

NIGERIA SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION	
<p>STATE.....</p> <p>CLUSTER NUMBER</p> <p>CLUSTER VISIT START DATE.....</p> <p>CLUSTER VISIT END DATA.....</p> <p>URBAN/RURAL RESIDENCE:</p> <div style="margin-left: 150px;"> URBAN.....1 RURAL.....2 </div> <p>TYPE OF AREA:</p> <div style="margin-left: 150px;"> CITY.....1 TOWN.....2 RURAL (VILLAGE).....3 </div> <p>QUESTIONNAIRE NUMBER.....</p> <p>INTERVIEWER NAME _____</p> <p>DATA ENTRY CLERK _____</p>	<p style="text-align: center;">STATE</p> <div style="text-align: center;"> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> </div> <p style="text-align: center;">CLUSTER NUMBER</p> <div style="text-align: center;"> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH </div> <div style="text-align: center;"> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH </div> <div style="text-align: center;"> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> </div> <p style="text-align: center;">URBAN/RURAL</p> <div style="text-align: center;"> <div style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"></div> </div> <p style="text-align: center;">TYPE OF AREA</p> <div style="text-align: center;"> <div style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"></div> </div> <p style="text-align: center;">QUESTIONNAIRE NO.</p> <div style="text-align: center;"> <div style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"></div> </div>

<p>LANGUAGE OF CLUSTER INTERVIEW.....</p>	<div style="width: 30px; height: 20px; border: 1px solid black; margin: 0 auto;"></div>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">1 HAUSA</div> <div style="width: 25%;">3 IGBO</div> <div style="width: 25%;">5 KANURI</div> <div style="width: 25%;">7 ENGLISH</div> <div style="width: 25%;">2 YORUBA</div> <div style="width: 25%;">4 EFIK</div> <div style="width: 25%;">6 TIV</div> <div style="width: 25%;">8 OTHER _____</div> </div>	<p>(SPECIFY)</p>

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
QUESTIONS 100 TO 102 ARE TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.			
100	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
101	TYPE OF AREA (in which EA is found/nearest to EA)	CITY.....1 TOWN.....2 RURAL (VILLAGE).....3	→ 113 → 109
102	DENSITY OF RURAL VILLAGE	COMPACT.....1 SCATTERED.....2	
THE REMAINING QUESTIONS IN SECTIONS 1 AND 2 ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.			
103	What is the name of the nearest city/town?	_____	
104	What is the most commonly used form of transportation to go to the nearest city/town?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	
105	How long does it take to reach the nearest city/town using the the most common type of transportation?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
106	What is the main access route to this community?	PAVED ROAD.....1 UNPAVED ROAD.....2 RIVER.....3 OTHER (RAILWAY).....4 PATH.....5	
107	Is the main access route usable during the rainy season?	YES.....1 NO.....2	
108	What are the major economic activities of the inhabitants of this community? (CIRCLE ALL APPLICABLE)	AGRICULTURAL.....1 FISHING.....1 TRADING/MARKETING.....1 MANUFACTURING.....1 MINING.....1 OTHER.....1	
109	What is the main source of drinking water in the community?	PIPED.....1 PUBLIC TAP.....2 BOREHOLE.....3 WELL.....4 RIVER, SPRING, SURFACE WATER.....5 OTHER.....6	
110	Is there electricity in this community?	YES.....1 NO.....2	
111	What is the main means of waste disposal in this community?	INCINERATION.....1 BURNING.....2 DUNG HILL.....3 REFUSE BINS/COLLECTION.....4 OTHER.....5 NO METHOD.....6	
112	What type of toilet facilities are used by most households in this community?	FLUSH (WATER CLOSET).....1 BUCKET.....2 PIT.....3 OTHER.....4 NO FACILITIES.....5	

SECTION 1B. AVAILABILITY OF PUBLIC SERVICES NEAREST TO OR IN THE COMMUNITY

INTERVIEWER: Now I would like to ask you about the distances to various schools and services, how you usually go there and how far it is from here.

INSTRUCTION FOR INTERVIEWER: IF THE LOCATION OF THE SERVICE IS UNKNOWN TO THE INFORMANTS, RECORD '998' FOR QUESTION 113 AND CONTINUE WITH THE NEXT SERVICE.

SERVICES	113 TRAVEL TIME TO GET THERE (MINUTES)	114 MOST COMMON TRANSPORT [a]	115 DISTANCE IN MILES [b]
A. EDUCATION			
1 Primary School	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
2 Secondary School	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
3 University/Polytechnical/ Technical School	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
B. GENERAL SERVICES			
1 Post Office/Mail Service	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
2 Daily Market	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
3 Weekly Market	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
4 Cinema	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>
5 Public Transportation	<input type="text"/> <input type="text"/> <input type="text"/> IF '998'	<input type="text"/>	<input type="text"/> <input type="text"/>

CODES: [a] Motorized....1
Cycling.....2
Animal.....3
Walking.....4
Boating.....5
Other.....6

[b] 97 = 97+
00 = Less than 1/located
in rural cluster
98 = Distance unknown

1-2

COMMENTS:

SECTION 1C. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
116	Is this community visited by a health worker (such as a CHEW, family planning worker, community health assistant, motivator)?	YES.....1 NO.....2	→ 117
116a	Does this health worker supply (LIST) and what does it cost? a: Basic Medications? b: ORT instruction (sugar/salt)? c: Vitamins? d: Immunizations? e: Family Planning Services? Pill? Condom? Foaming Tablets?	BASIC MEDICATIONS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> ORT: YES.....1 NO.....2 ONE PACKET..... <input type="text"/> <input type="text"/> <input type="text"/> VITAMINS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> IMMUNIZATIONS: YES.....1 NO.....2 SPECIFY WHICH: <input type="text"/> <input type="text"/> <input type="text"/> AVERAGE COST <input type="text"/> <input type="text"/> <input type="text"/> FAMILY PLANNING: YES.....1 NO.....2 YES.....1 NO.....2 COST OF 1 MONTH CYCLE... <input type="text"/> <input type="text"/> <input type="text"/> CONDOM: YES.....1 NO.....2 COST OF 3..... <input type="text"/> <input type="text"/> <input type="text"/> FOAMING TABLETS: YES.....1 NO.....2 COST OF PACKET. <input type="text"/> <input type="text"/> <input type="text"/> QUANTITY..... <input type="text"/> <input type="text"/>	→ 116b
116b	How often does the health worker visit this community?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH...1 YEAR...2	
116c	For whom does this health worker work?	FEDERAL MOH.....1 STATE MOH.....2 LOCAL GOVERNMENT.....3 PRIVATE ORGANIZATION.....4 CHURCH/MISSION.....5 LOCAL FACILITY.....6 OTHER.....7 DON'T KNOW.....8	
116d	How many health workers do you know of who work in this area?	NO. OF WORKERS..... <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
117	Is this community visited by a mobile health clinic?	YES.....1 NO.....2	→ 118
117a	Does this mobile health clinic supply (LIST) and what does it cost? a: Basic Medications? b: ORT instruction (sugar/salt)? c: Vitamins? d: Immunizations? e: Family Planning Services? Pill? Condom? Foaming Tablets?	BASIC MEDICATIONS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> ORT: YES.....1 NO.....2 ONE PACKET.... <input type="text"/> <input type="text"/> <input type="text"/> VITAMINS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> IMMUNIZATIONS: YES.....1 NO.....2 SPECIFY WHICH: <input type="text"/> <input type="text"/> <input type="text"/> AVERAGE COST <input type="text"/> <input type="text"/> <input type="text"/> FAMILY PLANNING: YES.....1 NO.....2 YES.....1 NO.....2 COST OF 1 MONTH CYCLE... <input type="text"/> <input type="text"/> <input type="text"/> CONDOM: YES.....1 NO.....2 COST OF 3..... <input type="text"/> <input type="text"/> <input type="text"/> FOAMING TABLETS: YES.....1 NO.....2 COST OF PACKET. <input type="text"/> <input type="text"/> <input type="text"/> QUANTITY..... <input type="text"/> <input type="text"/>	→ 117b
117b	How often does the mobile health clinic visit this community?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
117c	Who sponsors the mobile health clinic?	FEDERAL MOH.....1 STATE MOH.....2 LGA.....3 PRIVATE ORGANIZATION.....4 CHURCH/MISSION.....5 LOCAL FACILITY.....6 OTHER.....7 DON'T KNOW.....8	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
118	Is there a health post in this community?	YES.....1 NO.....2	→ 119
118a	Do residents in this community think that the health post is a place to go when health care is needed?	YES.....1 NO.....2	→ 119
118b	Why not?		
119	Is there a traditional healer in this community?	YES.....1 NO.....2	
120	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ 121
120a	Has the traditional birth attendant had any special training from the MOH or other organization?	YES.....1 NO.....2	
121	Is the area visited by a trained midwife?	YES.....1 NO.....2	
122	Is there a neighbourhood retail stand (a stall or table from which items are sold) in this community?	YES.....1 NO.....2	→ 123
122a	Does this neighbourhood retail stand sell (LIST) and what does it cost? a: Basic Medications? b: ORT packets? c: Vitamins? e: Family Planning Supplies? Pill? Condom? Foaming Tablets?	BASIC MEDICATIONS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> ORT: YES.....1 NO.....2 ONE PACKET... <input type="text"/> <input type="text"/> <input type="text"/> VITAMINS: YES.....1 NO.....2 AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/> FAMILY PLANNING: YES.....1 NO.....2 COST OF 1 MONTH CYCLE... <input type="text"/> <input type="text"/> <input type="text"/> CONDOM: YES.....1 NO.....2 COST OF 3... <input type="text"/> <input type="text"/> <input type="text"/> FOAMING TABLETS: YES.....1 NO.....2 COST OF PACKET. <input type="text"/> <input type="text"/> <input type="text"/> QUANTITY..... <input type="text"/> <input type="text"/>	→ 123
123	In any of the markets commonly attended by inhabitants of this community, is there a market outlet?	YES.....1 NO.....2	→ 124

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
123a	<p>Does this market outlet sell (LIST) and what is the cost?</p> <p>a: Basic Medications?</p> <p>b: ORT packets?</p> <p>c: Vitamins?</p> <p>e: Family Planning Supplies?</p> <p>Pill?</p> <p>Condom?</p> <p>Foaming Tablets?</p>	<p>BASIC MEDICATIONS:</p> <p>YES.....1</p> <p>NO.....2</p> <p>AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ORT:</p> <p>YES.....1</p> <p>NO.....2</p> <p>ONE PACKET.... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>VITAMINS:</p> <p>YES.....1</p> <p>NO.....2</p> <p>AVERAGE COST... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FAMILY PLANNING:</p> <p>YES.....1</p> <p>NO.....2</p> <p>YES.....1</p> <p>NO.....2</p> <p>COST OF 1 MONTH CYCLE... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>CONDOM:</p> <p>YES.....1</p> <p>NO.....2</p> <p>COST OF 3..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FOAMING TABLETS:</p> <p>YES.....1</p> <p>NO.....2</p> <p>COST OF PACKET. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>QUANTITY..... <input type="text"/> <input type="text"/></p>	<p>→ 124</p> <p>→ 124</p>
124	<p>Have there been any information campaigns about health or family planning in the community in the last year?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→ A201</p>
124a	<p>What specifically was the message of this campaign? (CIRCLE ALL APPLICABLE)</p> <p>PROBE: Anything else?</p>	<p>CHILD SPACING.....1</p> <p>BENEFITS OF BIRTH CONTROL.....1</p> <p>USE OF FAMILY PLANNING.....1</p> <p>SPECIFIC METHOD(S) PROMOTION.....1</p> <p>WHERE METHODS AVAILABLE.....1</p> <p>BENEFITS OF PROLONGED LACTATION.....1</p> <p>FAMILY PLANNING TV PROGRAMS.....1</p> <p>FAMILY PLANNING RADIO PROGRAMS.....1</p> <p>EPI.....1</p> <p>ORT.....1</p> <p>AIDS.....1</p> <p>DRUG ABUSE.....1</p> <p>NUTRITION.....1</p> <p>SANITATION.....1</p> <p>OTHER (SPECIFY).....1</p>	

COMMENTS:

SECTION 2.

FACILITY IDENTIFICATION FORM

INTERVIEWER: Now I am going to ask some questions about the facilities close to your community that provide health and family planning services.

A. HOSPITALS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																					
A201	What is the name of the nearest hospital to this community that has services such as antenatal care and immunization?	HOSPITAL NAME _____ NONE KNOWN.....98	→ B201																					
A202	Where is it located?	ADDRESS _____ _____																						
A203	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>																						
A204	What is the most common type of transport inhabitants in this community would use to go to the hospital?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ A206																					
A205	How long does it take in hours and minutes to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																						
A206	How long in hours and minutes does it take to get from here to (HOSPITAL NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> IF MC THAN 6 HOURS	→ A217																					
A207	Does this hospital provide: antenatal services? delivery? postnatal services? immunization (EPI)? growth monitoring (nutrition)?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ANTENATAL.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DELIVERY.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTNATAL.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMMUNIZATION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NUTRITION.....1</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	ANTENATAL.....1	1	2	DELIVERY.....1	1	2	POSTNATAL.....1	1	2	IMMUNIZATION.....1	1	2	NUTRITION.....1	1	2				
	YES	NO																						
ANTENATAL.....1	1	2																						
DELIVERY.....1	1	2																						
POSTNATAL.....1	1	2																						
IMMUNIZATION.....1	1	2																						
NUTRITION.....1	1	2																						
A208	Generally do people in this community think: there are long waiting times at (HOSPITAL NAME)? the staff are competent? the services at the facility are expensive? medicines are readily available? medicines are fake? (HOSPITAL NAME) is too far away?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>LONG WAITING TIMES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>STAFF COMPETENT.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>EXPENSIVE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICINES READILY AVAILABLE.1</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICINES ARE FAKE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TOO FAR AWAY.....1</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	LONG WAITING TIMES.....1	1	2	STAFF COMPETENT.....1	1	2	EXPENSIVE.....1	1	2	MEDICINES READILY AVAILABLE.1	1	2	MEDICINES ARE FAKE.....1	1	2	TOO FAR AWAY.....1	1	2	
	YES	NO																						
LONG WAITING TIMES.....1	1	2																						
STAFF COMPETENT.....1	1	2																						
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MEDICINES READILY AVAILABLE.1	1	2																						
MEDICINES ARE FAKE.....1	1	2																						
TOO FAR AWAY.....1	1	2																						
A209	Does (HOSPITAL NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ A216																					

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A210	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ _____ NONE KNOWN.....98	→A216
A211	Where is it located?	ADDRESS _____ _____	
A212	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>	
A213	What is the most common type of transport to the hospital?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→A215
A214	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
A215	How long in hours and minutes does it take to get from here to (HOSPITAL NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
A216	How many hospitals in total are there within 6 hours walk?	NO. HOSPITALS..... <input type="text"/> <input type="text"/>	→ B201
A217	Does (HOSPITAL NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ B201
A218	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ _____ NONE KNOWN.....98	→ B201
A219	How long in hours and minutes does it take to get from here to (HOSPITAL NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

COMMENTS:

B. HEALTH CLINIC/MATERNITY CENTER/MATERNITY HOME

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B201	What is the name of the nearest clinic, maternity center or maternity home to this community that has services such as antenatal care and immunization?	CLINIC/MATERNITY CENTER NAME _____ NONE KNOWN.....98	→ C201
B202	Where is it located?	ADDRESS _____ _____	
B203	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF '97' MILES OR MORE, WRITE IN WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>	
B204	What is the most common type of transport inhabitants in this community would use to go to the clinic/maternity center?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ B206
B205	How long does it take in hours and minutes to get from here to (CLINIC/MATERNITY CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
B206	How long in hours and minutes does it take to get from here to (CLINIC/MATERNITY CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> IF MORE THAN 6 HOURS	→ B217
B207	Does this clinic/maternity center provide: antenatal services? delivery? postnatal services? immunization (EPI)? growth monitoring (nutrition)?	YES NO ANTENATAL.....1 2 DELIVERY.....1 2 POSTNATAL.....1 2 IMMUNIZATION.....1 2 NUTRITION.....1 2	
B208	Generally do people in this community think: there are long waiting times at (CLINIC/MATERNITY CTR)? the staff are competent? the services at the facility are expensive? medicines are readily available? medicines are fake? (CLINIC/MATERNITY CENTER NAME) is too far away?	YES NO LONG WAITING TIMES.....1 2 STAFF COMPETENT.....1 2 EXPENSIVE.....1 2 MEDICINES READILY AVAILABLE.....1 2 MEDICINES ARE FAKE.....1 2 TOO FAR AWAY.....1 2	
B209	Does (CLINIC/MATERNITY CENTER NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ B216

2-3

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B210	What is the name of the nearest clinic or maternity center providing family planning services to this community?	CLINIC/MATERNITY CENTER NAME _____ _____ NONE KNOWN.....98	→ B216
B211	Where is it located?	ADDRESS _____ _____	
B212	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98')	MILES..... <input type="text"/> <input type="text"/>	
B213	What is the most common type of transport to the clinic/ maternity center?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ B215
B214	How long does it take to get from here to (CLINIC/MATERNITY CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
B215	How long in hours and minutes does it take to get from here to (CLINIC/MATERNITY CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
B216	How many clinics, maternity centers and maternity homes in total are there within 6 hours walk?	NO. CLINICS/MATERNITIES.... <input type="text"/> <input type="text"/>	→ C201
B217	Does (CLINIC/MATERNITY CENTER NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ C201
B218	What is the name of the nearest clinic or maternity center providing family planning services to this community?	CLINIC/MATERNITY CENTER NAME _____ _____ NONE KNOWN.....98	→ C201
B219	How long in hours and minutes does it take to get from here to (CLINIC/MATERNITY CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

COMMENTS:

2-4

C. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C201	What is the name of the nearest health center to this community that has services such as antenatal care and immunization?	HEALTH CENTER NAME _____ NONE KNOWN.....98	→ D201
C202	Where is it located?	ADDRESS _____ _____	
C203	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>	
C204	What is the most common type of transport inhabitants in this community would use to go to the health center?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ C206
C205	How long does it take in hours and minutes to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
C206	How long in hours and minutes does it take to get from here to (HEALTH CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> IF MORE THAN 6 HOURS	→ C217
C207	Does this health center provide: antenatal services? delivery? postnatal services? immunization (EPI)? growth monitoring (nutrition)?	YES NO ANTENATAL.....1 2 DELIVERY.....1 2 POSTNATAL.....1 2 IMMUNIZATION.....1 2 NUTRITION.....1 2	
C208	Generally do people in this community think: there are long waiting times at (HEALTH CENTER NAME)? the staff are competent? the services at the facility are expensive? medicines are readily available? medicines are fake? (HEALTH CENTER NAME) is too far away?	YES NO LONG WAITING TIMES.....1 2 STAFF COMPETENT.....1 2 EXPENSIVE.....1 2 MEDICINES READILY AVAILABLE.....1 2 MEDICINES ARE FAKE.....1 2 TOO FAR AWAY.....1 2	
C209	Does (HEALTH CENTER NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ C216

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C210	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ _____ NONE KNOWN.....98	→ C216
C211	Where is it located?	ADDRESS _____ _____	
C212	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98')	MILES..... <input type="text"/> <input type="text"/>	
C213	What is the most common type of transport to the health center?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ C215
C214	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
C215	How long in hours and minutes does it take to get from here to (HEALTH CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
C216	How many health centers in total are there within 6 hours walk?	NO. HEALTH CENTERS..... <input type="text"/> <input type="text"/>	→ D201
C217	Does (HEALTH CENTER NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ D201
C218	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ _____ NONE KNOWN.....98	→ D201
C219	How long in hours and minutes does it take to get from here to (HEALTH CENTER NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

2-6

COMMENTS:

D. FAMILY PLANNING CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
D201	What is the name of the nearest family planning clinic to this community?	FAMILY PLANNING CLINIC NAME _____ _____ NONE KNOWN.....98	→ E201
D202	Where is it located?	ADDRESS _____ _____	
D203	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>	
D204	What is the most common type of transport inhabitants in this community would use to go to the family planning clinic?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ D206
D205	How long does it take in hours and minutes to get from here to (FAMILY PLANNING CLINIC NAME) using most common type to transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
D206	How long in hours and minutes does it take to get from here to (FAMILY PLANNING CLINIC NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> IF MORE THAN 6 HOURS	→ E201
D208	Generally do people in this community think: there are long waiting times at (FAMILY PLANNING CLINIC)? the staff are competent? the services at the facility are expensive? contraceptives are available? contraceptives are fake? (FAMILY PLANNING CLINIC NAME) is too far away?	YES NO LONG WAITING TIMES.....1 2 STAFF COMPETENT.....1 2 EXPENSIVE.....1 2 CONTRACEPTIVES AVAILABLE.....1 2 CONTRACEPTIVES FAKE.....1 2 TOO FAR AWAY.....1 2	
D216	How many family planning clinics in total are there within 6 hours walk?	NO. F.P. CLINICS..... <input type="text"/> <input type="text"/>	

COMMENTS:

E. PHARMACY/PATENT MEDICINE STORE/CHEMIST STORE

No.	QUESTIONS	CODING CATEGORIES	SKIP TO															
E201	What is the name of the nearest private pharmacy, patent medicine store or chemist store to this community?	PHARMACY/PATENT MEDICINE/CHEMIST NAME _____ _____ NONE KNOWN.....98	→ 220															
E202	Where is it located?	ADDRESS _____ _____																
E203	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>																
E204	What is the most common type of transport inhabitants in this community would use to go to the pharmacy/patent medicine store/chemist?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ E206															
E205	How long does it take in hours and minutes to get from here to (PHARMACY/PATENT MEDICINE STORE/CHEMIST) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																
E206	How long in hours and minutes does it take to get from here to (PHARMACY/PATENT MEDICINE STORE/CHEMIST NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> IF MORE THAN 6 HOURS	→ E217															
E208	Generally do people in this community think: medicines at the pharmacy/store are expensive? medicines are readily available? medicines are fake? (PHARMACY/PATENT MEDICINE/CHEMIST NAME) is too far away?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EXPENSIVE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICINES READILY AVAILABLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICINES ARE FAKE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TOO FAR AWAY.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EXPENSIVE.....	1	2	MEDICINES READILY AVAILABLE.....	1	2	MEDICINES ARE FAKE.....	1	2	TOO FAR AWAY.....	1	2	
	YES	NO																
EXPENSIVE.....	1	2																
MEDICINES READILY AVAILABLE.....	1	2																
MEDICINES ARE FAKE.....	1	2																
TOO FAR AWAY.....	1	2																
E209	Does (PHARMACY/PATENT MEDICINE STORE/CHEMIST NAME) carry family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ E216															

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
E210	What is the name of the nearest pharmacy, patent medicine store or chemist store to this community that has family planning supplies?	PHARMACY/PATENT MEDICINE/CHEMIST NAME _____ _____ NONE KNOWN.....98	→ E216
E211	Where is it located?	ADDRESS _____ _____	
E212	How far is it (in miles) from here? (WRITE IN '00' IF LESS THAN 1 MILE. IF 1 TO 96 MILES, WRITE IN DISTANCE AS GIVEN IN CLUSTER. IF 97 MILES OR MORE, WRITE IN '97'. IF DISTANCE IS UNKNOWN, WRITE IN '98'.)	MILES..... <input type="text"/> <input type="text"/>	
E213	What is the most common type of transport to the pharmacy/patent medicine store/chemist?	MOTORIZED.....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 BOATING.....5 OTHER.....6	→ E215
E214	How long does it take to get from here to (PHARMACY/PATENT MEDICINE STORE/CHEMIST) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
E215	How long in hours and minutes does it take to get from here to (PHARMACY/PATENT MEDICINE STORE/CHEMIST NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
E216	How many pharmacies, patent medicine stores and chemist stores in total are there within 6 hours walk?	NO. PHARMACIES/CHEMISTS..... <input type="text"/> <input type="text"/>	→ 220
E217	Does (PHARMACY/PATENT MEDICINE STORE/CHEMIST NAME) provide family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ 220
E218	What is the name of the nearest pharmacy, patent medicine store or chemist store to this community that has family planning supplies?	PHARMACY/PATENT MEDICINE/CHEMIST NAME _____ _____ NONE KNOWN.....98	→ 220
E219	How long in hours and minutes does it take to get from here to (PHARMACY/PATENT MEDICINE STORE/CHEMIST NAME) <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

2-9

COMMENTS:

CONTRACEPTIVE METHOD IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
220	What is the name of the nearest facility to this community where birth control pills can be obtained?	NEAREST PILL PROVIDER NAME NONE KNOWN.....98	→ 222
221	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
222	What is the name of the nearest facility to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME NONE KNOWN.....98	→ 224
223	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
224	What is the name of the nearest facility to this community where injectables (Depoprovera, Moristerat) can be obtained?	NEAREST INJECTABLE PROVIDER NAME NONE KNOWN.....98	→ 226
225	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
226	What is the name of the nearest facility to this community where foaming tablets can be obtained?	NEAREST FOAMING TABLET PROVIDER NAME NONE KNOWN.....98	→ 228
227	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
228	What is the name of the nearest facility to this community where IUCDs can be obtained?	NEAREST IUCD PROVIDER NAME NONE KNOWN.....98	→ 230
229	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
230	What is the name of the nearest facility to this community where contraceptive sterilization (tubal ligation, vasectomy) can be obtained?	NEAREST STERILIZATION PROVIDER NAME NONE KNOWN.....98	→ 232
231	How long in hours and minutes does it take to get from here to there <u>by walking</u> ?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

COMMENTS:

232.		CLUSTER INFORMANTS	
	NAME	POSITION/TITLE/OCCUPATION	
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
233.	TOTAL NUMBER OF INFORMANTS IN THE CLUSTER.....		<input type="text"/> <input type="text"/>

234	RECORD THE TIME.	HOUR.....	<input type="text"/> <input type="text"/>
		MINUTES.....	<input type="text"/> <input type="text"/>

END OF CLUSTER INTERVIEW.

LOG OF FACILITIES TO BE VISITED		
DIRECTIONS: LIST BELOW ALL FACILITIES THAT WERE CITED AS BEING WITHIN SIX HOURS WALK FROM THE CLUSTER.		
FACILITY TYPE:	LOCATION:	DATE VISITED:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3. Date: _____ HOSPITAL VISIT Hospital Name: _____

IF THE HOSPITAL IS 6 HOURS WALK OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 301 TO 303 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

301	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
302	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
303	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 TERRAZO.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
304	In what year did this hospital open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/> DON'T KNOW.....98	
305	Under what authority is this hospital operated?	FEDERAL.....1 STATE.....2 LGA.....3 CHURCH/MISSION.....4 PRIVATE.....5 OTHER.....6 DON'T KNOW.....8	
306	How many beds does this hospital have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
307	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
308	Do you keep an outpatient record log?	YES.....1 NO.....2	
309	Is there a standard outpatient (or registration/general) fee at this facility? IF YES, what is it?	YES.....1 OUTPATIENT FEE.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO.....2	← 312
310	Is everyone charged the outpatient fee?	YES.....1 NO.....2	→ 312
311	What proportion of patients are charged the outpatient fee?	PROPORTION CHARGED..... <input type="text"/> <input type="text"/>	

3-1

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
312	How many staff of the following types does the hospital have? Number of doctors Number of nurses Number of trained midwives Number of Community Health Extension Workers (CHEWs)	REGULAR STAFF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
313	What is the method most frequently used for the sterilization of medical instruments such as needles and syringes?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM STERILIZER.....3 OTHER.....4 NONE.....5	→ 317
314	Is the (TYPE OF STERILIZATION EQUIPMENT) working right now?	YES.....1 NO.....2	→ 317
315	Has the (TYPE OF STERILIZATION EQUIPMENT) been out of working order at any time in the last 6 months?	YES.....1 NO.....2	
316	Can I see your (TYPE OF STERILIZATION EQUIPMENT)?	SEEN.....1 NOT SEEN.....2	
317	Has this facility run out of its supply of reusable or disposable needles at any time in the last 6 months?	YES.....1 NO.....2	

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health services available at this hospital. ASK Q.318 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	318 Is (SERVICE) available? YES.....1 NO.....2	319 How many days per week is (SERVICE) available? [a], [b]	320 What is the average fee for (SERVICE)? IF FREE, SKIP Q.321.	321 On average, what proportion of patients pay for (SERVICE)? [c], [d]
1 Antenatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
2 Delivery care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
3 Postnatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
4 Immunization (EPI)	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
5 Child growth monitoring sessions (nutrition)	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
6 Nutrition (food) demonstration	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
7 Oral rehydration therapy unit	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %

CODES: [a] 0 = Whenever someone requests service [b] 8 = Don't know [c] 97 = Everyone pays [d] 98 = Don't know

EQUIPMENT AVAILABLE AT THE FACILITY:

Now I would like to ask you about if the facility has various types of equipment, if the equipment works right now and after I have asked you about all the equipment, I need to see it. ASK Q.322 FOR THE FIRST PIECE OF EQUIPMENT. IF THE FACILITY HAS IT, ASK Q. 323 AND THEN OR IF THE FACILITY DOES NOT HAVE IT, ASK ABOUT THE NEXT PIECE OF EQUIPMENT. AFTER ASKING Q.322 AND Q.323 FOR ALL PIECES OF EQUIPMENT, ASK TO SEE THOSE PIECES OF EQUIPMENT THAT THE FACILITY HAS AND THAT NEED TO BE SEEN ACCORDING TO Q.324.

EQUIPMENT	322 Do you have (EQUIPMENT)?	323 Does (EQUIPMENT) work right now?	324 ASK TO SEE EQUIPEMNT AND RECORD OUTCOME
1 Running water	YES.....1 NO.....2	YES.....1 NO.....2	
2 Electricity	YES.....1 NO.....2	YES.....1 NO.....2	
3 Refrigerator	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
4 Gas cooker	YES.....1 NO.....2	YES.....1 NO.....2	
5 Kerosene stove	YES.....1 NO.....2	YES.....1 NO.....2	
6 Telephone/Radio Transmitter	YES.....1 NO.....2	YES.....1 NO.....2	
7 Table for gyn exam (OB/GYN couch)	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
8 Angle poised lamp	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
9 Weighing scales for children	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
10 Blood pressure apparatus	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
11 Gauze/Cotton wool	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
12 Antiseptics	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
13 IUCD insertion kit	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
14 Microscope	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
15 Operating theatre	YES.....1 NO.....2	YES.....1 NO.....2	
16 Blood bank	YES.....1 NO.....2		
17 AIDS test	YES.....1 NO.....2		

325←

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
325	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	→ 327
326	In how many different sites do you have mobile clinic/outreach services?	NUMBER OF OUTREACH SITES.. <input type="text"/> <input type="text"/>	

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications and vaccines available at this facility. I will need to know for each medication and vaccine, if they are available and if you have run out of any of them in the last six months. I will also need to know the cost patients pay for each medicine here if there is a charge. Finally, I will need to see each medicine and vaccine after we have discussed all of them. ASK Q.327 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.328 AND THEN Q.329 WHEN APPROPRIATE. IF THE MEDICATION IS NOT AVAILABLE, CONTINUE WITH THE NEXT MEDICATION.

MEDICATION	327 Is (MEDICATION) available now?	328 At any time in the last 6 months did you run out of (MEDICATION)?	329 What is the cost of (QUANTITY) of (MEDICATION)?
1 Anti-malarial syrup (e.g. chloroquine) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 Fansidar QUANTITY: 1 tablet	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Quinine QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 Antibiotic syrup (e.g. penicillin) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 Iron tablets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 ORS packets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 Meningitis vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

330

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
330	May I please see the medicines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
331	May I please see the vaccines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
332	Does this facility provide family planning services?	YES.....1 NO.....2	→ 343
333	Are any doctors trained in contraceptive sterilization procedures?	YES.....1 NO.....2	
334	Are any doctors trained in IUD insertion?	YES.....1 NO.....2	
335	Are any nurses trained in IUD insertion?	YES.....1 NO.....2	
336	On average, how many new patients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
337	On average, how many patients revisit monthly?	REVISIT PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this hospital. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE HOSPITAL, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.340, ALWAYS ASK ABOUT THE QUANTITY GIVEN WHEN ASKING ABOUT COST IF ONE IS GIVEN. FOR FOAMING TABLETS, WHEN RECORDING THE PRICE ALSO RECORD THE NUMBER OF TABLETS IN THE PACKAGE.

METHOD	338 Is (METHOD) available?	339 How many days per week is (METHOD) available? [a]	340 How much does (QUANTITY) of (METHOD) cost?	341 Have you run out of (METHOD) in the last 6 months?	342 In what year did you first offer (METHOD)? [b]
01 <input type="checkbox"/> Pill QUANTITY: 1 cycle	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 <input type="checkbox"/> IUCD QUANTITY: IUCD & insertion	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 <input type="checkbox"/> Injection (Depoprovera, Noristerat) QUANTITY: 1 injection	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 <input type="checkbox"/> Condom QUANTITY: 3 condoms	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 <input type="checkbox"/> Foaming tablets NUMBER..... <input type="text"/> <input type="text"/> QUANTITY: package	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 <input type="checkbox"/> Female sterilization	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>
07 <input type="checkbox"/> Other methods Specify	YES....1 NO.....2 343	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

CODES: [a] 8 = Don't know [b] 98 = Don't know

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
343	What is your position or title here?		

QUESTIONS 344 TO 346 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

344	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
345	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
346	ADDITIONAL COMMENTS:		

SECTION 4. Date: _____ CLINIC/MATERNITY HOME VISIT Name: _____

IF THE CLINIC/MATERNITY CENTER/MATERNITY HOME IS 6 HOURS WALK OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 401 TO 403 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

401	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
402	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
403	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 TERRAZO.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
404	In what year did this clinic/maternity center/maternity home open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/> DON'T KNOW.....98	
405	Under what authority is this clinic/maternity center/maternity home operated?	FEDERAL.....1 STATE.....2 LGA.....3 CHURCH/MISSION.....4 PRIVATE.....5 OTHER.....6 DON'T KNOW.....8	
406	How many beds does this clinic/maternity center/maternity home have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
407	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
408	Do you keep an outpatient record log?	YES.....1 NO.....2	
409	Is there a standard outpatient (or registration/general) fee at this facility? IF YES, what is it?	YES.....1 OUTPATIENT FEE.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO.....2	<input type="text"/> → 412
410	Is everyone charged the outpatient fee?	YES.....1 NO.....2	→ 412
411	What proportion of patients are charged the outpatient fee?	PROPORTION CHARGED..... <input type="text"/> <input type="text"/>	

COMMENTS:

4-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
412	How many staff of the following types does the clinic/maternity center/maternity home have? Number of doctors Number of nurses Number of trained midwives Number of Community Health Extension Workers (CHEWs)	REGULAR STAFF 	
413	What is the method most frequently used for the sterilization of medical instruments such as needles and syringes?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM STERILIZER.....3 OTHER.....4 NONE.....5 → 417	
414	Is the (TYPE OF STERILIZATION EQUIPMENT) working right now?	YES.....1 NO.....2 → 417	
415	Has the (TYPE OF STERILIZATION EQUIPMENT) been out of working order at any time in the last 6 months?	YES.....1 NO.....2	
416	Can I see your (TYPE OF STERILIZATION EQUIPMENT)?	SEEN.....1 NOT SEEN.....2	
417	Has this facility run out of its supply of reusable or disposable needles at any time in the last 6 months?	YES.....1 NO.....2	

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health services available at this clinic/maternity center/maternity home. ASK Q.418 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	418 Is (SERVICE) available?	419 How many days per week is (SERVICE) available? (a), (b)	420 What is the average fee for (SERVICE)? IF FREE, SKIP Q.421.	421 On average, what proportion of patients pay for (SERVICE)? (c), (d)
1 Antenatal care	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
2 Delivery care	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
3 Postnatal care	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
4 Immunization (EPI)	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
5 Child growth monitoring sessions (nutrition)	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
6 Nutrition (food) demonstration	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
7 Oral rehydration therapy unit	YES.....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %

CODES: [a] 0 = Whenever someone requests service [b] 8 = Don't know [c] 97 = Everyone pays [d] 98 = Don't know

EQUIPMENT AVAILABLE AT THE FACILITY:

Now I would like to ask you about if the facility has various types of equipment, if the equipment works right now and after I have asked you about all the equipment, I need to see it. ASK Q.422 FOR THE FIRST PIECE OF EQUIPMENT. IF THE FACILITY HAS IT, ASK Q.423 AND THEN OR IF THE FACILITY DOES NOT HAVE IT, ASK ABOUT THE NEXT PIECE OF EQUIPMENT. AFTER ASKING Q.422 AND Q.423 FOR ALL PIECES OF EQUIPMENT, ASK TO SEE THOSE PIECES OF EQUIPMENT THAT THE FACILITY HAS AND THAT NEED TO BE SEEN ACCORDING TO Q.424.

EQUIPMENT	422 Do you have (EQUIPMENT)?	423 Does (EQUIPMENT) work right now?	424 ASK TO SEE EQUIPEMNT AND RECORD OUTCOME
1 Running water	YES.....1 NO.....2	YES.....1 NO.....2	
2 Electricity	YES.....1 NO.....2	YES.....1 NO.....2	
3 Refrigerator	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
4 Gas cooker	YES.....1 NO.....2	YES.....1 NO.....2	
5 Kerosene stove	YES.....1 NO.....2	YES.....1 NO.....2	
6 Telephone/Radio Transmitter	YES.....1 NO.....2	YES.....1 NO.....2	
7 Table for gyn exam (OB/GYN couch)	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
8 Angle poised lamp	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
9 Weighing scales for children	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
10 Blood pressure apparatus	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
11 Gauze/Cotton wool	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
12 Antiseptics	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
13 IUCD insertion kit	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
14 Microscope	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
425	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	→427
426	In how many different sites do you have mobile clinic/outreach services?	NUMBER OF OUTREACH SITES.. <input type="text"/> <input type="text"/>	

COMMENTS:

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications and vaccines available at this facility. I will need to know for each medication and vaccine, if they are available and if you have run out of any of them in the last six months. I will also need to know the cost patients pay for each medicine here if there is a charge. Finally, I will need to see each medicine and vaccine after we have discussed all of them. ASK Q.427 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.428 AND THEN Q.429 WHEN APPROPRIATE. IF THE MEDICATION IS NOT AVAILABLE, CONTINUE WITH THE NEXT MEDICATION.

MEDICATION	427 Is (MEDICATION) available now?	428 At any time in the last 6 months did you run out of (MEDICATION)?	429 What is the cost of (QUANTITY) of (MEDICATION)?
1 Anti-malarial syrup (e.g. chloroquine) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 Fansidar QUANTITY: 1 tablet	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Quinine QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 Antibiotic syrup (e.g. penicillin) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 Iron tablets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 ORS packets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 Meningitis vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

430+

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
430	May I please see the medicines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
431	May I please see the vaccines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
432	Does this facility provide family planning services?	YES.....1 NO.....2	→ 443
433	Are any doctors trained in contraceptive sterilization procedures?	YES.....1 NO.....2	
434	Are any doctors trained in IUD insertion?	YES.....1 NO.....2	
435	Are any nurses trained in IUD insertion?	YES.....1 NO.....2	
436	On average, how many new patients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
437	On average, how many patients revisit monthly?	REVISIT PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this clinic/maternity center/maternity home. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE CLINIC/MATERNITY CENTER/MATERNITY HOME, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.440, ALWAYS ASK ABOUT THE QUANTITY GIVEN WHEN ASKING ABOUT COST IF ONE IS GIVEN. FOR FOAMING TABLETS, WHEN RECORDING THE PRICE ALSO RECORD THE NUMBER OF TABLETS IN THE PACKAGE.

METHOD	438 Is (METHOD) available?	439 How many days per week is (METHOD) available? (a)	440 How much does (QUANTITY) of (METHOD) cost?	441 Have you run out of (METHOD) in the last 6 months?	442 In what year did you first offer (METHOD)? (b)
01 <input type="checkbox"/> Pill QUANTITY: 1 cycle	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 <input type="checkbox"/> IUCD QUANTITY: IUCD & insertion	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 <input type="checkbox"/> Injection (Depoprovera, Noristerat) QUANTITY: 1 injection	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 <input type="checkbox"/> Condom QUANTITY: 3 condoms	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 <input type="checkbox"/> Foaming tablets NUMBER..... <input type="text"/> <input type="text"/> QUANTITY: package	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 <input type="checkbox"/> Female sterilization	YES....1 NO....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>
07 <input type="checkbox"/> Other methods Specify	YES....1 NO....2 443	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

CODES: (a) 8 = Don't know (b) 98 = Don't know

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
443	What is your position or title here?		

QUESTIONS 444 TO 446 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

444	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
445	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
446	ADDITIONAL COMMENTS:		

SECTION 5. Date: _____ HEALTH CENTER VISIT Center Name: _____

IF THE CENTER IS 6 HOURS WALK OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 501 TO 503 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
 IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

501	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
502	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
503	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 TERRAZO.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
504	In what year did this health center open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/> DON'T KNOW.....98	
505	Under what authority is this health center operated?	FEDERAL.....1 STATE.....2 LGA.....3 CHURCH/MISSION.....4 PRIVATE.....5 OTHER.....6 DON'T KNOW.....8	
506	How many beds does this health center have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
507	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
508	Do you keep an outpatient record log?	YES.....1 NO.....2	
509	Is there a standard outpatient (or registration/general) fee at this facility? IF YES, what is it?	YES.....1 OUTPATIENT FEE.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO.....2	<input type="checkbox"/> → 512
510	Is everyone charged the outpatient fee?	YES.....1 NO.....2	→ 512
511	What proportion of patients are charged the outpatient fee?	PROPORTION CHARGED..... <input type="text"/> <input type="text"/>	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
512	How many staff of the following types does the health center have? Number of doctors Number of nurses Number of trained midwives Number of Community Health Extension Workers (CHEWs)	REGULAR STAFF <div style="display: flex; justify-content: space-around;"> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> </div>	
513	What is the method most frequently used for the sterilization of medical instruments such as needles and syringes?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM STERILIZER.....3 OTHER.....4 NONE.....5	→ 517
514	Is the (TYPE OF STERILIZATION EQUIPMENT) working right now?	YES.....1 NO.....2	→ 517
515	Has the (TYPE OF STERILIZATION EQUIPMENT) been out of working order at any time in the last 6 months?	YES.....1 NO.....2	
516	Can I see your (TYPE OF STERILIZATION EQUIPMENT)?	SEEN.....1 NOT SEEN.....2	
517	Has this facility run out of its supply of reusable or disposable needles at any time in the last 6 months?	YES.....1 NO.....2	

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health services available at this health center. ASK Q.518 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	518 Is (SERVICE) available?	519 How many days per week is (SERVICE) available? [a], [b]	520 What is the average fee for (SERVICE)? IF FREE, SKIP Q.521.	521 On average, what proportion of patients pay for (SERVICE)? [c], [d]
1 Antenatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
2 Delivery care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
3 Postnatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
4 Immunization (EPI)	YES.....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %
5 Child growth monitoring sessions (nutrition)	YES.....1 NO.....2	<input type="text"/>		
6 Nutrition (food) demonstration	YES.....1 NO.....2	<input type="text"/>		
7 Oral rehydration therapy unit	YES.....1 NO.....2 522←	<input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> %

CODES: [a] 0 = Whenever someone requests service [b] 8 = Don't know [c] 97 = Everyone pays [d] 98 = Don't know

EQUIPMENT AVAILABLE AT THE FACILITY:

Now I would like to ask you about if the facility has various types of equipment, if the equipment works right now and after I have asked you about all the equipment, I need to see it. ASK Q.522 FOR THE FIRST PIECE OF EQUIPMENT. IF THE FACILITY HAS IT, ASK Q. 523 AND THEN OR IF THE FACILITY DOES NOT HAVE IT, ASK ABOUT THE NEXT PIECE OF EQUIPMENT. AFTER ASKING Q.522 AND Q.523 FOR ALL PIECES OF EQUIPMENT, ASK TO SEE THOSE PIECES OF EQUIPMENT THAT THE FACILITY HAS AND THAT NEED TO BE SEEN ACCORDING TO Q.524.

EQUIPMENT	522 Do you have (EQUIPMENT)?	523 Does (EQUIPMENT) work right now?	524 ASK TO SEE EQUIPMENT AND RECORD OUTCOME
1 Running water	YES.....1 NO.....2	YES.....1 NO.....2	
2 Electricity	YES.....1 NO.....2	YES.....1 NO.....2	
3 Refrigerator	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
4 Gas cooker	YES.....1 NO.....2	YES.....1 NO.....2	
5 Kerosene stove	YES.....1 NO.....2	YES.....1 NO.....2	
6 Telephone/Radio Transmitter	YES.....1 NO.....2	YES.....1 NO.....2	
7 Table for gyn exam (OB/GYN couch)	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
8 Angle poised lamp	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
9 Weighing scales for children	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
10 Blood pressure apparatus	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
11 Gauze/Cotton wool	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
12 Antiseptics	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2
13 IUCD Insertion kit	YES.....1 NO.....2		SEEN.....1 NOT SEEN.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
525	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	→ 527
526	In how many different sites do you have mobile clinic/outreach services?	NUMBER OF OUTREACH SITES.. <input type="text"/> <input type="text"/>	

COMMENTS:

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications and vaccines available at this facility. I will need to know for each medication and vaccine, if they are available and if you have run out of any of them in the last six months. I will also need to know the cost patients pay for each medicine here if there is a charge. Finally, I will need to see each medicine and vaccine after we have discussed all of them. ASK Q.527 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.528 AND THEN Q.529 WHEN APPROPRIATE. IF THE MEDICATION IS NOT AVAILABLE, CONTINUE WITH THE NEXT MEDICATION.

MEDICATION	527 Is (MEDICATION) available now?	528 At any time in the last 6 months did you run out of (MEDICATION)?	529 What is the cost of (QUANTITY) of (MEDICATION)?
1 <input type="checkbox"/> Anti-malarial syrup (e.g. chloroquine) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 <input type="checkbox"/> Fansidar QUANTITY: 1 tablet	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 <input type="checkbox"/> Quinine QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 <input type="checkbox"/> Antibiotic syrup (e.g. penicillin) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 <input type="checkbox"/> Iron tablets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 <input type="checkbox"/> ORS packets	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 <input type="checkbox"/> DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 <input type="checkbox"/> Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 <input type="checkbox"/> Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 <input type="checkbox"/> Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 <input type="checkbox"/> BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 <input type="checkbox"/> Meningitis vaccine	YES.....1 NO.....2 530	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
530	May I please see the medicines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
531	May I please see the vaccines we just discussed that you say are available here right now?	SEEN.....1 NOT SEEN.....2	
532	Does this facility provide family planning services?	YES.....1 NO.....2	→ 543
533	Are any doctors trained in contraceptive sterilization procedures?	YES.....1 NO.....2	
534	Are any doctors trained in IUD insertion?	YES.....1 NO.....2	
535	Are any nurses trained in IUD insertion?	YES.....1 NO.....2	
536	On average, how many new patients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
537	On average, how many patients revisit monthly?	REVISIT PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this health center. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE HEALTH CENTER, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.540, ALWAYS ASK ABOUT THE QUANTITY GIVEN WHEN ASKING ABOUT COST IF ONE IS GIVEN. FOR FOAMING TABLETS, WHEN RECORDING THE PRICE ALSO RECORD THE NUMBER OF TABLETS IN THE PACKAGE.

METHOD	538 Is (METHOD) available?	539 How many days per week is (METHOD) available? [a]	540 How much does (QUANTITY) of (METHOD) cost?	541 Have you run out of (METHOD) in the last 6 months?	542 In what year did you first offer (METHOD)? [b]
01 <input type="checkbox"/> Pill QUANTITY: 1 cycle	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 <input type="checkbox"/> IUCD QUANTITY: IUCD & insertion	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 <input type="checkbox"/> Injection (Depoprovera, Noristerat) QUANTITY: 1 injection	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 <input type="checkbox"/> Condom QUANTITY: 3 condoms	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 <input type="checkbox"/> Foaming tablets NUMBER..... <input type="text"/> <input type="text"/> QUANTITY: package	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 <input type="checkbox"/> Female sterilization	YES....1 NO.....2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>
07 <input type="checkbox"/> Other methods Specify	YES....1 NO.....2 543	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

CODES: [a] 8 = Don't know [b] 98 = Don't know

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
543	What is your position or title here?		

QUESTIONS 544 TO 546 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

544	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
545	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
546	ADDITIONAL COMMENTS:		

SECTION 6. Date: _____ **FAMILY PLANNING CLINIC** Clinic Name: _____

IF THE CLINIC IS 6 HOURS WALK OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 601 TO 603 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
 IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

601	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
602	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
603	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 TERRAZO.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
604	In what year did this clinic open?	YEAR OPENED.....19 DON'T KNOW.....98	
605	Under what authority is this clinic operated?	FEDERAL.....1 STATE.....2 LGA.....3 CHURCH/MISSION.....4 PRIVATE.....5 OTHER.....6 DON'T KNOW.....8	
608	Do you keep records on family planning clients?	YES.....1 NO.....2	
609	Is there a standard outpatient (or registration/general) fee at this facility? IF YES, what is it?	YES.....1 OUTPATIENT FEE.. NO.....2	→ 612
610	Is everyone charged the outpatient fee?	YES.....1 NO.....2	→ 612
611	What proportion of patients are charged the outpatient fee?	PROPORTION CHARGED..... 	
612	How many staff of the following types does the clinic have? Number of doctors Number of nurses Number of Community Health Extension Workers (CHEWs)	REGULAR STAFF <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
613	What is the method most frequently used for the sterilization of medical instruments such as needles and syringes?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM STERILIZER.....3 OTHER.....4 NONE.....5	→ 617
614	Is the (TYPE OF STERILIZATION EQUIPMENT) working right now?	YES.....1 NO.....2	→ 617

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
615	Has the (TYPE OF STERILIZATION EQUIPMENT) been out of working order at any time in the last 6 months?	YES.....1 NO.....2	
616	Can I see your (TYPE OF STERILIZATION EQUIPMENT)?	SEEN.....1 NOT SEEN.....2	
617	Has this facility run out of its supply of reusable or disposable needles at any time in the last 6 months?	YES.....1 NO.....2	

EQUIPMENT AVAILABLE AT THE FACILITY:

Now I would like to ask you about if the facility has various types of equipment, if the equipment works right now and after I have asked you about all the equipment, I need to see it. ASK Q.622 FOR THE FIRST PIECE OF EQUIPMENT. IF THE FACILITY HAS IT, ASK Q.623 AND THEN OR IF THE FACILITY DOES NOT HAVE IT, ASK ABOUT THE NEXT PIECE OF EQUIPMENT. AFTER ASKING Q.622 AND Q.623 FOR ALL PIECES OF EQUIPMENT, ASK TO SEE THOSE PIECES OF EQUIPMENT THAT THE FACILITY HAS AND THAT NEED TO BE SEEN ACCORDING TO Q.624.

EQUIPMENT	622 Do you have (EQUIPMENT)?	623 Does (EQUIPMENT) work right now?	624 ASK TO SEE EQUIPMENT AND RECORD OUTCOME
1 Running water	YES.....1 NO.....2	YES.....1 NO.....2	
2 Electricity	YES.....1 NO.....2	YES.....1 NO.....2	
4 Gas cooker	YES.....1 NO.....2	YES.....1 NO.....2	
5 Kerosene stove	YES.....1 NO.....2	YES.....1 NO.....2	
6 Telephone/Radio Transmitter	YES.....1 NO.....2	YES.....1 NO.....2	
7 Table for gyn exam (OB/GYN couch)	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2	
8 Angle poised lamp	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
10 Blood pressure apparatus	YES.....1 NO.....2	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2
12 Antiseptics	YES.....1 NO.....2	SEEN.....1 NOT SEEN.....2	
13 IUCD insertion kit	YES.....1 NO.....2 625 ←	SEEN.....1 NOT SEEN.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
625	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	→ 633
626	In how many different sites do you have mobile clinic/outreach services?	NUMBER OF OUTREACH SITES.. <input type="text"/>	
633	Are any doctors trained in contraceptive sterilization procedures?	YES.....1 NO.....2	
634	Are any doctors trained in IUD insertion?	YES.....1 NO.....2	
635	Are any nurses trained in IUD insertion?	YES.....1 NO.....2	
636	On average, how many new patients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/>	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
637	On average, how many patients revisit monthly?	REVISIT PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this clinic. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE CLINIC, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.640, ALWAYS ASK ABOUT THE QUANTITY GIVEN WHEN ASKING ABOUT COST IF ONE IS GIVEN. FOR FOAMING TABLETS, WHEN RECORDING THE PRICE ALSO RECORD THE NUMBER OF TABLETS IN THE PACKAGE.

METHOD	638 Is (METHOD) available?	639 How many days per week is (METHOD) available? [a]	640 How much does (QUANTITY) of (METHOD) cost?	641 Have you run out of (METHOD) in the last 6 months?	642 In what year did you first offer (METHOD)? [b]
01 <input type="checkbox"/> Pill QUANTITY: 1 cycle	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 <input type="checkbox"/> IUCD QUANTITY: IUCD & insertion	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 <input type="checkbox"/> Injection (Depoprovera, Noristerat) QUANTITY: 1 injection	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 <input type="checkbox"/> Condom QUANTITY: 3 condoms	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 <input type="checkbox"/> Foaming tablets NUMBER..... <input type="text"/> <input type="text"/> QUANTITY: package	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 <input type="checkbox"/> Female sterilization	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
07 <input type="checkbox"/> Other methods Specify	YES....1 NO.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

CODES: [a] 8 = Don't know [b] 98 = Don't know

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
643	What is your position or title here?		

QUESTIONS 644 TO 646 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

644	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
645	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
646	ADDITIONAL COMMENTS:		

SECTION 7. Date: _____ **PHARMACY/PATENT MEDICINE STORE/CHEMIST** Name: _____

IF THE PHARMACY/PATENT MEDICINE STORE/CHEMIST IS 6 HOURS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 701 TO 703 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

701	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
702	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
703	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 TERRAZO.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO															
704	How many hours per week is the pharmacy/patent medicine store/chemist open?	HOURS PER WEEK..... <input type="text"/> <input type="text"/>																
705	How many days per week is the pharmacy/patent medicine store/chemist open?	DAYS PER WEEK..... <input type="text"/>																
706	Is there a trained pharmacist available?	YES.....1 NO.....2																
707	Does the facility have the following items in working order? Running water? Electricity? Telephone or radio transmitter? Refrigerator?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>RUNNING WATER.....1</td><td></td><td>2</td></tr><tr><td>ELECTRICITY.....1</td><td></td><td>2</td></tr><tr><td>TELEPHONE.....1</td><td></td><td>2</td></tr><tr><td>REFRIGERATOR.....1</td><td></td><td>2</td></tr></table>		YES	NO	RUNNING WATER.....1		2	ELECTRICITY.....1		2	TELEPHONE.....1		2	REFRIGERATOR.....1		2	
	YES	NO																
RUNNING WATER.....1		2																
ELECTRICITY.....1		2																
TELEPHONE.....1		2																
REFRIGERATOR.....1		2																
708	In what year did the pharmacy/patent medicine store/chemist open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/>																

COMMENTS:

7-1

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medicines available at this store. I will need to know for each medicine if it is available and if you have run out of it at any time in the last six months. I will also need to find out the cost of each medicine for customers of this store. ASK Q.709 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.710 AND Q.711. IF THE MEDICATION IS NOT AVAILABLE, CONTINUE WITH THE NEXT MEDICATION.

MEDICATION	709 Is (MEDICATION) available now?	710 At any time in the last 6 months did you run out of (MEDICATION)?	711 On average, how much do customers pay for (QUANTITY) OF (MEDICATION)?
1 Anti-malarial syrup (e.g. chloroquine) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 Fansidar QUANTITY: 1 tablet	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Quinine QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 Antibiotic syrup (e.g. penicillin) QUANTITY: child's treatment	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 Iron tablets QUANTITY: 1 bottle	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 ORS packets QUANTITY: 1 packet	YES.....1 NO.....2	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

712 ←

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
712	Does this pharmacy/patent medicine store/chemist carry family planning methods?	YES.....1 NO.....2	→ 717

CONTRACEPTIVE METHOD AVAILABILITY

Now I would like to ask you about which family planning methods are available at this pharmacy/patent medicine store/chemist. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE STORE, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.714, ALWAYS ASK ABOUT THE QUANTITY GIVEN WHEN ASKING ABOUT COST IF ONE IS GIVEN. FOR FOAMING TABLETS, WHEN RECORDING THE PRICE ALSO RECORD THE NUMBER OF TABLETS IN THE PACKAGE.

METHOD	713 Is (METHOD) available?	714 What is the average cost of (QUANTITY) of (METHOD)?	715 Have you run out of (METHOD) in the last 6 months?
01 Pill QUANTITY: 1 cycle	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2
03 Injection (Depo-provera, Noristerat) QUANTITY: 1 vial	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2
04 Condom QUANTITY: Packet of 3	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2
05 Foaming tablets NUMBER..... QUANTITY: package	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2
07 Other methods Specify	YES.....1 NO.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2

716 ←

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
716	What is your position or title here?		

QUESTIONS 717 TO 719 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

717	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
718	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
719	ADDITIONAL COMMENTS:		