cable network? <i>Nje idile yi san owo asansile fun ero amohunmaworan agbaiye Kankan?</i>	YES .....1 NO.....2	
Q106.	Does your household own a VCR/DVD player? <i>Nje idile yi ni ate amohunmaworan (VCR/DVD)?</i>	YES .....1 NO.....2	
Q107.	Does your household own a mattress ? <i>Nje idile yi ni Ibusun timutimu?</i>	YES .....1 NO.....2	
Q108.	Does your household own a refrigerator? <i>Nje idile yi ni ero amohun tutu? (Firigi)</i>	YES .....1 NO.....2	
Q109.	Does your household own an electric fan? <i>Nje idile yi ni ero ategun ti o nlo ina monamona?</i>	YES .....1 NO.....2	
Q110.	RECORD THE TIME WHEN THE INTERVIEW ENDED... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

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

**INTERVIEWER'S COMMENTS:**

## Measurement, Learning & Evaluation (MLE) Project Pharmacy Audit – Nigeria - 2011

CITY NAME & CODE _____ <input type="checkbox"/>		<small>(Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)</small>		
LGA NAME & CODE _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
LOCALITY NAME & CODE _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
PHARMACY NAME AND CODE _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
PHYSICAL ADDRESS OF THIS PHARMACY SHOP _____				
LOCATION OF PHARMACY				
GPS Reading				
Altitude ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Latitude ..... <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Longitude ..... <input type="checkbox"/> E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
MANAGING AUTHORITY				
Government .....1		Mission.....4		
Private (for-profit).....2		Other .....6		
NGO (not-for-profit).....3		(Specify)		
INTERVIEWER VISITS				
VISIT No.	1	2	3	FINAL VISIT
DATE	DAY/ MONTH/YEAR [ ___/___/11]	DAY/ MONTH/ YEAR [ ___/___/11]	DAY/ MONTH/ YEAR [ ___/___/11]	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR [2_]0_]1_]1]
INTERVIEWER'S NAME	_____	_____	_____	_____
INTERVIEWER CODE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT VISIT:				
DATE	[ ___/___/11]	[ ___/___/11]	[ ___/___/11]	TOTAL NO. OF VISITS <input type="checkbox"/>
TIME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H H M M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H H M M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H H M M	
*RESULT CODES:				
1. COMPLETED		4. RESPONDENT REFUSED		
2. PHARMACY MOVED OR IS DESTROYED		5. PARTLY COMPLETED		
3. RESPONDENT NOT AVAILABLE		6. POSTPONED		
		7. OTHER _____		
(Specify)				
LANGUAGE OF INTERVIEW      ENGLISH HAUSA YORUBA IGBO PIDGIN OTHER(SPECIFY)				TRANSLATOR USED? YES   NO 1     2
NATIVE LANGUAGE OF RESPONDENT      1     2     3     4     5     6 _____				



FIND THE PERSON IN CHARGE OF MEDICINES. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT PHARMACEUTICAL PROCEDURES, PURCHASING, AND MANAGEMENT		
POSITION OF PERSON INTERVIEWED		SEX OF PERSON INTERVIEWED
NON-PHARMACIST MANAGER/PROPRIETOR.....1 PHARMACIST MANAGER/PROPRIETOR.....2 PHARMACIST.....3 PHARMACY TECHNICIAN.....4 ATTENDANTS.....5 OTHER _____ 6 (SPECIFY)		MALE.....1 FEMALE.....2
<b>SUPERVISOR</b>	<b>OFFICE EDITOR</b>	<b>KEYED BY</b>
NAME.....	NAME.....	NAME.....
CODE: <input type="text"/> <input type="text"/> <input type="text"/>	CODE: <input type="text"/> <input type="text"/> <input type="text"/>	CODE: <input type="text"/> <input type="text"/> <input type="text"/>
DATE [ ]/[ ]/11 DD MM YY	DATE [ ]/[ ]/11 DD MM YY	DATE [ ]/[ ]/11 DD MM YY

Q1.	RECORD THE TIME (IN 24 HOUR FORMAT)	Hour <input type="text"/> <input type="text"/>	Minutes <input type="text"/> <input type="text"/>
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GENERAL FACILITY INFORMATION			
Source	Questions	Coding	Skip
Q2.	In this PHARMACY shop, how many regular, permanent staff (workers) work here?	<input type="text"/> <input type="text"/>	
Q3.	In what year did this facility open?  PROBE: This is very important. Can you tell me how old this facility is? For example, would you say it is about 1, 2, 3, 7, 11, etc years old? <b>FILL IN EITHER YEAR OPENED OR YEARS OLD.</b>	YEAR OPENED..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....9998 <b>OR</b> YEARS OLD ..... <input type="text"/> <input type="text"/>	
Q4.	On average, how many hours per day is the pharmacy open?	HOURS PER DAY ..... <input type="text"/> <input type="text"/>	
Q5.	On average, how many days per week is the facility open?	DAYS PER WEEK ..... <input type="text"/>	
Q6.	Is there a trained registered pharmacist who works at least part-time here?	YES..... 1 NO ..... 2	→ Q8
Q7.	How many hours per week does the trained registered pharmacist work here?	Hours per week . . . . <input type="text"/> <input type="text"/> <input type="text"/>	
Q8.	Who is the principal person responsible for managing medical supplies at this pharmacy? By this I mean the person responsible for ordering, receiving and controlling medical supplies.	PHARMACIST ..... 1 DISPENSER ..... 2 NON-PHARMACIST MANAGER.....3 NON-PHARMACIST PROPRIETOR.....4 SUPPLIES OFFICER ..... 5 STORE ASSISTANT ..... 7 OTHER _____ 6 (SPECIFY)	
Q9.	Is there a stock register where the amount of each medicine received, the amount disbursed, and the amount present today (stock balance) is recorded?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN . . . 2 NO ..... 3	→ Q12
Q10.	How often do you update or reconcile your inventory/stock records?	EVERY <input type="text"/> <input type="text"/> DAY(S)  THE DAY ITEMS ARE RECEIVED OR DISBURSED ..... 95 NEVER ..... 97 OTHER _____ (specify)..96	
Q11.	Is the stock maintenance system computerized?	YES ..... 1 NO ..... 2	

Q12.	<b>CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM.</b>	STOCK RECORDS UPDATED ON THE DAY ITEM RECEIVED/DISBURSED.....1  STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT RECORD OF ITEMS RECEIVED /DISTRIBUTED OBSERVED.....2  NO RECORDS OBSERVED.....3  RECORDS NOT UP TO DATE.....4  OTHER _____ 6 (SPECIFY)	
Q13.	Have you received any training on family planning?	YES .....1 NO .....2 DON'T KNOW .....8	} → <b>Q16</b>
Q14.	When was the last family planning training that you attended?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO...3 YEARS AGO.....4	
Q15.	What were the issues covered in the last training?  <b>CIRCLE ALL MENTIONED SPONTANEOUSLY. DO NOT READ OUT OPTIONS</b>	CONTRACEPTIVE TECHNOLOGY UPDATE...A EXCLUSIVE BREASTFEEDING COUNSELING/LAM.....B NATURAL FP (STANDARD DAYS, CYCLE BEADS, ETC.).....C FP COUNSELING SKILLS.....D PILLS.....E CONDOMS.....F SPERMICIDE.....G EMERGENCY CONTRACEPTIVE.....H IUD.....I INJECTABLES.....J DIAPHRAGM.....K OTHERS _____ X (SPECIFY)	
Q16.	Is information and counseling related to family planning ever provided by staff from this facility to clients?	YES.....1 NO .....2 DON'T KNOW .....8	
Q17.	Before buying a method of family planning in this pharmacy, would you say that a woman receives FP information and counseling always, sometimes, or never?	YES, ALWAYS.....1 SOMETIMES .....2 NEVER.....3 DON'T KNOW .....8	
Q18.	OBSERVE WHETHER THERE ARE ANY FAMILY PLANNING PROMOTIONAL MATERIALS ON DISPLAY (EG, POSTERS, BROCHURES, DANGLERS, CALENDARS, ETC.)	DISPLAYED.....1 NOT DISPLAYED.....2	
Q19.	Does this pharmacy provide family planning methods?	YES .....1 NO .....2 DON'T KNOW .....8	→ <b>Q22a</b>
Q20.	Would you be willing to sell family planning methods at this shop?	YES.....1 NO .....2 DON'T KNOW .....8	→ <b>END</b> → <b>END</b>
Q21.	Which methods would you be willing to sell?  <b>MULTIPLE RESPONSES POSSIBLE.. CIRCLE ALL MENTIONED.</b>	COMBINED PILL .....A PROGESTIN-ONLY PILL .....B PILL (TYPE UNSPECIFIED) .....C MALE CONDOM .....D FEMALE CONDOM .....E IUD.....F SPERMICIDE .....G DIAPHRAGM .....H INJECTABLES.....I IMPLANT .....J EMERGENCY CONTRACEPTIVES .....K OTHER (specify) .....X	} → <b>ALL GO TO END</b>

ASK IF THE FOLLOWING CONTRACEPTIVES ARE AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE. FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK-OUT (BRAND NOT AVAILABLE FOR AT LEAST 24 HOURS) DURING THE LAST 12 MONTHS AND LAST 30 DAYS.									
CONTRA- CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING TO BE DONE IN OFFICE).</b>	Q22c. What is the retail price (in Naira) for  [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is  [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q22g. In the past one year, for how many total days were you stocked out of  [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(1) Combination oral contra- ceptives (estrogen and pro- gestin)	YES..1 NO...2→(2)	 _____[ ] [ ] [ ] [ ] BRAND (1)  _____[ ] [ ] [ ] [ ] BRAND (2)  _____[ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER CYCLE:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (CYCLES):  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] BRAND (1) Don't know...998  [ ] [ ] [ ] BRAND (2) Don't know...998  [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] BRAND (1) Don't know...98  [ ] [ ] BRAND (2) Don't know...98  [ ] [ ] BRAND (3) Don't know...98
(2) Progestin- only oral contra- ceptives	YES..1 NO...2 <input type="checkbox"/> (3)	 _____[ ] [ ] [ ] [ ] BRAND (1)  _____[ ] [ ] [ ] [ ] BRAND (2)  _____[ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER CYCLE:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (CYCLES):  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] BRAND (1) Don't know...998  [ ] [ ] [ ] BRAND (2) Don't know...998  [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] BRAND (1) Don't know...98  [ ] [ ] BRAND (2) Don't know...98  [ ] [ ] BRAND (3) Don't know...98

CONTRA-CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS</b> (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is _____ [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q22g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?
(3) Emergency contraceptives	YES..1 NO...2→(4)	_____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER PACK:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (PACKS):  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] [ ] BRAND (1) Don't know...998  [ ] [ ] [ ] [ ] BRAND (2) Don't know...998  [ ] [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] [ ] BRAND (1) Don't know...98  [ ] [ ] [ ] [ ] BRAND (2) Don't know...98  [ ] [ ] [ ] [ ] BRAND (3) Don't know...98
(4) Male condoms	YES..1 NO...2→(5)	_____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER PIECE:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (PIECES):  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] [ ] BRAND (1) Don't know...998  [ ] [ ] [ ] [ ] BRAND (2) Don't know...998  [ ] [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] [ ] BRAND (1) Don't know...98  [ ] [ ] [ ] [ ] BRAND (2) Don't know...98  [ ] [ ] [ ] [ ] BRAND (3) Don't know...98

CONTRA- CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS</b> (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for  [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is  [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q22g. In the past one year, for how many total days were you stocked out of  [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(5) Female condoms	YES..1 NO...2→(6)	  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER PIECE:  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (PIECES):  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> BRAND (1) Don't know...98  <input type="text"/> <input type="text"/> BRAND (2) Don't know...98  <input type="text"/> <input type="text"/> BRAND (3) Don't know...98
(6) Spermicid e (foam, foaming tablets, gel)	YES..1 NO...2→(7)	  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER UNIT:  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (UNITS):  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> BRAND (1) Don't know...98  <input type="text"/> <input type="text"/> BRAND (2) Don't know...98  <input type="text"/> <input type="text"/> BRAND (3) Don't know...98

CONTRA- CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS</b> (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for  [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is  [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q22g. In the past one year, for how many total days were you stocked out of  [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(7) Injectable s (Depo, Noristerat)	YES..1 NO...2→(8)	  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER INJECTABLE:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (INJECTS)  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> BRAND (1) Don't know...98  <input type="text"/> <input type="text"/> BRAND (2) Don't know...98  <input type="text"/> <input type="text"/> BRAND (3) Don't know...98
(8) Implant (e.g. Implanon or Jadelle)	YES..1 NO...2→ <b>(Q23a)</b>	  _____ [ ] [ ] [ ] [ ] BRAND (1)  _____ [ ] [ ] [ ] [ ] BRAND (2)  _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER IMPLANT:  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (IMPLANTS):  [ ] [ ] [ ] [ ] BRAND (1)  [ ] [ ] [ ] [ ] BRAND (2)  [ ] [ ] [ ] [ ] BRAND (3)	YES . .1 NO .....2  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998  <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)  <input type="checkbox"/> BRAND (2)  <input type="checkbox"/> BRAND (3)	RECORD DAYS:  <input type="text"/> <input type="text"/> BRAND (1) Don't know...98  <input type="text"/> <input type="text"/> BRAND (2) Don't know...98  <input type="text"/> <input type="text"/> BRAND (3) Don't know...98

Now I would like to ask you about your specific stocks of different family planning methods/products.  
**ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q22a.**

CONTRACEPTIVE	Q23a. Where does your stock of CONTRACEPTIVE (most popular brands) come from? CHOOSE ALL.	Q23b. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.
(01) Combination oral contraceptives (estrogen and progestin)	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(02) Progestin-only oral contraceptives	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(03) Emergency contraceptives	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(04) Male condoms	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(05) Female condoms	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(06) Spermicide	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(07) Injectables (e.g., Depo Provera, Noristerat)	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8
(08) Implant (Norplant)	Government..... A Intl NGO ..... B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know ..... 8

Q24.	<p>If there is a shortage of a specific CONTRACEPTIVE between routine orders, what is the <u>most common</u> procedure followed by this pharmacy?</p> <ul style="list-style-type: none"> <li>- Submit special order to normal supplier</li> <li>- Pharmacy purchases from private market</li> <li>- Clients must purchase from another outlet</li> <li>- Facility borrows from neighboring Pharmacy</li> <li>- None of the above</li> </ul>	<p>SPECIAL ORDER . . . . .1      →</p> <p>PHARMACY PURCHASE . . . . . 2      →</p> <p>CLIENTS PURCHASE ELSEWHERE. . .3      →</p> <p>PHARMACY BORROWS . . . . . 4</p> <p>NONE OF THE ABOVE . . . . .5      →</p>	<p><b>Q26</b></p> <p><b>Q26</b></p> <p><b>Q26</b></p> <p><b>Q26</b></p>
Q25.	When you borrow supplies, from what outlet do you most often borrow?	NAME: _____	
Q26.	From which type of outlet do you borrow supplies?	<p>Government.....1</p> <p>Private (for-profit).....2</p> <p>NGO (not-for profit).....3</p> <p>Mission.....4</p> <p>Other _____ 6</p> <p style="text-align: center;">(Specify)</p>	



**ASK ONLY ABOUT THE FAMILY PLANNING METHODS THE PHARMACY IS PROVIDING IN Q22a.**

*Now I would like to ask you specifically about the contraceptive methods that you provide.*

CONTRACEPTIVE	Q27a. What is the minimum age that you would offer this METHOD?	Q27b. What is the maximum age that you would offer this METHOD?	Q27c. Is there a minimum number of children a person must have before you will offer METHOD?	Q27d. What is that minimum number of children?	Q27e. Do you require a partner's consent before you will provide METHOD?	Q27f. Would you offer METHOD to an unmarried person?	Q27g. Do you require a prescription for a client to receive this METHOD?
(1) Combination oral contraceptives (estrogen and progestin)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(2) Progestin-only oral contraceptives	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(3) Emergency contraceptives	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(4) Male condoms	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(5) Female condoms	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(6) Spermicide (foam, foaming tablets, gel)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(7) Injectables (e.g. Depo Provera/ DMPA)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2
(8) Implant (e.g. Implanon or Jadelle)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES ... .1 NO ... .2	YES ... .1 NO ... .2	YES ... .1 NO ... .2

Q28.	Is this pharmacy linked with any organization that provides family planning methods and materials at a discounted rate or for free (such as PPFN or SFH)?	Yes.....1 No.....2 Don't know.....8	Q30 Q30
Q29a.	What is the name of the organization?	Q29b What year did this facility begin to associate with each organization named?	
	1.	Year ..... Don't know ..... 9998	
	2.	Year ..... Don't know ..... 9998	
	3.	Year ..... Don't know ..... 9998	
	4.	Year ..... Don't know ..... 9998	
Q30.	Organizations like SFH and PPFN sometimes distribute products at a lower price to pharmacies to sell. These are called socially marketed products. Do you have socially marketed contraceptive products in stock?	Yes ..... 1 No ..... 2 Don't know ..... 8	Q32 Q32
Q31.	What are all the socially marketed family planning products that you have in stock? <b>LIST SPECIFIC FAMILY PLANNING BRAND NAMES.</b>  <b>(CODE WILL BE PROVIDED AT THE OFFICE)</b>	_____ _____ _____	
<b>STORAGE &amp; STOCK:</b> Now I would like to see the place where contraceptive methods are stored. We are just trying to get an idea of how we can help outlets improve their stocking and storing methods. Remember that my findings will be just used for research purposes and will be kept strictly confidential.			
Q32.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNESS	YES ..... 1 NO ..... 2 CANNOT OBSERVE STORAGE AREA.....3	Q38
Q33.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES ..... 1 NO ..... 2	
Q34.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES ..... 1 NO ..... 2	
Q35.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES ..... 1 NO ..... 2	
Q36.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES ..... 1 NO ..... 2	
Q37.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.	YES ..... 1 NO ..... 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7	
Q38.	Does the pharmacy separate damaged and/or expired family planning methods from the usable products, and remove them from the inventory?  IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED. ALSO ASK FOR THE TALLY CARD TO CHECK FOR RECORDED BALANCE.	YES, DAMAGED/EXPIRED ITEM REMOVED FROM INVENTORY ..... 1 REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT..... 2 EXPIRED ITEMS OBSERVED ..... 3 REPORTED YES BUT CANNOT OBSERVE....4 NO ..... 5	

Q39.	OBSERVE WHETHER THERE IS A FUNCTIONAL REFRIGERATOR IN THE SHOP FOR STORING MEDICINES	YES, OBSERVED REFRIGERATOR AND FUNCTIONAL.....1 YES, OBSERVED REFRIGERATOR BUT NOT FUNCTIONAL OR NOT USED FOR STORING MEDICINES.....2 YES, BUT REFRIGERATOR NOT OBSERVED.....3 NO REFRIGERATOR PRESENT.....5	
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Q40.	RECORD THE TIME	Hour ..... <input type="text"/> <input type="text"/>	Minutes ..... <input type="text"/> <input type="text"/>
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Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept confidential. Have a good day!

COMMENTS:

## Measurement, Learning & Evaluation (MLE) Project Chemists/Patent Medicine Stores (PMS) – Nigeria - 2011

<p>CITY NAME &amp; CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)</p> <p>LGA NAME &amp; CODE _____</p> <p>LOCALITY NAME &amp; CODE _____</p> <p>FACILITY NAME AND CODE _____</p> <p>PHYSICAL ADDRESS OF THIS STORE _____</p>	<p>[ ]</p> <p>[ ][ ][ ][ ]</p> <p>[ ][ ][ ][ ][ ]</p> <p>[ ][ ][ ][ ][ ][ ]</p>											
<p>LOCATION OF CHEMIST/PMS</p> <p>GPS Reading</p> <p>Altitude ..... [ ][ ][ ][ ][ ][ ][ ][ ][ ]</p> <p>Latitude ..... [ N ][ ][ ][ ][ ][ ][ ][ ][ ]</p> <p>Longitude ..... [ E ][ ][ ][ ][ ][ ][ ][ ][ ]</p>												
<b>INTERVIEWER VISITS</b>												
<b>VISIT No.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>FINAL VISIT</b>								
DATE	DAY/ MONTH/YEAR [ ]/[ ]/[ ]_11]	DAY/ MONTH/ YEAR [ ]/[ ]/[ ]_11]	DAY/ MONTH/ YEAR [ ]/[ ]/[ ]_11]	DAY [ ][ ][ ] MONTH [ ][ ][ ] YEAR [ 2 ][ 0 ][ 1 ][ 1 ]								
INTERVIEWER'S NAME	_____	_____	_____	_____								
INTERVIEWER CODE	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]								
RESULT*	[ ]	[ ]	[ ]	[ ]								
<b>NEXT VISIT:</b> DATE	[ ]/[ ]/[ ]_11]	[ ]/[ ]/[ ]_11]	[ ]/[ ]/[ ]_11]	TOTAL NO. OF VISITS [ ]								
TIME	[ ][ ][ ][ ][ ] H H M M	[ ][ ][ ][ ][ ] H H M M	[ ][ ][ ][ ][ ] H H M M									
<p><b>*RESULT CODES:</b></p> <table style="width: 100%;"> <tr> <td>1. COMPLETED</td> <td>4. RESPONDENT REFUSED</td> </tr> <tr> <td>2. PHARMACY MOVED OR IS DESTROYED</td> <td>5. PARTLY COMPLETED</td> </tr> <tr> <td>3. RESPONDENT NOT AVAILABLE</td> <td>6. POSTPONED</td> </tr> <tr> <td></td> <td>7. OTHER _____</td> </tr> </table> <p style="text-align: center;">(SPECIFY)</p>					1. COMPLETED	4. RESPONDENT REFUSED	2. PHARMACY MOVED OR IS DESTROYED	5. PARTLY COMPLETED	3. RESPONDENT NOT AVAILABLE	6. POSTPONED		7. OTHER _____
1. COMPLETED	4. RESPONDENT REFUSED											
2. PHARMACY MOVED OR IS DESTROYED	5. PARTLY COMPLETED											
3. RESPONDENT NOT AVAILABLE	6. POSTPONED											
	7. OTHER _____											
LANGUAGE OF INTERVIEW	ENGLISH	HAUSA	YORUBA	IGBO	PIDGIN	OTHER(SPECIFY)	TRANSLATOR USED?					
NATIVE LANGUAGE	1	2	3	4	5	6 _____	YES	NO				
OF RESPONDENT	1	2	3	4	5	6 _____	1	2				

**FIND THE PERSON WHO IS THE OWNER OF THE SHOP. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PERSON MOST KNOWLEDGEABLE ABOUT THE INVENTORY.**

POSITION OF RESPONDENT 1 = OWNER 2 = EMPLOYEE 3 = TRAINEE/APPRENTICE 6 = OTHER: _____ (SPECIFY)		SEX OF RESPONDENT 1 = MALE 2 = FEMALE
SUPERVISOR NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> DATE [ ]/[ ]/[11] DD MM YY	OFFICE EDITOR NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> DATE [ ]/[ ]/[11] DD MM YY	KEYED BY NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> DATE [ ]/[ ]/[11] DD MM YY

Q1.	RECORD THE TIME (IN 24 HOUR FORMAT)	Hour ..... <input type="text"/> <input type="text"/>	Minutes ..... <input type="text"/> <input type="text"/>
<b>GENERAL INFORMATION</b>			
<b>Source</b>	<b>Questions</b>	<b>Coding</b>	<b>Skip</b>
Q2.	What is the highest level of school you attended: Quranic only, primary, junior secondary, senior secondary, or higher?	QURANIC ONLY.....0 → PRIMARY.....1 JUNIOR SECONDARY (JSS).....2 SENIOR SECONDARY (SSS).....3 HIGHER.....4 DID NOT ATTEND SCHOOL.....5 →	Q4      Q4
Q3.	What is the highest (class/form/year) you completed at that level?	CLASS/FORM/YEAR.....[ ] [ ]	
Q4.	Do you have any professional medical qualification?	YES.....1 NO.....2 →	Q6
Q5.	What is your medical qualification?	PHYSICIAN.....01 REGISTERED PHARMACIST.....02 PHARMACY TECHNICIAN.....03 NURSE.....04 MIDWIFE.....05 NURSE/ MIDWIFE.....06 CHEW.....07 CHO.....08 OTHER.....96	
Q6.	In this shop, how many regular, permanent staff (workers) work here?	<input type="text"/> <input type="text"/>	
Q7.	Do you have an official training program for PMV trainees?	YES.....1 NO.....2 →	Q9
Q8.	How many trainees are you currently training?	<input type="text"/> <input type="text"/>	

Q9.	In what year did this shop open?  PROBE, IF RESPONDANT SAYS DON'T KNOW: THIS IS VERY IMPORTANT. Can you tell me how old this shop is? For example, would you say it is about 7 years old? 10 years old? (etc.)	FILL IN EITHER YEAR OPENED <b>OR</b> YEARS OLD: YEAR OPENED..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....9998 <b>OR</b> YEARS OLD ..... <input type="text"/> <input type="text"/>	
Q10.	On average, how many hours per day is the shop open?	HOURS PER DAY ..... <input type="text"/> <input type="text"/>	
Q11.	On average, how many days per week is the shop open?	DAYS PER WEEK ..... <input type="text"/>	

Q12.	Do you belong to any trade-related association(s)?	YES.....1 NO.....2 → IN PROCESS.....3 → DON'T KNOW.....8 →	Q14 Q14 Q14
Q13.	If yes, which association(s):	1. _____ 2. _____ 3. _____	
Q14.	Do you belong to any health-related association(s)?	YES.....1 NO.....2 → IN PROCESS.....3 → DON'T KNOW.....8 →	Q16a Q16a Q16a
Q15.	If yes, which association(s):	1. _____ 2. _____ 3. _____	
Q16a.	Is there a stock register for family planning methods received, the amount disbursed, and the amount present today (stock balance) is recorded?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN . . . 2 NO ..... 3	
Q16b.	How often do you update or reconcile your inventory/stock records?	EVERY <input type="text"/> <input type="text"/> DAY(S)  THE DAY ITEMS ARE RECEIVED OR DISBURSED ..... 95 NEVER ..... 97 OTHER ..... 96 (SPECIFY)	
Q16c.	Is the stock maintenance system computerized?	YES ..... 1 NO ..... 2	
Q16d.	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM.	STOCK RECORDS UPDATED ON THE DAY ITEM RECEIVED/DISBURSED.....1  STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT RECORD OF ITEMS RECEIVED /DISTRIBUTED OBSERVED.....2  NO RECORDS OBSERVED.....3  RECORDS NOT UP TO DATE.....4  OTHER ..... 6 (SPECIFY)	
Q17.	Have you received any training on family planning?	YES.....1 NO.....2 → DON'T KNOW.....8 →	Q20 Q20
Q18.	When was the last family planning training that you attended?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO...3 <input type="text"/> <input type="text"/> YEARS AGO.....4	
Q19.	What were the issues covered in the last training?  <b>CIRCLE ALL MENTIONED.</b>	CONTRACEPTIVE TECHNOLOGY UPDATE...A EXCLUSIVE BREASTFEEDING COUNSELING/LAM.....B NATURAL FP (STANDARD DAYS, CYCLE BEADS, ETC.).....C FP COUNSELING SKILLS.....D PILLS.....E CONDOMS.....F SPERMICIDE.....G EMERGENCY CONTRACEPTIVE.....H IUD.....I INJECTABLES.....J DIAPHRAGM.....K OTHERS .....X (SPECIFY)	

Q20.	Would you be willing to attend any future training on family planning/birth spacing or other reproductive health needs?	YES.....1 NO.....2 DON'T KNOW ..... 8	
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Q21.	Do you talk about family planning/birth spacing to your customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q23
Q22.	Would you be willing to talk about family planning/birth spacing to customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8		
Q23.	Do you refer clients/customers to other stores or facilities for family planning/birth spacing methods?	YES.....1 NO.....2 DON'T KNOW.....8		
Q24.	Do you provide materials on family planning/birth spacing to your customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q26
Q25.	Would you be willing to provide materials on family planning/birth spacing to customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8		
Q26.	OBSERVE WHETHER THERE ARE ANY FAMILY PLANNING PROMOTIONAL MATERIALS ON DISPLAY (EG, POSTERS, BROCHURES, DANGLERS, CALENDARS, ETC.)	DISPLAYED.....1 NOT DISPLAYED.....2		
Q27.	Would you be willing to display (additional) information/educational materials on family planning/birth spacing at this shop?	YES.....1 NO.....2 DON'T KNOW.....8		
Q28.	Do you provide family planning/birth spacing methods at this shop?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q32a
Q29.	Would you be willing to sell family planning/birth spacing methods at this shop?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q31 Q31
Q30.	Which methods would you be willing to sell?  CIRCLE ALL MENTIONED.	COMBINED PILL.....A PROGESTIN-ONLY PILL.....B PILL (UNSPECIFIED).....C MALE CONDOM.....D FEMALE CONDOM.....E IUD.....F SPERMICIDE.....G DIAPHRAGM.....H INJECTABLES.....I IMPLANT.....J EMERGENCY CONTRACEPTION.....K OTHER.....X (SPECIFY)		
Q31.	What would help influence you to decide to provide family planning information and methods?  CIRCLE ALL MENTIONED.	FREE TRAINING.....A FREE PRODUCTS.....B REDUCED PRICE OF PRODUCTS.....C FREE PROMOTIONAL MATERIALS.....D OTHER.....X (SPECIFY) NOTHING.....Y	} →	END

**ASK IF THE FOLLOWING CONTRACEPTIVES ARE AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE.**

**FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK-OUT (BRAND NOT AVAILABLE FOR AT LEAST 24 HOURS) DURING THE LAST 12 MONTHS AND LAST 30 DAYS.**

CONTRA- CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. What brands do you usually stock? LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING WILL BE DONE IN THE OFFICE).	Q32c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is [PRODUCT/ BRAND] currently available?	Q32f. Has [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last ONE year? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.	Q32g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. Has [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last ONE month (30 days)? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/METHOD.	Q32i. In the last 30 days, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?
(1) Combination oral contraceptives (estrogen and progestin)	YES..1 NO...2→(2)	   	RETAIL PRICE PER CYCLE:  	SALES VOLUME (CYCLES):  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  
(2) Progestin-only oral contraceptives	YES..1 NO...2→(3)	   	RETAIL PRICE PER CYCLE:  	SALES VOLUME (CYCLES):  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  



CONTRA- CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS</b> (CODING WILL BE DONE IN THE OFFICE).	Q32c. What is the retail price (in Naira) for  [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is  [PRODUCT/ BRAND] currently available?	Q32f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q32g. In the past one year, for how many total days were you stocked out of  [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q32i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(3) Emergenc y contracept ives	YES...1 NO...2→(4)	 _____ [ ] [ ] [ ] [ ] BRAND (1)   _____ [ ] [ ] [ ] [ ] BRAND (2)   _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER PACK:  [ ] [ ] [ ] [ ] BRAND (1)   [ ] [ ] [ ] [ ] BRAND (2)   [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (PACKS):  [ ] [ ] [ ] [ ] BRAND (1)   [ ] [ ] [ ] [ ] BRAND (2)   [ ] [ ] [ ] [ ] BRAND (3)	YES . . 1 NO .....2  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] BRAND (1) Don't know...998   [ ] [ ] [ ] BRAND (2) Don't know...998   [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] BRAND (1) Don't know...98   [ ] [ ] BRAND (2) Don't know...98   [ ] [ ] BRAND (3) Don't know...98
(4) Male condoms	YES..1 NO...2→(5)	 _____ [ ] [ ] [ ] [ ] BRAND (1)   _____ [ ] [ ] [ ] [ ] BRAND (2)   _____ [ ] [ ] [ ] [ ] BRAND (3)	RETAIL PRICE PER PIECE:  [ ] [ ] [ ] [ ] BRAND (1)   [ ] [ ] [ ] [ ] BRAND (2)   [ ] [ ] [ ] [ ] BRAND (3)	SALES VOLUME (PIECES):  [ ] [ ] [ ] [ ] BRAND (1)   [ ] [ ] [ ] [ ] BRAND (2)   [ ] [ ] [ ] [ ] BRAND (3)	YES . . 1 NO .....2  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] [ ] BRAND (1) Don't know...998   [ ] [ ] [ ] BRAND (2) Don't know...998   [ ] [ ] [ ] BRAND (3) Don't know...998	YES....1 NO .....2 DK.....8  <input type="checkbox"/> BRAND (1)   <input type="checkbox"/> BRAND (2)   <input type="checkbox"/> BRAND (3)	RECORD DAYS:  [ ] [ ] BRAND (1) Don't know...98   [ ] [ ] BRAND (2) Don't know...98   [ ] [ ] BRAND (3) Don't know...98

CONTRA-CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING WILL BE DONE IN THE OFFICE).</b>	Q32c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is _____ [PRODUCT/ BRAND] currently available?	Q32f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q32g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q32i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?
(5) Female condoms	YES..1 NO...2→(6)	   	RETAIL PRICE PER PIECE:  	SALES VOLUME (PIECES):  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  
(6) Spermicide (foam, foaming tablets, gel)	YES..1 NO...2→(7)	   	RETAIL PRICE PER UNIT:  	SALES VOLUME (UNITS):  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  

CONTRA-CEPTIVE  (ASK FOR MOST POPULAR BRANDS)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. What brands do you usually stock? <b>LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS</b> (CODING WILL BE DONE IN THE OFFICE).	Q32c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is _____ [PRODUCT/ BRAND] currently available?	Q32f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last <b>ONE</b> year? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.</b>	Q32g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last <b>ONE</b> month (30 days)? <b>IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.</b>	Q32i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?
(7) Injectables (Depo, Noristerat)	YES...1 NO...2→(8)	   	RETAIL PRICE PER INJECTABLE:  	SALES VOLUME (INJECTS)  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  
(8) Implant (e.g. Implanon or Jadelle)	YES..1 NO...2→ (Q33a)	   	RETAIL PRICE PER IMPLANT:  	SALES VOLUME (IMPLANTS):  	YES . . 1 NO .....2  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  	YES....1 NO .....2 DK.....8  	RECORD DAYS:  

Now I would like to ask you about your specific stocks of different family planning methods/products. <b>ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q32a.</b>		
CONTRACEPTIVE	Q33a. Where does your stock of CONTRACEPTIVE (most popular brands) come from? CHOOSE ALL.	Q33b. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.
(01) Combination oral contraceptives (estrogen and progestin)	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(02) Progestin-only oral contraceptives	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(03) Emergency contraceptives	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(04) Male condoms	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(05) Female condoms	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(06) Spermicide	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(07) Injectables (e.g., Depo Provera, Noristerat)	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8
(08) Implant (Norplant)	Government..... A Intl NGO ..... B Local NGO.....C Pharmacy wholesaler/distributor.....D Other _____X (Specify) Don't know.....Z	One week or less.....1 Between 2-4 weeks....2 Between 5-8 weeks....3 More than 8 weeks....4 Other _____6 (Specify) Don't know .....8

Q34.	<p>If there is a shortage of a specific CONTRACEPTIVE between routine orders, what is the <u>most common</u> procedure followed by this pharmacy?</p> <ul style="list-style-type: none"> <li>- Submit special order to normal supplier</li> <li>- Pharmacy purchases from private market</li> <li>- Clients must purchase from another outlet</li> <li>- Facility borrows from neighboring Pharmacy</li> <li>- None of the above</li> </ul>	<p>SPECIAL ORDER .....1 _____</p> <p>PHARMACY PURCHASE ..... 2 _____</p> <p>CLIENTS PURCHASE ELSEWHERE. ....3 _____</p> <p>PHARMACY BORROWS ..... 4 _____</p> <p>NONE OF THE ABOVE .....5 _____</p>	<p>→Q36</p> <p>→Q36</p> <p>→Q36</p> <p>→Q36</p>
Q35.	<p>When you borrow CONTRACEPTIVE supplies, from what outlet do you most often borrow?</p>	<p>NAME:</p> <p>_____</p>	
Q36.	<p>From which type of outlet do you borrow CONTRACEPTIVE supplies?</p>	<p>Government.....1</p> <p>Private (for-profit).....2</p> <p>NGO (not-for profit).....3</p> <p>Mission.....4</p> <p>Other _____ 6</p> <p style="text-align: center;">(Specify)</p>	

<b>ASK ONLY ABOUT THE FAMILY PLANNING METHODS THE PHARMACY IS PROVIDING IN Q32a.</b>							
<b>Now I would like to ask you specifically about the contraceptive methods that you provide.</b>							
CONTRACEPTIVE	Q37a. What is the minimum age that you would offer this METHOD?	Q37b. What is the maximum age that you would offer this METHOD?	Q37c. Is there a minimum number of children a person must have before you will offer METHOD?	Q37d. What is that minimum number of children?	Q37e. Do you require a partner's consent before you will provide METHOD?	Q37f. Would you offer METHOD to an unmarried person?	Q37g. Do you require a prescription for a client to receive this METHOD?
(1) Combination oral contraceptives (estrogen and progestin)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(2) Progestin-only oral contraceptives	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(3) Emergency contraceptives	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(4) Male condoms	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(5) Female condoms	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(6) Spermicide (foam, foaming tablets, gel)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(7) Injectables (e.g. Depo Provera/ DMPA)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(8) Implant (e.g. Implanon or Jadelle)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

Q38.	Is this pharmacy linked with any organization that provides family planning methods and materials at a discounted rate or for free (such as PPFN or SFH)?	Yes.....1 No.....2 → <b>Q40</b> Don't know.....8 → <b>Q40</b>
Q39a.	What is the name of the organization?	Q39b. What year did this facility begin to associate with each organization named?
	1.	Year ..... [ ][ ][ ][ ] Don't know ..... 9998
	2.	Year ..... [ ][ ][ ][ ] Don't know ..... 9998
	3.	Year ..... [ ][ ][ ][ ] Don't know ..... 9998
	4.	Year ..... [ ][ ][ ][ ] Don't know ..... 9998
Q40.	Organizations like SFH and PPFN sometimes distribute products at a lower price to pharmacies to sell. These are called socially marketed products. Do you have socially marketed contraceptive products in stock?	Yes ..... 1 No ..... 2 → <b>Q42</b> Don't know ..... 8 → <b>Q42</b>
Q41.	What are all the socially marketed family planning products that you have in stock? <b>LIST SPECIFIC FAMILY PLANNING BRAND NAMES.</b>  <b>(CODE WILL BE PROVIDED AT THE OFFICE)</b>	[ ][ ][ ] [ ][ ][ ] [ ][ ][ ]
<b>STORAGE &amp; STOCK:</b> Now I would like to see the place where contraceptive methods are stored. We are just trying to get an idea of how we can help outlets improve their stocking and storing methods. Remember that my findings will be just used for research purposes and will be kept strictly confidential.		
Q42.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNESS	YES ..... 1 NO ..... 2 CANNOT OBSERVE STORAGE AREA.....3 → <b>Q48</b>
Q43.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES ..... 1 NO ..... 2
Q44.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES ..... 1 NO ..... 2
Q45.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES ..... 1 NO ..... 2
Q46.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES ..... 1 NO ..... 2
Q47.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.  CHECK IF THE ARROW ON THE INJECTABLE IS FACING UP	YES ..... 1 NO ..... 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7
Q48.	Does the shop separate damaged and/or expired family planning methods from the usable products, and remove them from the inventory?  IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED. ALSO ASK FOR THE TALLY CARD TO CHECK FOR RECORDED BALANCE.	YES, DAMAGED/EXPIRED ITEM REMOVED FROM INVENTORY ..... 1  REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT..... 2  EXPIRED ITEMS OBSERVED ..... 3  REPORTED YES BUT CANNOT OBSERVE....4  NO ..... 5

Q49.	OBSERVE WHETHER THERE IS A FUNCTIONAL REFRIGERATOR IN THE SHOP FOR STORING MEDICINES	YES, OBSERVED REFRIGERATOR AND FUNCTIONAL.....1 YES, OBSERVED REFRIGERATOR BUT NOT FUNCTIONAL OR NOT USED FOR STORING MEDICINES.....2 YES, BUT REFRIGERATOR NOT OBSERVED.....3 NO REFRIGERATOR PRESENT.....5	
------	--	---	--

Q50.	RECORD THE TIME	Hour ..... <input type="text"/> <input type="text"/> Minutes ..... <input type="text"/> <input type="text"/>	
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Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept confidential. Have a good day!

COMMENTS:



## Appendix B: List of Functionaries

### **Project Team (DRMC)**

#### **Project Director**

Fasiku A. David

#### **Project Team Members**

Samson Adebayo

Adekanmbi Taiwo

Usman M. Kolapo

H.S. Ibrahim

Inuwa B. Jalingo

Akinsulie Abolaji

Osifo Tellson Ojongun

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#### **MLE Technical Representative**

Gwendolyn Morgan

#### **MLE Country Representative**

Akin Akinfenwa Akiode

#### **Federal Ministry of Health Representative**

G.I. Ortonga

#### **Trainers**

Fasiku A. David

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Adkanmbi Taiwo

Usman M. Kolapo

H.S. Ibrahim

Inuwa B. Jalingo

Akinsulie Abolaji

Osifo Tellson Ojongun

## Field Staff

### Abuja

#### **Supervisory Staff**

Opeyemi Odedere  
Muhammad J. Suberu

#### **Interviewers**

Ismaila Ahmed  
Hauwa R. Umar  
Jimo S. Abolaji  
Idika Nnena Uga  
Oguine Ifeyinwa  
Olubumi M. Oyemade  
Rosemary Unanka  
Wokili Ladidi Maryam  
Christie Umunna  
Viginia Monyei  
Adenike Drogbo  
Elizabeth Asama  
Abubakar Madaki

### Benin City

#### **Supervisory Staff**

Airiohuodion Ezekiel  
Saturday I. Ekeoba

#### **Interviewers**

Ukeme Thompson Umoh  
Immaculate Ihenacho  
Chima E. Ezenwafor  
Stella Arubi  
Nwokoro Nyoke  
Gift O. Oyovwiraye  
Chinyere Ihekerem  
Stella Iyemiahie  
Ngozi Blessing Openo  
Rosemary Omoregie  
Isaac Ighagboh  
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### Ibadan

#### **Supervisory Staff**

Iseac Omale

Mustapha Oladiran

#### **Interviewers**

Falyyi Tosin  
Adedoyin Tayo  
Abigodun Solomon Kayode  
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Ayodele Micheal  
Oyesibi Belo  
Ededayo Temitope  
Adegbiyi Ojuolope  
Kemi E Oladele  
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### Ilorin

#### **Supervisory Staff**

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