
Nigeria Baseline Health Facility Survey, 2005

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MEASURE Evaluation



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Executive Summary

This report presents findings from the 2005 Nigeria Baseline Health Facility Survey. The survey serves as a baseline for the Community Participation for Action in the Social Sector Project (COMPASS). It was implemented in the local government areas (LGAs) in the states of Bauchi, Federal Capital Territory (FCT), Kano, Lagos, and Nasarawa where COMPASS is being implemented. COMPASS represents an integration of three previous U.S. Agency for International Development (USAID/Nigeria) funded projects: VISION, BASICS, and LEAP. The purpose of COMPASS is to enhance reproductive health and family planning services, as well as to promote child survival and improved literacy. The core idea behind COMPASS is to integrate the health, child survival, and education sectors through the promotion of community coalitions.

From a representative sample of men and women in the COMPASS target areas, the survey teams collected information on all health facilities reportedly used by the sample of respondents. Information was collected on the facility background; vaccine logistic systems; child health services; family planning services; antenatal and postpartum care; newborn and delivery care; sexually transmitted infection (STI) and voluntary counseling and testing (VCT) services; and select medications. The objective of this report is to present a set of indicators that are used by COMPASS and USAID/Nigeria for monitoring program performance. Data from the baseline health facility report will be used to set program targets, as well as measure changes in health service indicators resulting from the COMPASS project's interventions. Further, the results of the baseline survey may also be used to redirect efforts or increase levels of interventions in selected areas, based on the needs and goals of

health facilities in COMPASS project areas. Chapter 1 presents an overview of healthcare in Nigeria, describes survey objectives and methods, and provides background characteristics of the sample. Chapter 2 describes facility characteristics, including service provision, facility amenities, outreach programs, and infection prevention procedures. Chapter 3 provides information about family planning services. Chapter 4 presents findings related to antenatal care and postpartum. Chapter 5 presents findings related to child health services. Chapter 6 describes vaccine services. Chapter 7 presents findings related to STI and VCT services. Key findings of the baseline health facility survey are provided below. Findings from the baseline school and household surveys are presented in separate reports.

Health Facility Characteristics

- Half of the sample comprises patent medicine vendors or dispensaries; 29% are public health facilities and 21% are private health facilities.
- Over 97% of the health facilities provide vaccine services or commodities; 64% provide antenatal care (ANC) or postpartum care (PPC); 52% provide delivery and newborn services; and 52% provide STI or HIV/AIDS services or commodities to treat STIs.
- Twice as many public health facilities have a separate waiting area for youth as do private facilities: 9% vs. 4% respectively.
- More than twice as many facilities in urban areas sell or distribute insecticide-treated bed nets (ITNs) as compared to facilities in rural areas.
- Only one in three health facilities sell pre-packaged intermittent preventive treatment (IPT) for malaria.

Family Planning Services

- Nearly eight out of 10 health facilities provide family planning services.
- About 25% of public facilities, less than 20% of private facilities, and only 3% of patent medicine vendors (PMVs) provide three or more contraceptive methods with at least one provider to offer each and have completed family planning registers.
- Less than 15% of health facilities provide two or more contraceptive methods with at least one provider to offer each and have completed family planning registers.

Antenatal Care and Postpartum Care Services

- A total of 151 (64%) health facilities provide any ANC/PPC services: 64 (96%) public health facilities, 44 (90%) private health facilities, and 43 (37%) PMVs.
- Over half of health facilities report using client cards and/or registries for maintaining client ANC records.
- Less than half of health facilities that provide ANC or PPC services were providing the services on the day of the survey.

Child Health Services

- Most health facilities offer vaccines and immunizations to both pregnant women and children; few provided vaccines to pregnant women only.
- Less than 11% of all facilities have all six antigens and possess completed immunization records.
- Almost half of public facilities offer outreach programs: 2% and 1% of private and PMV facilities, respectively, offer immunization outreach services within the community.

STI and HIV/AIDS Services

- More than half of all health facilities offer some STI or VCT services.
- Less than 12% of STI/HIV/VCT service providers report that their facility offers STI procedures or products for treating STI.
- Over three-quarters of facilities offering VCT have a confidentiality protocol in place; 66% of VCT facilities have an informed consent protocol.

Chapter 1. Introduction

Availability and Access to Healthcare in Nigeria

Situated in between 4°16' and 13°53' north latitude and between 2°40' and 14°41' east longitude, Nigeria is Africa's fourth largest country. With an estimated population of 129 million (World Bank Group, n.d.), it is the most populous country in Africa. Although the population of Nigeria is predominantly rural, an estimated one-third reside in urban areas, with substantial variation in the percentage of urban residence among the states. The state of Lagos is the most urbanized (94%) and the state of Jigawa the least urbanized (7%). Large portions of the Chad basin, the Niger River valley, the grass plains, and the Niger River delta are sparsely populated, while some rural areas report population densities in excess of 400 persons per square kilometer (NPC & ORC Macro, 2004).

The government of Nigeria has adopted formal policies aimed at improving health care delivery services and products. In terms of economic status of the communities served, service delivery within and between the communities, product availability, and resource availability, a wide range of disparities exist in Nigeria. As such, the government has focused its efforts on building a formal framework for primary health care delivery to improve the health of all, with prioritization given to child immunizations and HIV/AIDS treatment and prevention. Prioritized primary health care areas are health education, nutrition, water and sanitation, disease control, immunizations, maternal and reproductive health, family planning, and provision of essential drugs.

The Nigerian government, with assistance from the World Bank, has focused on improving the delivery of basic health care services throughout Nigeria. This includes efforts to build institutional capacities to pave the way for continued development of the country's primary health care system. As well, the Nigerian government

has established the National Action Committee on AIDS (NACA), and HIV/AIDS prevention interventions are targeting high-risk populations such as sex workers and transportation workers. The United Kingdom's Department for International Development is funding a project on promoting sexual and reproductive health for HIV/AIDS reduction (PSRHH). PSRHH is a seven-year program implemented by the Society for Family Health (SFH), a local affiliate of Population Services International (PSI). One of the mechanisms through which USAID/Nigeria seeks to improve education, child health, and reproductive health is through COMPASS, an integrated health and education program launched in 2004 in five Nigerian states: Bauchi, FCT, Kano, Lagos, and Nasarawa.

The reach and impact of COMPASS will be evaluated using a household survey on reproductive health and child health, a health facility survey, and a school survey. This report describes the results of the 2005 baseline health facility survey.

COMPASS and MEASURE Evaluation's Role

In 2004, USAID/Nigeria awarded Pathfinder International and its partners a five-year contract to assist USAID in developing a strategic framework for integrating and developing child and reproductive health and education programs in Nigeria. Collaborating partners under COMPASS include Johns Hopkins University/Center for Communication Programs (JHU/CCP), Creative Associates International (CAI), Constella Futures (formerly The Futures Group), Adolescent Health and Information Project (AHIP), Federation of Muslim Women's Associations of Nigeria (FOMWAN), Nigeria Medical Association (NMA), Management Sciences for Health (MSH), and the Civil Society Action Coalition on Education For All (CSACEFA).

COMPASS in Nigeria aims to improve access to health and education within the five Nigerian states, affecting 18 million people. The project targets 51 LGAs within the states (see Table 1.1 for a list of populations, enumeration areas, and sample sizes by state). The states vary widely in both sociodemographics and socioeconomics, reflecting disparities in wealth, health, and education between the northern and southern sections of the country. The five states in which COMPASS operates differ from each other not only in terms of languages spoken, ethnic groups, and religion, but also in terms of access to and availability of health and education services. The current timeline for project implementation is from May 2004 through May 2009.

COMPASS aims to contribute to USAID/Nigeria's strategic objective for improved social sector services (SO13). Specifically, the project aims to contribute to each of USAID's SO13 indicators:

- increased DPT3 coverage
- increased contraceptive prevalence rate (CPR);
- increased birth spacing
- increased student retention

To that effect, the project objectives include:

- improving the quality of health and education services (IR13.1)
- improving local communities' ability to participate effectively in policy dialogue on health and education (IR13.2)
- increasing demand for quality health and education services (IR13.3)

- increasing access to both health and education facilities (IR13.4)

MEASURE Evaluation at Tulane University is the external evaluator for COMPASS. MEASURE Evaluation, in consultation with COMPASS and USAID/Nigeria, developed a household survey, an education survey, and a facility survey. After conducting a competitive bidding process according to USAID/Nigeria requirements, MEASURE Evaluation contracted the Center for Research, Evaluation, and Resource Development (CRERD), a local research organization based in Ile-Ife and affiliated with Obafemi Awolowo University (OAU), Nigeria, to implement the household and facility surveys, as well as the school surveys, in the 51 LGAs where COMPASS operates. Results from the health facility survey are reported here. Results from the household survey provide data for constructing indicators at the individual level (e.g., indicators related to information on individual knowledge of and demand for health and education issues and services. Results from the school survey provide information in the quality and types of educational services offered. Results of the health facility survey provide information necessary to measure indicators related to access, types of services offered, and quality of services at the facility or service delivery point (SDP) level (e.g., contraceptive availability).

Survey Objectives

The specific objectives of the baseline health facility survey are to:

- collect quantitative data on health-service indicators among health facilities serving a



Table 1.1 Population, Number of Enumeration Areas, and Health Facility Sample Size, by COMPASS Project LGAs in Each State

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total
State population	1,355,181	371,674	2,476,911	4,388,647	498,682	9,091,095
Number of EAs sampled	26	26	52	52	26	182
Health Facility sample size	38	61	50	57	27	233

representative sample of adults in 51 LGAs in Bauchi, FCT, Kano, Lagos, and Nasarawa states;

- obtain data that will be used as a baseline against which to measure changes in key health-service indicators resulting from the COMPASS project's interventions; and
- provide data for the refinement of strategies and target populations for COMPASS project activities, as well as for other child and reproductive health programs in the region.

Survey Methods

CRERD, in consultation with MEASURE Evaluation, was responsible for sampling design, data collection (including recruiting and training of the field survey teams), data entry, and data cleaning. MEASURE Evaluation was responsible for all aspects of the baseline, developed the questionnaires, assisted with training of the supervisors and survey teams, conducted data analysis, and produced the survey reports.

The first round of health facility survey data was collected in 2005; subsequent survey waves are scheduled for 2007 and 2009. The objective of the 2005 baseline survey was to collect quantitative data on reproductive health, child health, family planning, and health service indicators at health facilities serving a representative sample of respondents in the 51 LGA target areas (see Appendix A for a list of LGAs). Because the project is likely to have spillover effects in non-intervention LGAs (which would be a desirable outcome), it is not possible to include control groups in the study design. The 2005 surveys will be used as a baseline against which to measure changes in health facility indicators resulting from the COMPASS project's interventions.

Sample Design and Size

Sample size calculations for respondents in households were conducted using regional estimates of five indicators: contraceptive

prevalence, modern contraceptive prevalence, and DPT₁, DPT₂, and DPT₃ rates. The results indicated a sample size of 80 respondents per LGA would allow detection of changes of 25 percentage points at the LGA level with 90% power and 95% confidence (and much more accurate estimates at the state level). Given that there are 51 project LGAs, the target sample size was 4,080. Allowing for 10% non-response, the sample size was increased to 4,500 respondents. Since the health facility and school surveys are linked surveys, they do not have a predetermined sample size. The sample size for these surveys depends on the number of health facilities and schools used by the respondents in the household survey, as described below.

A multi-stage stratified sampling strategy was used for the household survey. Assuming 25 interviews per enumeration area (EA), 182 EAs were needed to achieve the target sample size for the household survey. Because the number of intervention LGAs varies by state, allocating the EAs proportional to population size would not be appropriate, as this would result in very small sample size for some of the states. Hence, 52 EAs were selected in Kano and Lagos, while 26 were selected in each of the other states. Within each state, EAs were selected proportional to the population size of the respective LGAs. Within each LGA, the required number of enumeration areas was selected using a table of random numbers. Within each selected EA, 25 households were selected using systematic random sampling. Because the EAs were not selected proportional to the population size of the respective COMPASS project LGAs in each state, standardized state-level weights were applied to all between-state estimates for the household level analysis. The health facility survey is linked to the household survey, in that only health facilities serving the respondents in the household survey were included in the sample. The health facility survey includes all public and private primary health care facilities serving the population interviewed in the household survey (Table 1.1). Hence, the

facility survey may include some facilities that are located outside the enumeration areas selected for the household survey. One representative from each health facility answered questions about the facility; one health care provider from each of the respective areas (i.e., child health, maternal and reproductive health, family planning, and STI/HIV/AIDS prevention and treatment) at each health facility also answered questions about services and products available in their respective fields of primary health care at the selected health facility.

Questionnaire Development

MEASURE Evaluation, in consultation with all USAID and COMPASS collaborating partners, developed the health facility questionnaire (Appendix C). The questionnaire was adapted from the standard Demographic and Health Survey (DHS) instrument, and included sections on types of services offered at the facility, vaccine logistic systems, child health services, family planning services, ANC and PPC services, delivery and newborn care services, select medications, and STI and HIV/AIDS services. The questionnaire was translated into the three major local languages of the five states (Hausa, Igbo, and Yoruba), then back-translated into English. The questionnaire was interviewer-administered. Geographic coordinates were collected at the enumeration area level using the Garmin eTrex® hand-held navigational unit and downloaded using GPS Utility.

Training of Field Survey Teams

Field staff training was conducted in two stages. First, supervisors received a four-day centralized training at OAU. Subsequent three-day regional trainings of the field teams were held in each of the five states. Field survey teams were recruited from each state. CRERD led all trainings. MEASURE Evaluation staff attended the training of supervisors and the first regional training of the Lagos data collection teams. Training consisted of a question-

by-question review of the questionnaire, review of the sampling methodology, instruction in the use of the hand-held navigational units (e.g., Garmin eTrex®), role plays, and pretests of the questionnaire.

A total of 156 interviewers and 55 supervisors received training. Of these, 145 interviewers, balanced evenly between men and women, and 53 supervisors were retained for the household survey. All trainings were conducted in July and August, 2005. Appendix B lists the supervisors and data collectors.

Data Collection

Data collection for the health facility survey began immediately at the completion of each regional training workshop. Fieldwork started in July 2005 and was completed by early September 2005.

Limitations

As with all cross-sectional surveys, this survey was subject to response and recall biases. Self-reported data may reflect a perceived desirability of responses rather than actual knowledge or practices and may be affected by response bias. Responses to questions related to events in the past (such as ever trained in FP methods, for example) were subject to recall bias. As well, the total *n* for all health facilities is small (*n* = 233), thus estimates for some sub-groups of the sample were not possible.

Because the survey sample is restricted to those 51 LGAs targeted by COMPASS, the results from this survey may not be representative of all health facilities in Bauchi, FCT, Lagos, Kano, Nasarawa, or other Nigerian states.

Chapter 2. Health Facility Characteristics

A total of 233 health facilities were included in the survey. About 16% of the health facilities were in Bauchi, 26% in FCT, 21% in Kano, 25% in Lagos, and 12% in Nasarawa. Most of the health facilities included in the sample were located in urban areas (53%), while 17% were in semi-urban areas and 30% in rural areas. Over 50% of the sample was either PMV facilities or dispensaries. Twenty-nine percent of the sample was public health facilities, and 21% was private health facilities. Overall, public comprehensive health care centers comprised 14% of the sample, and private hospitals comprised 10% of the sample. Throughout this report, the variable public health facilities refer to public teaching hospitals, public comprehensive health care centers, public primary health care

centers, public health clinics and public health posts, whereas the variable private health facilities refers to private hospitals, missionary hospitals, and military hospitals. The variable PMV refers to all patent medicine vendors and dispensaries. This chapter describes health facility characteristics, service provisions, facility amenities, outreach programs, and infection prevention and control procedures.

Service Provision

Table 2.1 shows the percentage of facilities providing any family planning services, STI/VCT services, antenatal care services, child health services, vaccinations, postpartum care, or delivery and newborn care services or commodities. Over 97% of facilities provide vaccination services or



Table 2.1 Percentage of Facilities Providing any FP, STI/VCT, ANC, Child Health, Vaccinations, Postpartum Care, or Delivery and Newborn Care Services or Commodities

	Vaccination	Child Health	Family Planning	Antenatal Care	Post-Partum Care	Delivery and Newborn Care	STI and/or VCT	<i>n</i>
State								
Bauchi	94.7	76.3	84.2	65.8	65.8	50.0	65.8	38
FCT	98.4	85.2	85.2	60.7	60.7	52.5	70.5	61
Kano	100.0	78.0	80.0	72.0	72.0	50.0	38.0	50
Lagos	98.2	64.9	71.9	56.1	56.1	38.6	29.8	57
Nasarawa	92.6	70.4	74.0	77.8	77.8	81.0	59.3	27
Location								
Urban	98.4	75.8	82.3	62.9	62.9	43.5	48.4	124
Semi-Urban	100.0	92.3	79.5	69.2	69.2	56.4	64.1	39
Rural	94.3	65.7	74.5	65.7	65.7	62.9	50.0	70
Facility type								
Public Sector	97.0	85.1	85.1	85.1	95.5	74.6	58.2	67
Private Sector	95.9	81.6	83.7	81.6	89.8	75.5	55.1	49
PMV or Dispensary	98.3	67.5	74.4	67.5	36.8	28.2	46.2	117
	97.4	75.5	79.4	64.8	64.8	51.5	51.5	233

commodities. Over 75% of facilities provide family planning or child health services. Over 64% of all health facilities provide ANC or PPC services. Fifty-two percent of the facilities sampled provide delivery and newborn care services, and 52% provide STI and/or VCT services. A total of 46% of PMVs or dispensaries, 55% of private sector health facilities, and 58% of public sector health facilities provide STI and/or VCT services. All facilities in Kano and in semi-urban areas provide vaccinations. More facilities in rural areas (63%) provide delivery and newborn care services than facilities in urban areas (44%). As well, slightly more facilities in rural areas provide ANC than facilities in urban areas (66% vs. 63%), and slightly more facilities in rural areas provide postpartum care than in urban areas (66% vs. 63%).

Facility Amenities

Table 2.2 shows the percentage of public and private health facilities with a general waiting area, a separate waiting area for youth, electricity, and a water source on site. As can be seen from the table, most facilities have a waiting area, but less than 8% have a separate waiting area for youth. Over 17% of facilities in Bauchi have a separate waiting area for youth, and over 12% of facilities in Kano have a separate waiting area for youth. No health facilities in FCT or Nasarawa have separate waiting areas for youth. Twice as many public facilities have a separate waiting area for youth than do private facilities: 9% vs. 4%. Only 34% of health facilities have electricity always or often, whereas 82% have access to a water source on site.

Table 2.2 Percentage of Health Facilities with Waiting Area and a Separate Waiting Area for Youth; Percentage of All Health Facilities with Amenities

	Any waiting room for clients	Separate waiting area for youth	<i>n</i>	Electricity (always or often)	Protected Water Source	<i>n</i>
State						
Bauchi	78.3	17.4	23	13.2	81.6	38
FCT	88.4	0.0	26	37.7	91.8	61
Kano	100.0	12.5	24	44.0	84.0	50
Lagos	89.3	7.1	28	42.1	89.5	57
Nasarawa	90.5	0.0	21	18.5	44.4	27
Location						
Urban	91.4	8.6	58	41.9	90.3	124
Semi-Urban	100.0	0.0	19	33.3	92.3	39
Rural	82.2	8.9	45	20.0	62.9	70
Facility type						
Public Sector	92.5	9.0	67	28.4	68.7	67
Private Sector	85.7	4.1	49	42.9	85.7	49
PMV or Dispensary	*	*	*	33.3	88.9	117
Total	89.34	7.4	122	33.9	82.4	233

* PMV and dispensaries not included.

Table 2.3 shows the percentage of facilities that sell or distribute insecticide treated nets (ITN) and the percentage that sell pre-packaged intermittent preventive therapy (IPT) for malaria. Over 57% of all health facilities sell or distribute ITNs. Over 47% of facilities in Bauchi sell or distribute ITNs, whereas only 21% of facilities in FCT sell or distribute ITNs. Sixty-eight percent of facilities in urban areas sell or distribute ITNs, compared with about 37% in rural areas. Less than 34% of health facilities sell pre-packaged IPT. Percentages were similar across rural, semi-urban, and urban facilities: ranging from 30% in semi-urban areas to 35% in both urban and rural areas.

Most facilities have more than one trained health care provider. Table 2.4 shows the percentage of health facilities with at least one provider of each type. Over 65% of private facilities have a physician, compared to 31% of public sector facilities and 9% of PMVs. As well, over 65% of private facilities have a nurse-midwife, compared to 49% of public sector facilities and 5% of PMVs. As expected, more PMVs and dispensaries have a trained patent medicine vendor (61%), as do public sector hospitals (6%) and private sector hospitals (8%). About half of private sector facilities have an auxiliary nurse and four out of 10 private facilities have a regular nurse on staff.

Table 2.3 Percentage of Health Facilities that Sell or Distribute ITNs and Percentage that Have Prepackaged Treatment IPT Drugs for Malaria

	Sell or Distribute ITN	Prepackaged IPT	<i>n</i>
State			
Bauchi	47.4	57.9	38
FCT	21.3	57.4	61
Kano	28.0	62.0	50
Lagos	42.1	75.4	57
Nasara	37.0	11.1	27
Location			
Urban	68.5	34.7	1247
Semi-Urban	59.0	30.8	39
Rural	37.1	34.3	70
Facility Type			
Public Sector	64.2	49.3	67
Private Sector	18.4	53.1	49
PMV or Dispensary	23.1	64.1	117
Total	57.5	33.9	233

Table 2.4 Percentage of Health Facilities with at Least One Provider of Each Type

	Physician	Nurse-midwife	Nurse	Midwife	Aux-nurse	PM-Vendor	<i>n</i>
Facility type							
Public Sector	31.3	49.3	28.4	16.4	17.9	6.0	67
Private Sector	65.3	65.3	40.8	16.3	49.0	8.2	49
PMV or Dispensary	9.4	5.1	12.0	0.9	9.4	60.7	117

* Total *n* = 233

Community Outreach Programs

Figure 2.1 shows the percentage of facilities with a community outreach program. About 23% of facilities overall have a community outreach program (57% of public facilities, 27% of private facilities, and 2% of PMVs). Figure 2.2 shows the percentage of public and private health facilities that are responsive to client opinion. The numbers were similar for both public and private facilities: 25% of public facilities and 24% of private facilities.

(67%) and 9% use boiling. About 4% use dry heat sterilization procedures and 5% use an autoclave.

Figure 2.4 shows disposal of contaminated waste procedures in facilities. Over one-third of facilities burn contaminated waste in an open pit. Approximately 14% burn waste in an incinerator; 15% burn and then bury the waste. Less than 3% dispose of waste in a pit latrine. Little variation exists between public and private facilities.

Infection Prevention and Control Procedures

Figure 2.3 shows the infection prevention procedures that health facilities follow to sterilize syringes and needles, among those that use needles and syringes. Most facilities use disposable syringes



Figure 2.1 Percentage of health facilities with an outreach program.

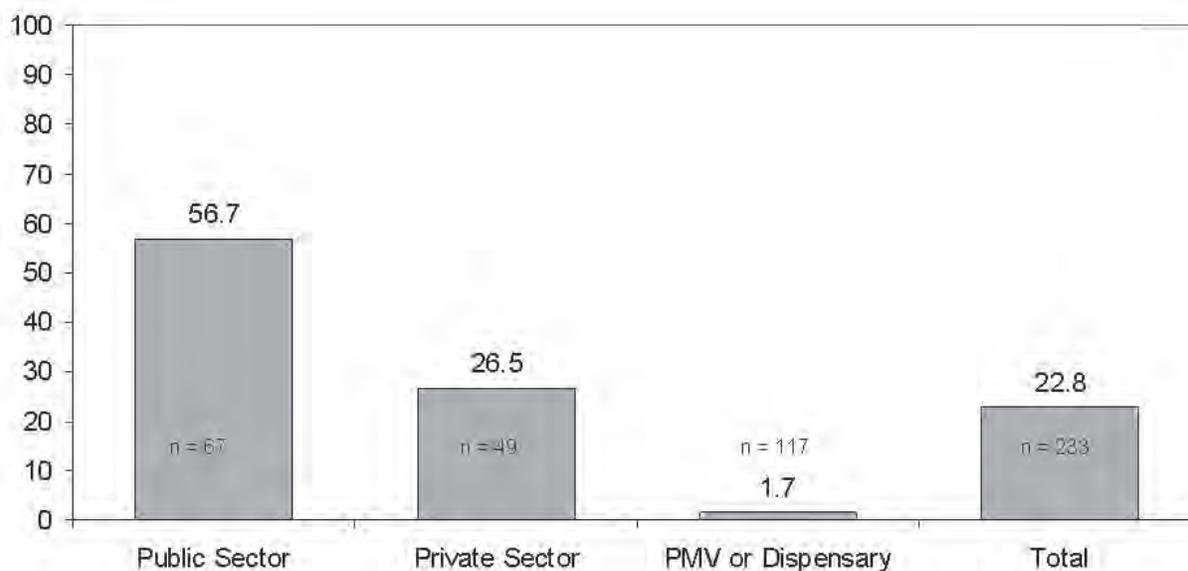


Figure 2.2 Percentage of public and private health facilities that are responsive to client opinion.

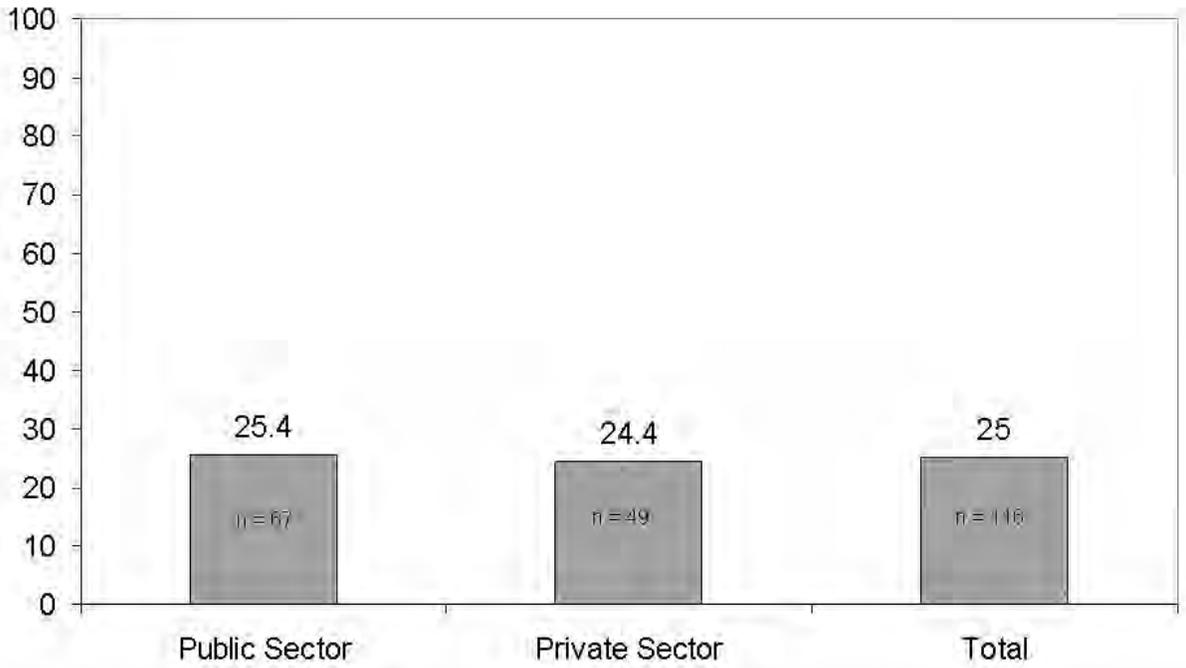


Figure 2.3 Percentage of health facilities that practice infection prevention procedures for syringes or needles, by type of procedure.

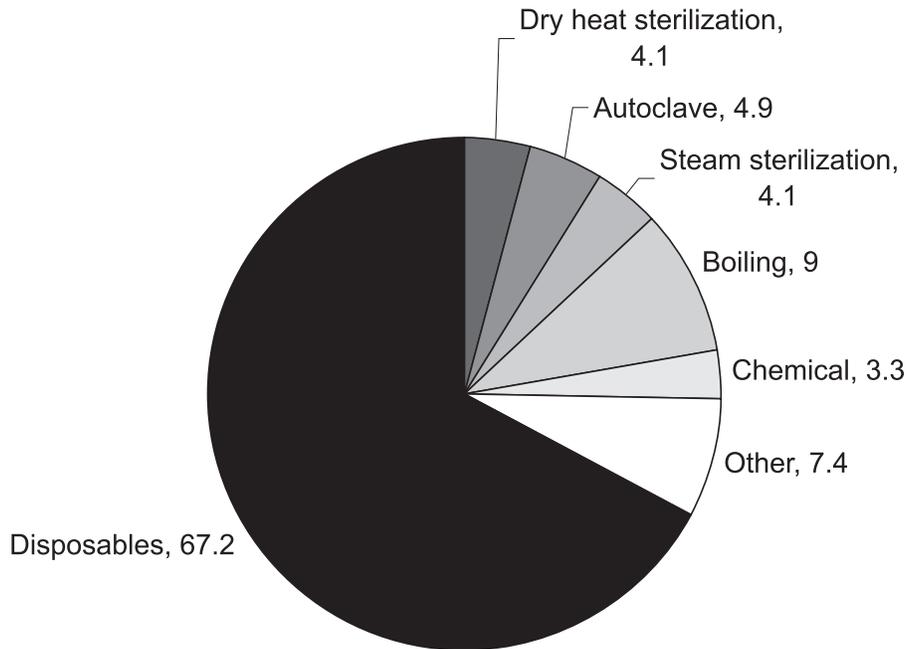
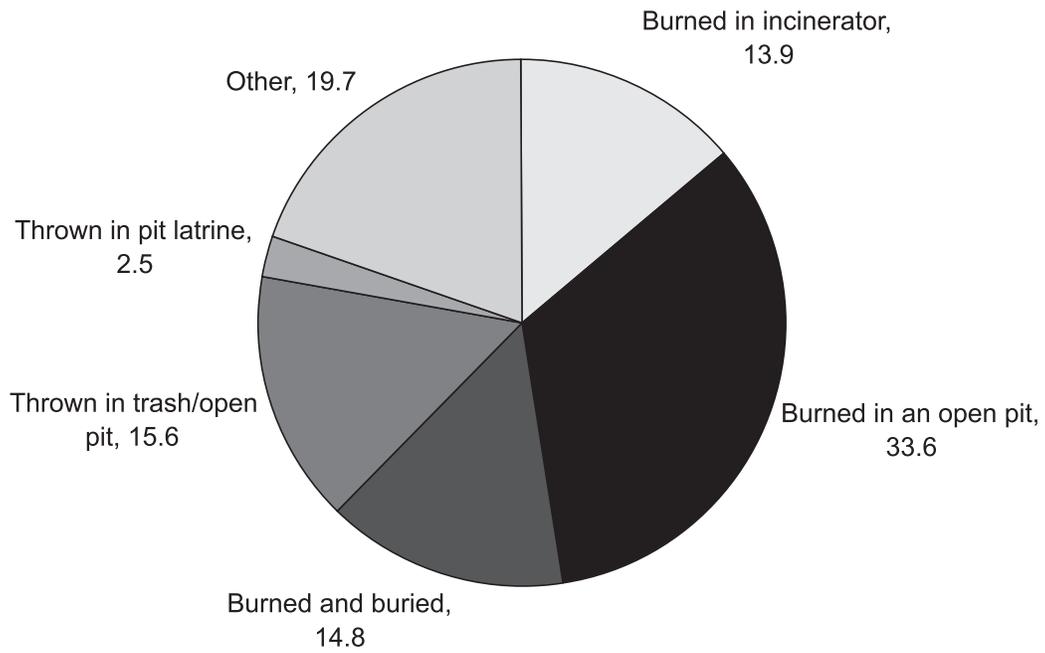


Figure 2.4 Percentage of health facilities that dispose of contaminated waste, by disposal procedure.



Chapter 3. Family Planning Services

This chapter presents information on health facilities that provide family planning services, including training of health workers, availability of family planning products and education material, record keeping, and supervision.

Nearly eight out of 10 health facilities surveyed (185 out of 233) provide family planning services. A total of 32 are in Bauchi, 52 in FCT, 40 in Kano, 41 in Lagos, and 20 in Nasarawa. Over 85% of public facilities, 84% of private facilities, and 74% of PMVs or dispensaries provide family planning services (not shown).

Figure 3.1 shows the percentage of facilities that provided family planning services on the day of the survey, among those facilities that provide any family planning services. About half (47.4%) of public health facilities were providing family planning services on the day of the survey; only 22% of private health facilities and 40% of PMVs

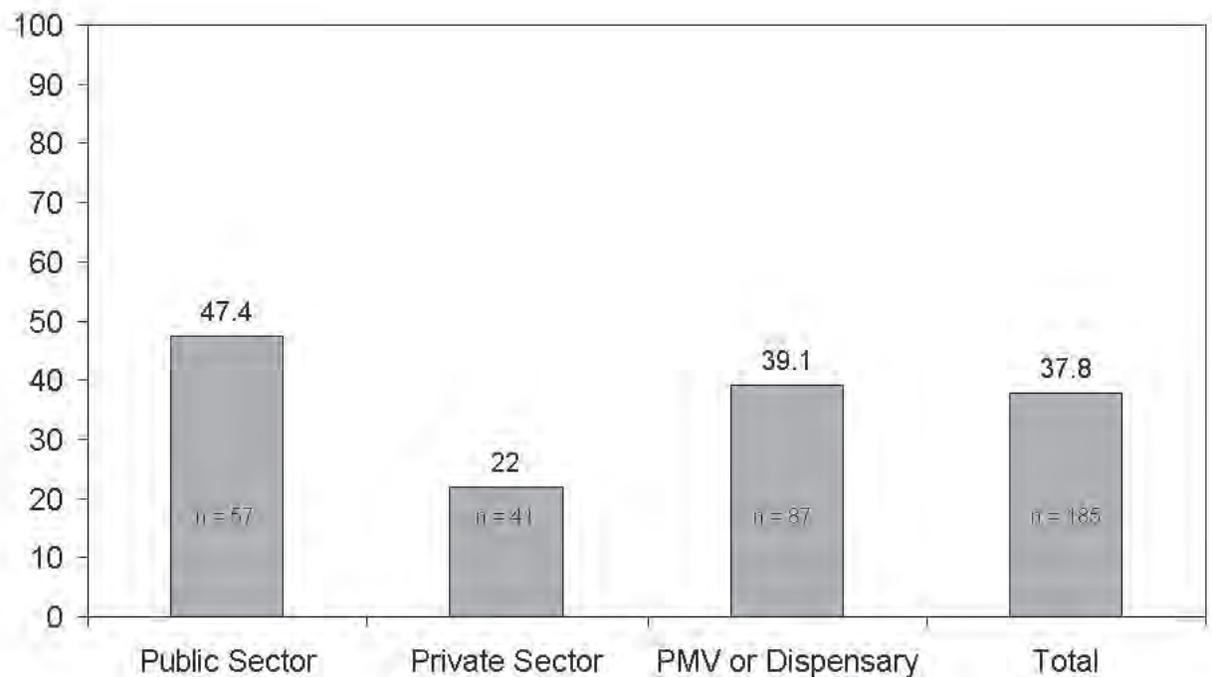
or dispensaries were providing family planning services on the day of the survey. Overall, about four out of 10 facilities that provide any family planning services were providing family planning services on the day of the survey.

Training of Family Planning Service Providers

Figure 3.2 shows the percentage of providers at health facilities who have ever received family planning in-service training. More than 56% of providers at public facilities, 44% of providers at private facilities, and 13% of providers at PMV or dispensaries received training on family planning counseling. About 29% of the total providers received training on IUD insertion: 37% of public facility providers, 34% of private facility providers, and 21% of providers at PMVs. A total of 16% of providers received training in implant insertion: 14% of providers at public facilities,



Figure 3.1 Percentage of health facilities that provided family planning services on the day of the survey, among those that provide any family planning services.



20% of providers at private facilities, and 16% of providers at PMVs. Almost twice as many private facility providers received in-service training in laporotomy compared with such training among public sector providers: 24% vs. 12%.

Availability of Family Planning Products and Education Material

Figure 3.3 shows the percentage of facilities that provide three or more modern contraceptive methods with at least one trained provider to administer each, and maintain accurate standard registers. Overall, 13% of the facilities surveyed

meet these criteria. Twenty-five percent of public facilities, 18% of private facilities, and 3% of PMVs provide three or more contraceptive methods with at least one trained provider to offer each and have completed standard registers. Fifteen percent of facilities provide two or more modern contraception methods, have a trained provider to offer each, and maintain family planning records (Figure 3.4). Because questions about when (e.g., on the day of the survey vs. in general) modern contraception methods are provided were not asked, these calculations include *no stock-outs* of the respective methods as an indicator of commodity availability within the facility.



Figure 3.2 Percentage of family planning providers who ever received in-service family planning training, by facility type.

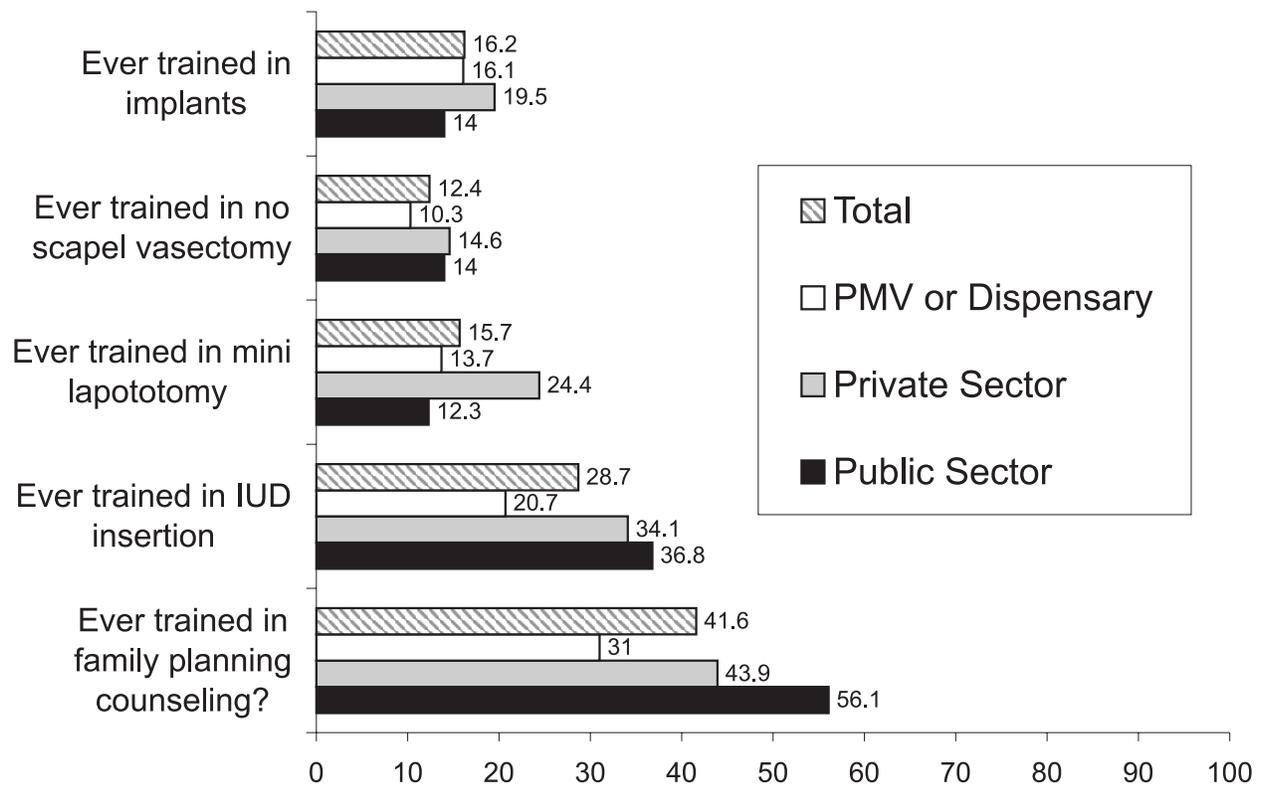


Figure 3.3 Percentage of health facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers.

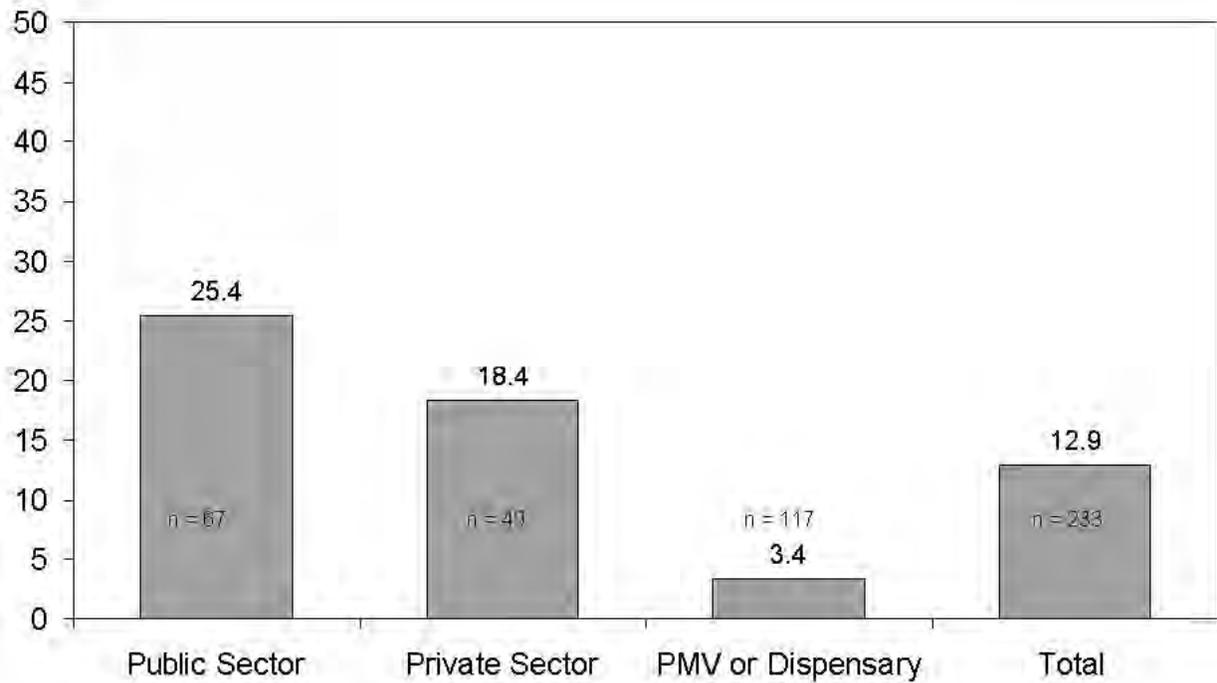


Figure 3.4 Percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training to administer each, and completed family planning records.

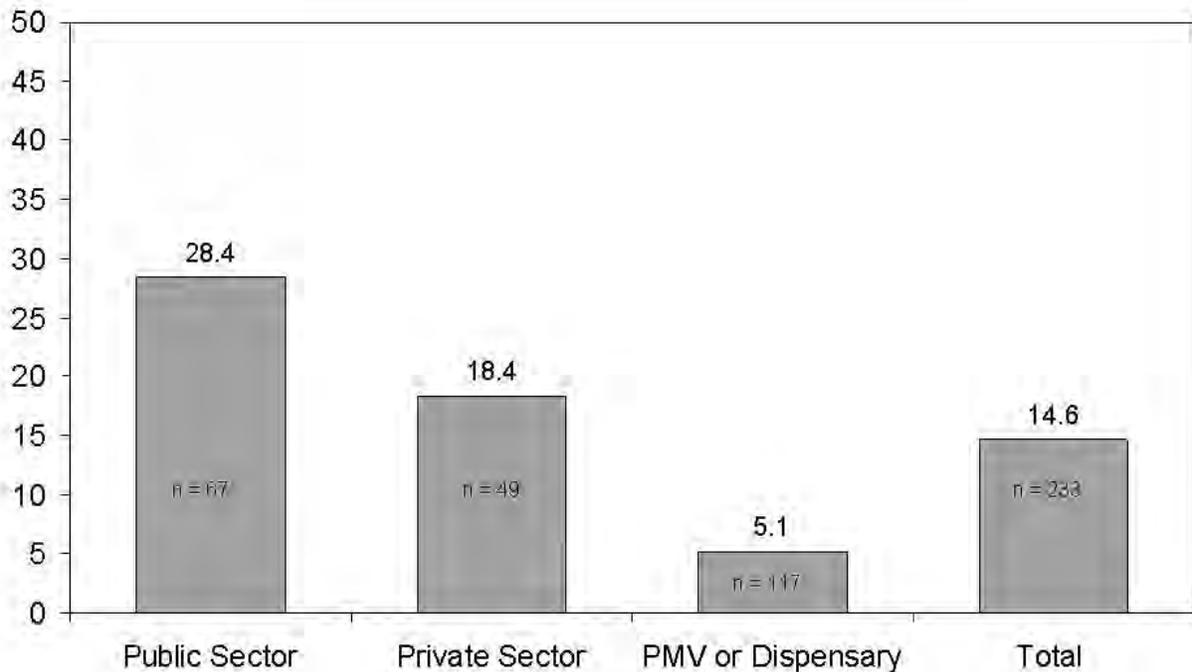


Figure 3.5 shows the percentage of facilities that provide male condoms to youth, by health facility type. Overall, 26% of facilities provide male condoms to youth. Thirty-one percent of public facilities, 16% of private facilities, and 27% of PMVs provide condoms to youth. Figure 3.6 shows the percentage of facilities that offer family planning and STI/HIV/AIDS visual aids, books, or pamphlets. Overall, 455 of family planning health facilities have such visual aids, books, or pamphlets. Sixty-five percent of public family planning health facilities offered visual aids, and 46% of private family planning health facilities offer visual aids.

Record Keeping and Supervision

Figure 3.7 shows the percentage of family planning providers that maintain a register for family planning consultation and the percentage that maintain individual client records. More public facility family providers report using a

family planning registry for tracking client records than do private facility family planning providers: 44% vs. 20%. Only 5% of PMVs that offer family planning services use a family planning registry. Overall, 20% of family providers report using a family planning registry. Approximately 40% of public family planning providers use family planning client cards, compared to 34% of private facility family planning providers. More PMVs use client records: 9% use client records and 5% use registries.

Figure 3.8 shows the percentage of family planning providers that had contact with a supervisor in the last six months. Overall, 26% of family planning providers report being supervised in the last six months. Over 42% of public family planning providers report supervision, compared to 29% of private family planning providers, and 14% of family planning PMVs.



Figure 3.5 Percentage of health facilities that make condoms available to youth.

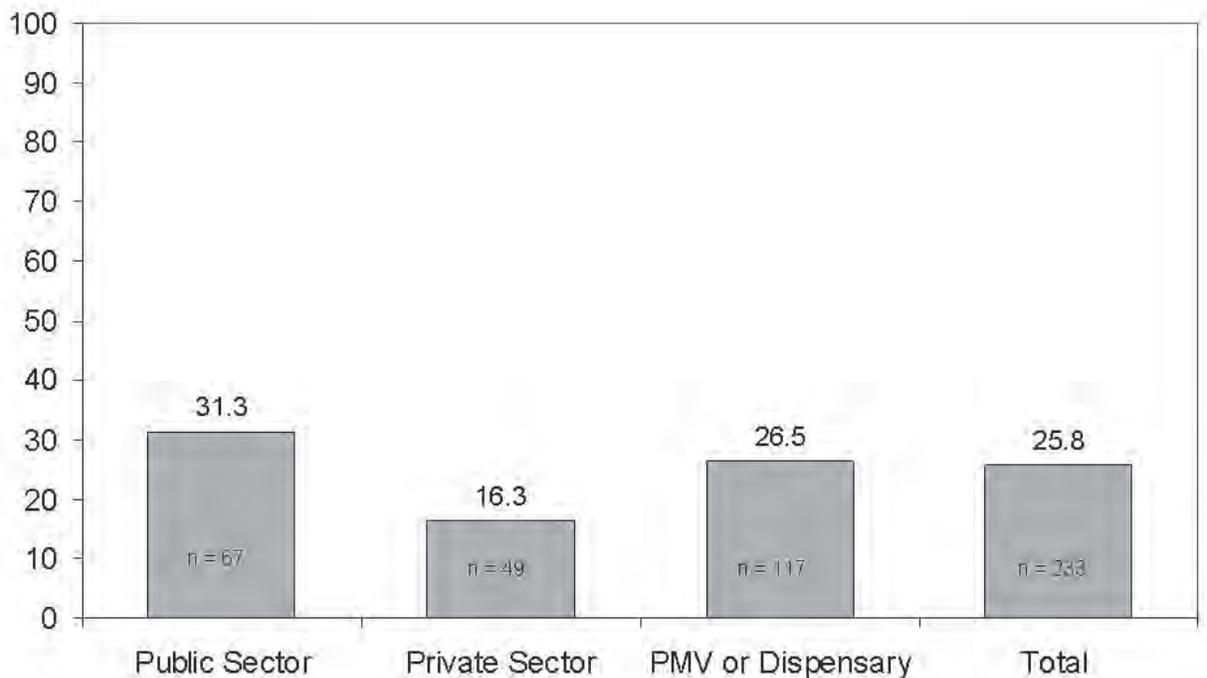


Figure 3.6 Percentage of family planning health facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS.

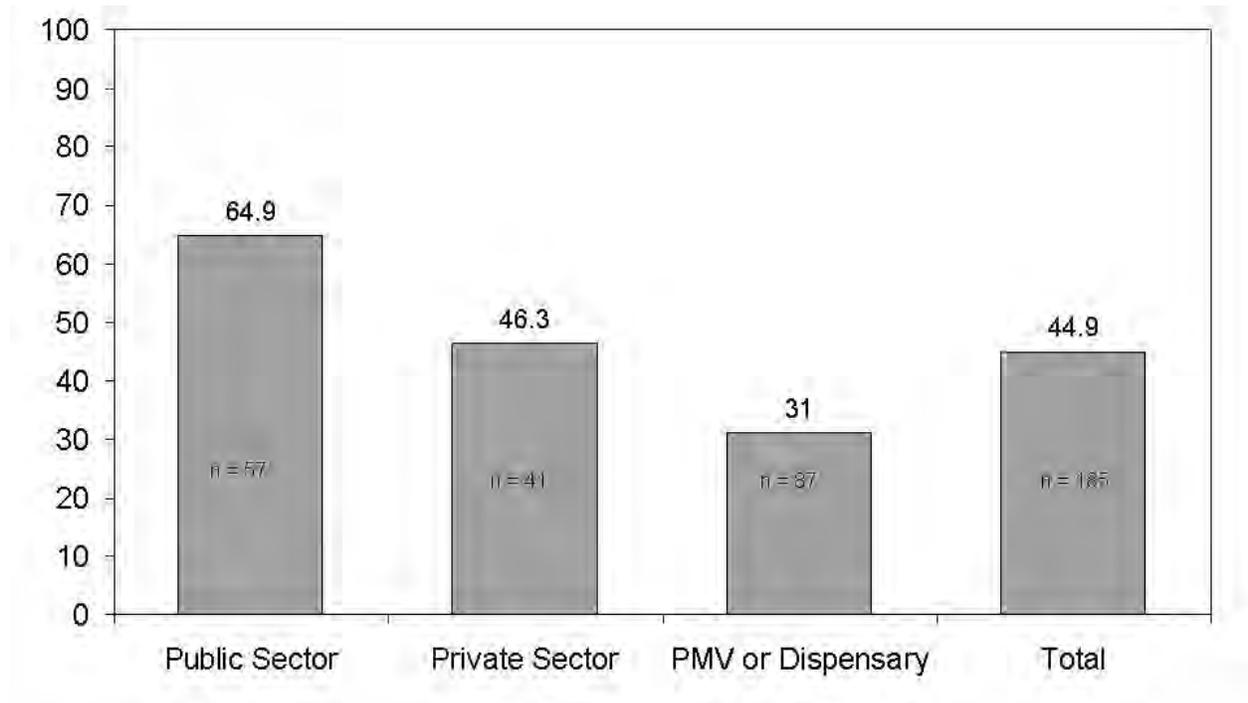


Figure 3.7 Percentage of family planning providers that maintain a register for family planning consultation and the percentage that maintain individual client records.

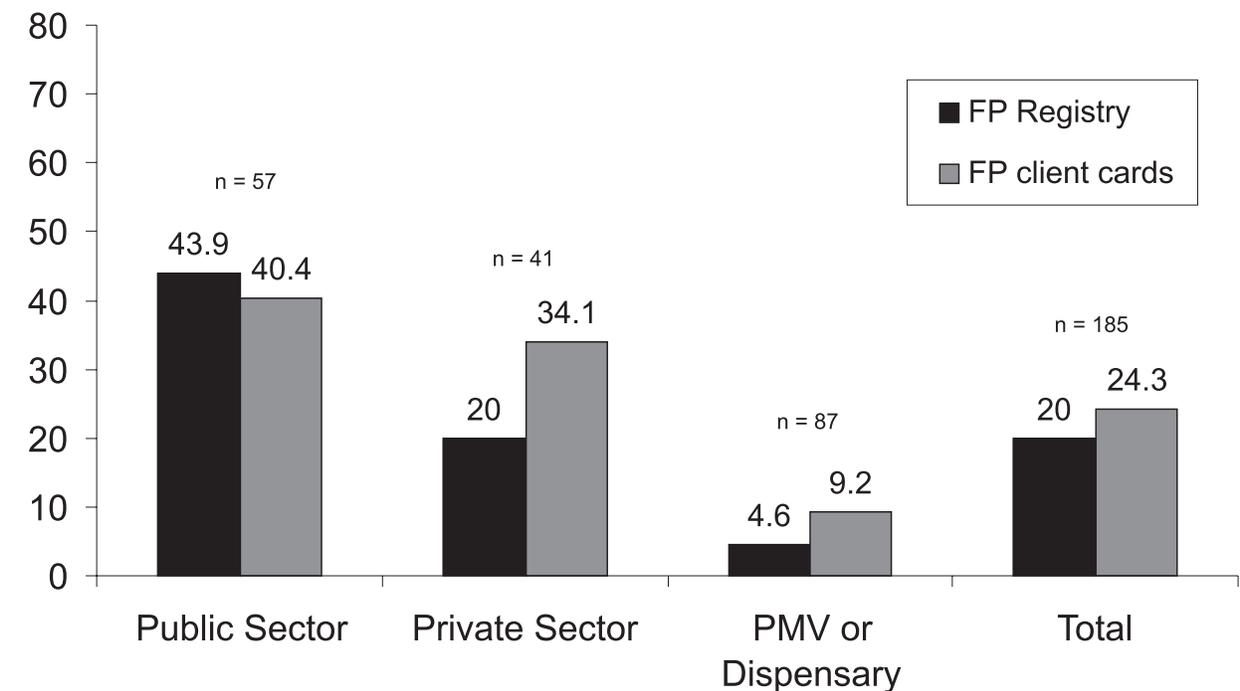
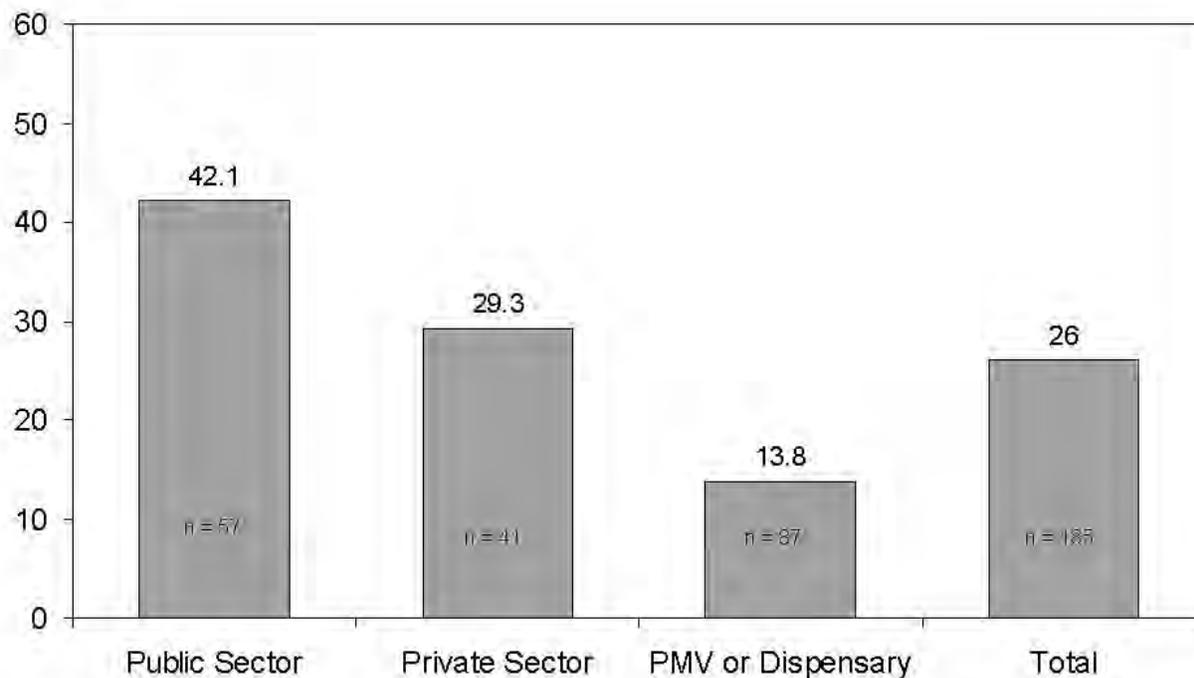


Figure 3.8 Percentage of family planning providers that had contact with a supervisor in last six months.



Chapter 4. Antenatal Care and Postpartum Care Services

This chapter describes ANC and PPC services offered at health facilities. Information is provided on available services for ANC or PPC, available commodities for ANC or PPC, and record-keeping and supervision of ANC/PPC providers.

Availability of ANC/PPC Services

A total of 151 (64%) health facilities provide any ANC/PPC services: 64 (96%) public health facilities, 44 (90%) private health facilities, and 43 (37%) PMVs. Figure 4.1 illustrates the percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey. A total of 47% facilities that offer any ANC/PPC services offered ANC/PPC services on the day of the

survey. More private facilities offered ANC/PPC services (57%) than did public facilities (47%) or PMVs (37%). Figure 4.2 shows the percentage of ANC/PPC public and private health facilities (PMVs not included) that provide specific ANC/PPC services. Over 67% of both public and private ANC/PPC facilities offer tetanus toxoid and over 65% offer anti-malaria treatment. Over 85% of public ANC/PPC facilities offer iron and folic acid, compared to 80% of private ANC/PPC facilities. About 80% of public ANC/PPC facilities offer family planning services and 71% of private ANC/PPC facilities offer family planning services. Conversely, over 47% of private ANC/PPC services offer VCT for HIV, compared to only 39% of public ANC/PPC facilities.



Figure 4.1 Percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey.

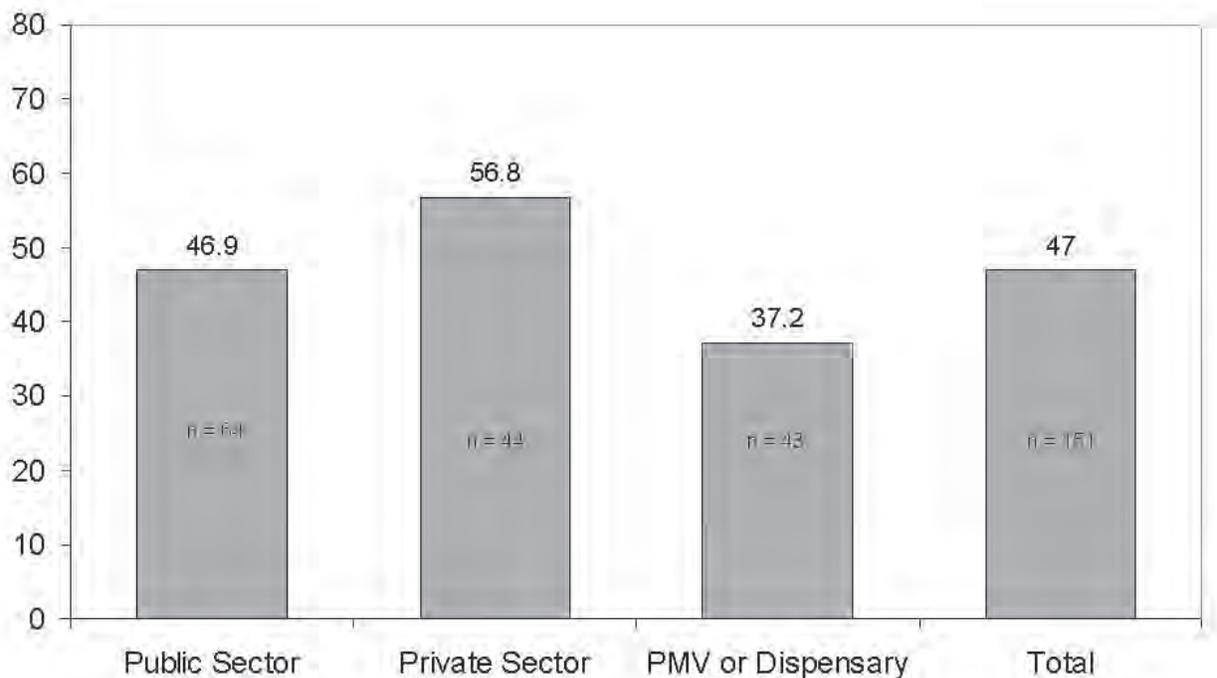
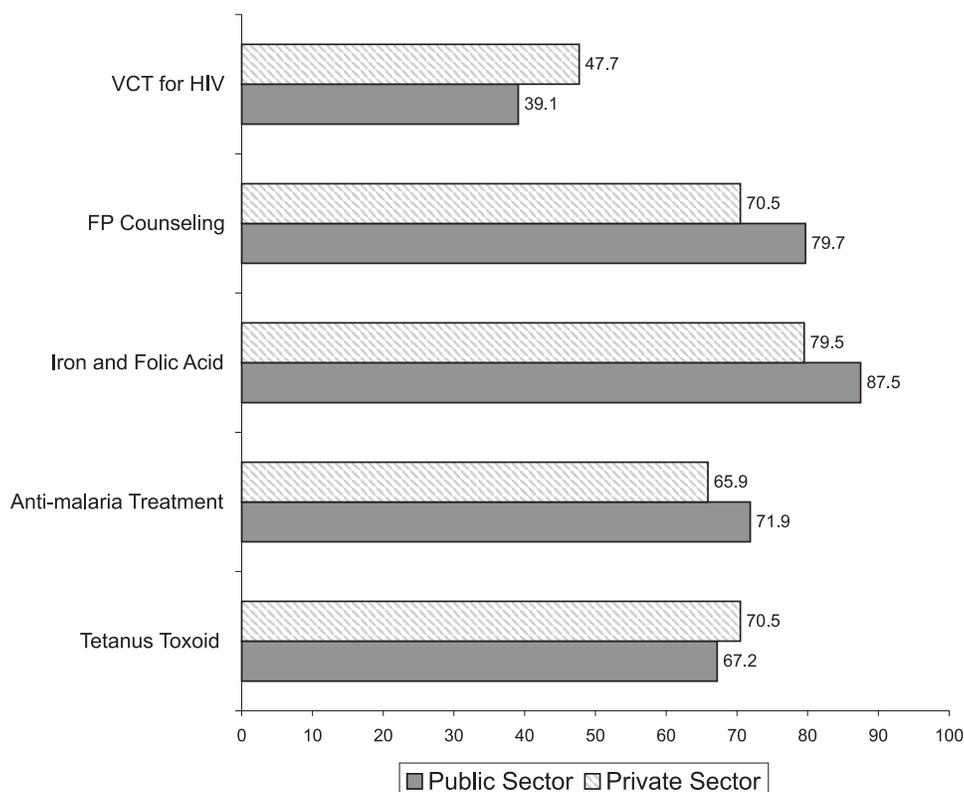


Figure 4.2 Percentage of public and private ANC/PPC health facilities that offered specific ANC/PPC services on day of survey.



Availability of ANC/PPC Commodities

Figure 4.3 illustrates the percentage of public and private ANC/PPC facilities that have specific commodities available and in working condition. Overall, the numbers were very similar between public and private ANC/PPC facilities. Seventy-five percent of public and private facilities had clean gloves on site, and over 66% had decontamination solution. Sixty-four percent of private ANC/PPC facilities have sharps containers, compared to 61% of public ANC/PPC facilities. Fifty-five percent of private ANC/PPC facilities have a spotlight, compared to 25% of public ANC/PPC facilities.

PPC facilities use individual client cards; 54% use an ANC registry. Sixty-three percent of public ANC/PPC facilities use a registry; 43% of private facilities use an ANC registry. Figure 4.5 shows the percentage of ANC providers that have had contact with a supervisor in the last six months. A total of 35% of all ANC/PPC facility providers (i.e., facility that provides any ANC services) report being supervised in the last six months. Forty-five percent of public ANC/PPC facility providers, 36% of private ANC/PPC facility providers, and 19% of PMV ANC/PPC facility providers report being supervised in the last six months.

Record Keeping and Supervision

Figure 4.4 illustrates the percentage of ANC/PPC facilities that maintain ANC registries and the percentage that maintain client cards for tracking ANC/PPC services. Fifty-six percent of ANC/

Figure 4.3 Percentage of public and private ANC/PPC facilities with specific commodities available and working to provide ANC/PPC services.

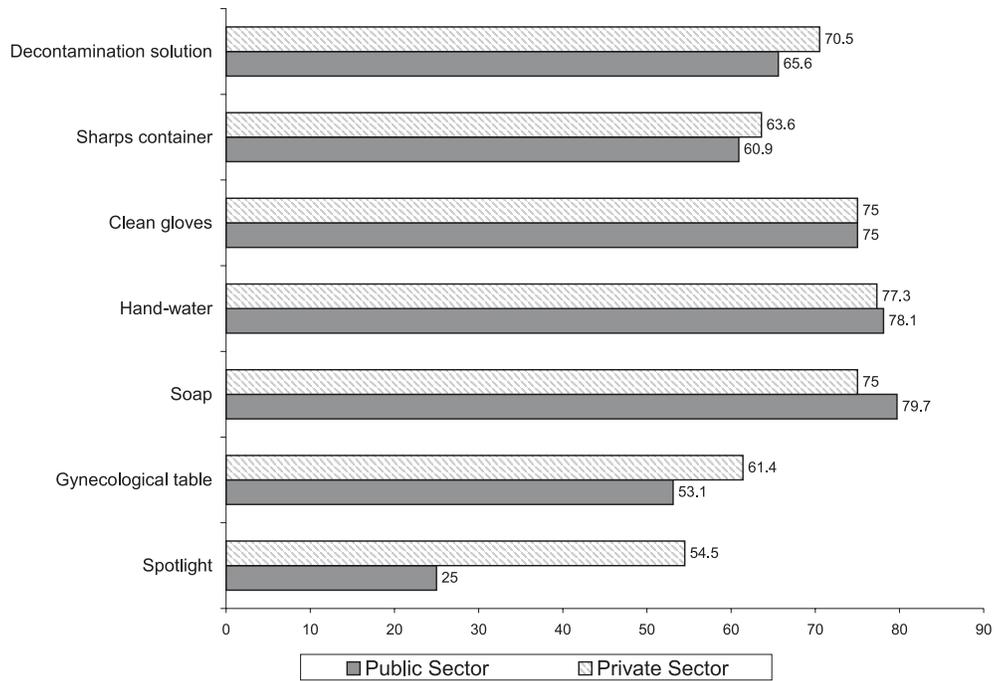


Figure 4.4 Percentage of ANC/PPC health facilities that maintain a register for ANC/PPC services and the percentage that maintain individual client records.

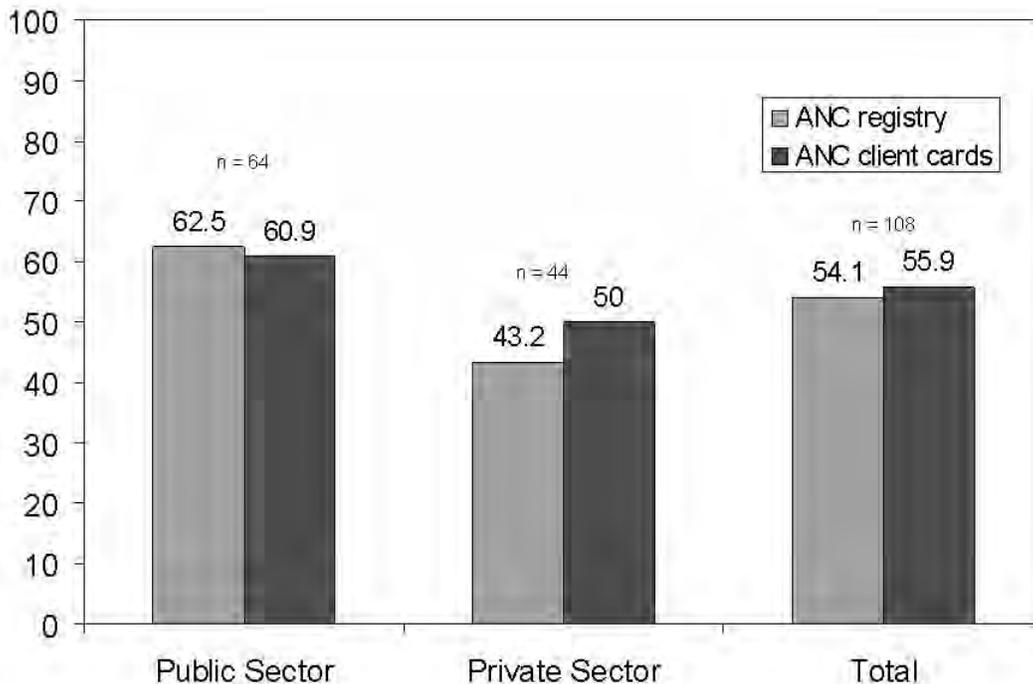
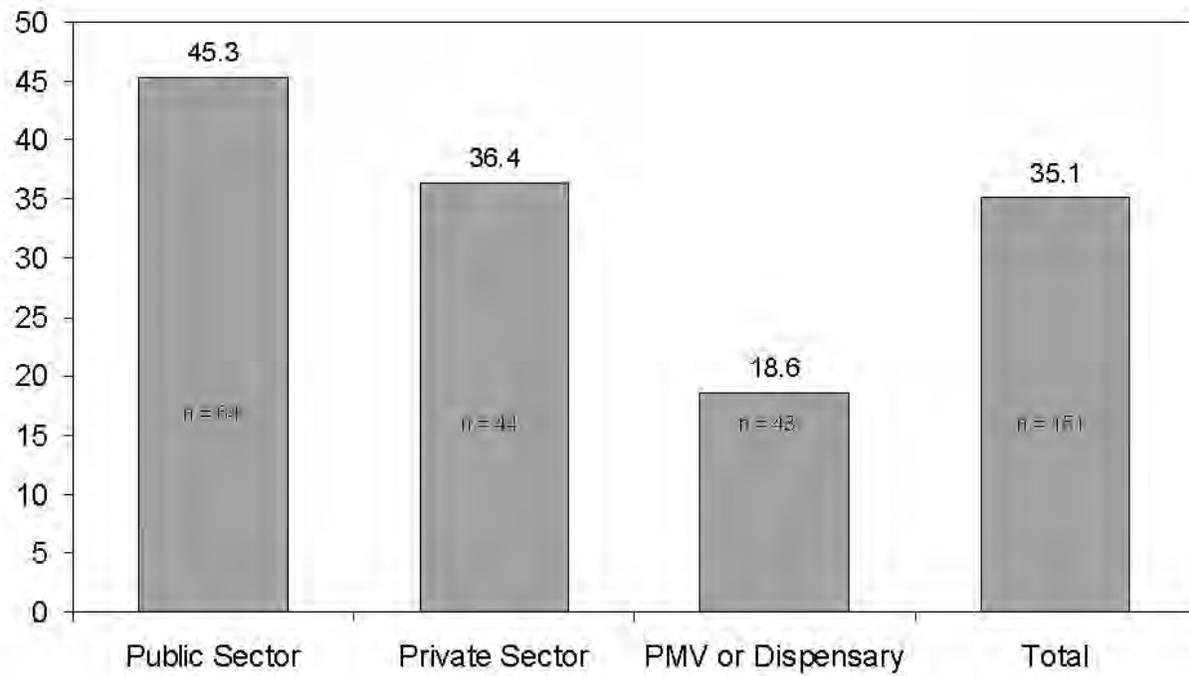


Figure 4.5 Percentage of ANC/PPC providers that had contact with a supervisor in the last six months.



Chapter 5. Child Health Services

This chapter describes child health services provided at surveyed health facilities. Information on the training of child health providers is detailed, as are the immunization services offered and the level of record-keeping and supervision offered at health facilities. A total of 176 (76%) health facilities offer child health services. Among the facilities that provide any child health services ($n=176$), 47% provide growth monitoring services, 77% provide consultations, 51% provide child immunization services, 39% provide food demonstrations, 64% provide educational outreach services, and 71% dispense drugs for child illnesses.

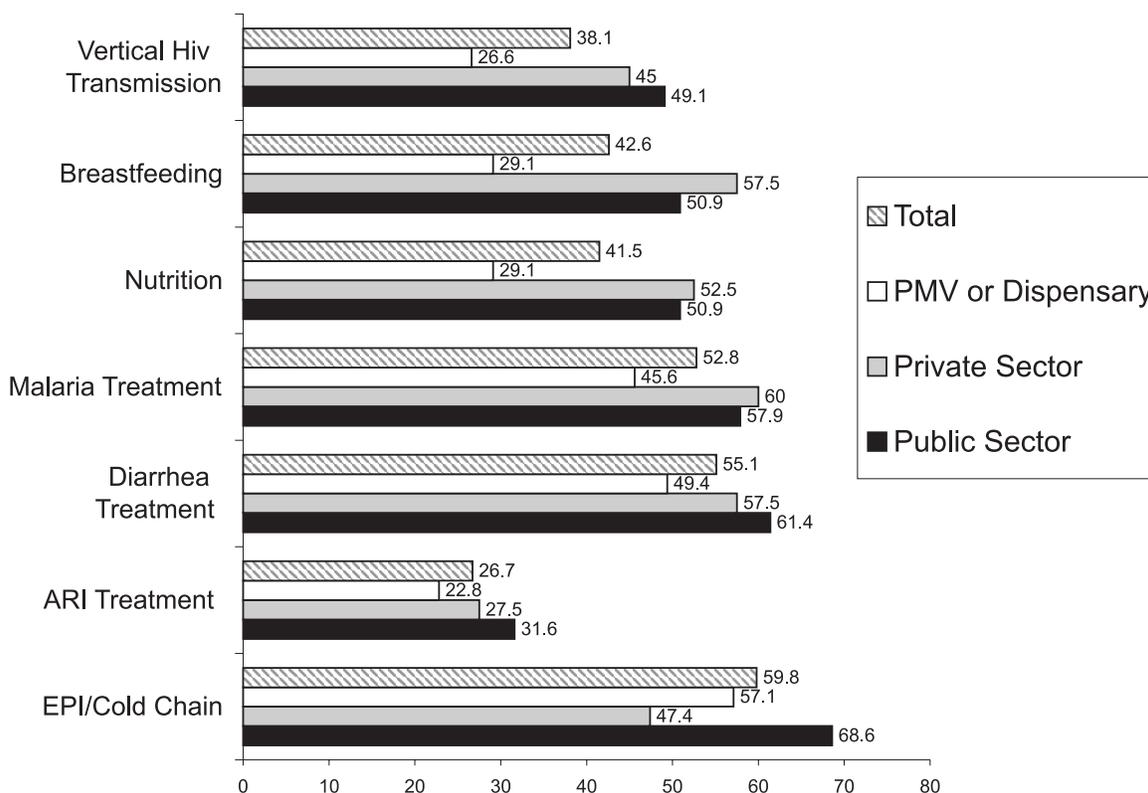
Training of Child Health Services Providers

Figure 5.1 illustrates the percentage of child health providers who have received any in-service training for the prevention of childhood diseases. Almost

half of public facility child health providers, 45% of private facility child health providers, and 27% of PMV child health providers have been trained in vertical HIV transmission. Almost 58% of private facility child health providers, 51% of public facility child health providers, and 29% of PMV child health providers have been trained in breastfeeding. Over half of public and private health facility providers have been trained in nutrition, malaria treatment, and diarrhea treatment. Twenty-eight percent of private facility child health providers and 31% of public facility child health providers have been trained in acute respiratory infection (ARI) treatment. Almost 70% of public facility child health providers have received in-service training for expanded program on immunization (EPI)/cold chain, compared to less than half of private facility child health providers.



Figure 5.1 Percentage of child health providers who have received in-service training for the treatment and prevention of childhood disease.



Vaccine and Immunization Services Offered

Figure 5.2 illustrates the percentage of facilities that offer any vaccine or immunization services. In general, the percentages were high, with over 97% of all facilities providing vaccines or immunization services. Ninety-six percent of private facilities, 97% of public facilities, and 98% of PMVs provide any vaccine or immunization services.

Figure 5.3 illustrates the percentage of facilities offering vaccines to children only, pregnant women only, or both, among those facilities that offer any vaccine or immunization services. Among public sector facilities, 36% offer vaccines to children only, 2% offer vaccines to pregnant women only, and 63% offer vaccines to both children and pregnant

women. Among private health facilities, 53% offer vaccines to children only, 11% offer vaccines to pregnant women only, and 36% offer vaccines to both children and pregnant women. Among PMVs or dispensaries, 78% offer vaccines to children only, less than 1% offer vaccines to pregnant women, and 21% offer vaccines or immunizations to both children and pregnant women.

Figure 5.4 shows the percentage of facilities that offer specific vaccines or immunizations, among facilities offering any vaccines or immunizations. A total of 44% offer tetanus toxoid, 35% offer BCG, 36% offer OPV, 36% offer DPT, 30% offer Hepatitis B, 35% offer measles vaccine, and 26% offer a vaccine for yellow fever.



Figure 5.2 Percentage of health facilities that offer any vaccine or immunization services.

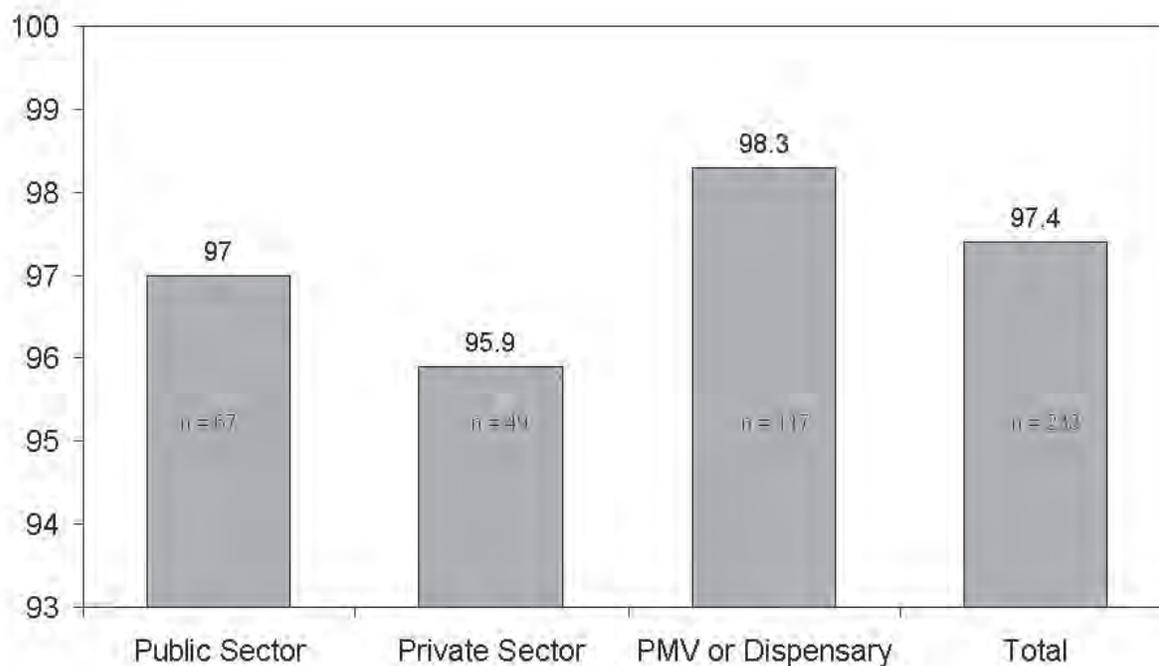


Figure 5.3 Percentage of health facilities offering vaccines to children only, pregnant women only, or both, among facilities offering any vaccine or immunization services.

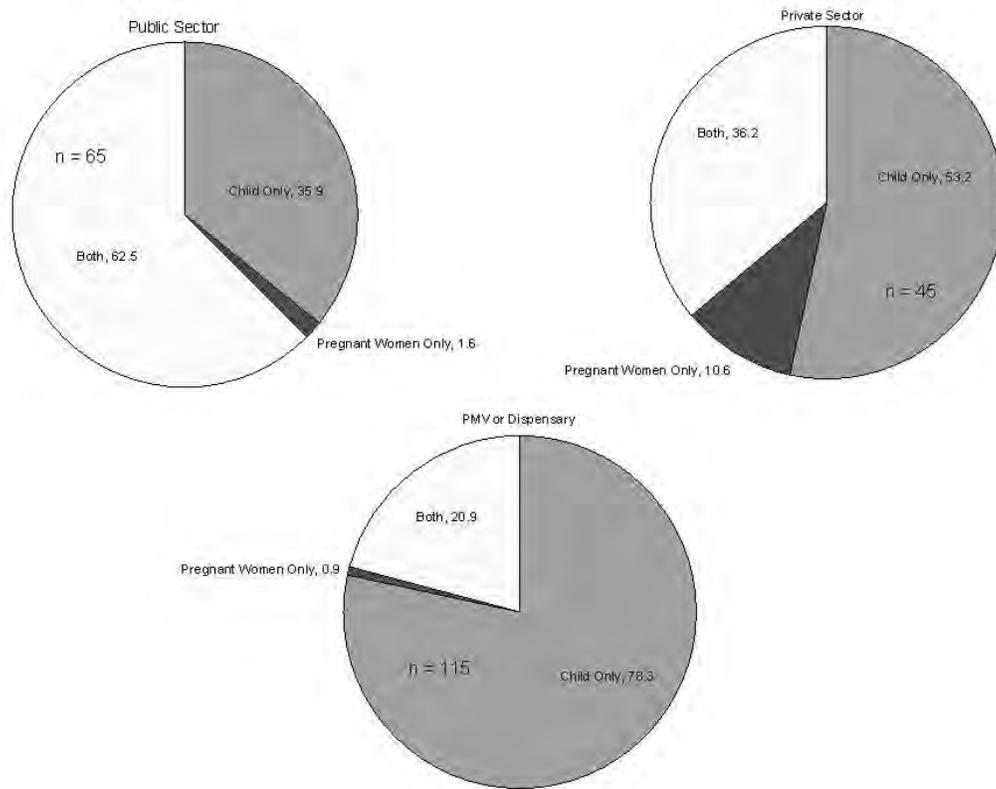


Figure 5.4 Percentage of health facilities offering specific vaccines or immunizations, among facilities offering any vaccine or immunization services ($n = 227$).

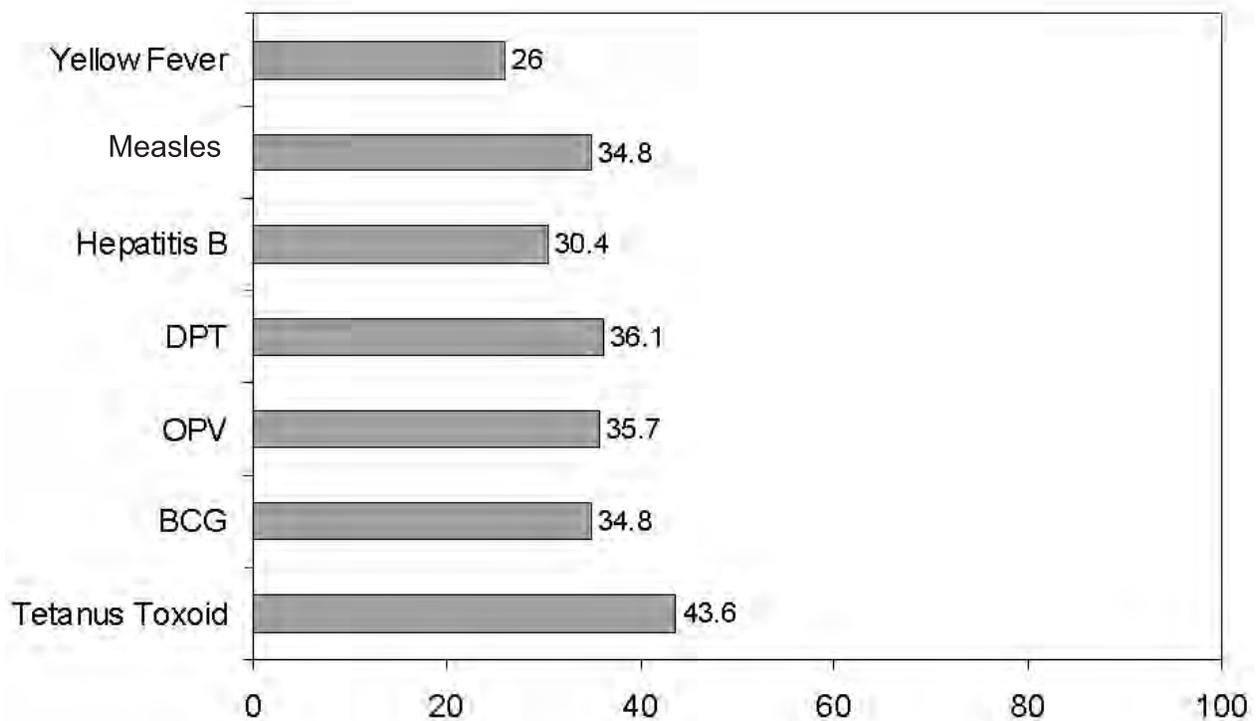


Figure 5.5 shows the percentage of health facilities offering all six essential antigens for child immunization (DPT1 – 3, Measles, OPV, and BCG) and in possession of completed immunization records. Great variations exist among public, private, and PMV facilities in the percentage offering all six essential antigens and possessing completed immunization records. Over 20% of public facilities offer all six antigens and possess immunization records, whereas 8% of private facilities and 6% of PMVs have all six antigens and possess immunization records. Overall, less than 11% of all facilities have all six antigens and possess completed immunization records.

Figure 5.6 illustrates the percentage of health facilities offering any vaccine or immunization services that also offer immunization outreach programs in the community. Overall, less than 14% of facilities offering any vaccine or immunization

services also offer immunization outreach services in the community. However, over 44% of public facilities offer outreach programs. This is in stark contrast with private facilities and PMV facilities: 2% and 1% of private and PMV facilities, respectively, offer immunization outreach services within the community.

Record Keeping and Supervision

Figure 5.7 shows the percentage of child health providers that had contact with a supervisor in last six months. Overall, 44% of child health providers at child health facilities had contact with a supervisor in the last six months. Sixty percent of child health providers in public facilities, 48% of child health providers in private facilities, and 30% of child health providers in PMV facilities had contact with a supervisor in the last six months.



Figure 5.5 Percentage of all health facilities offering all the six essential antigens for child immunization (DPT1-3, measles, OPV, and BCG) and possessing completed immunization records.

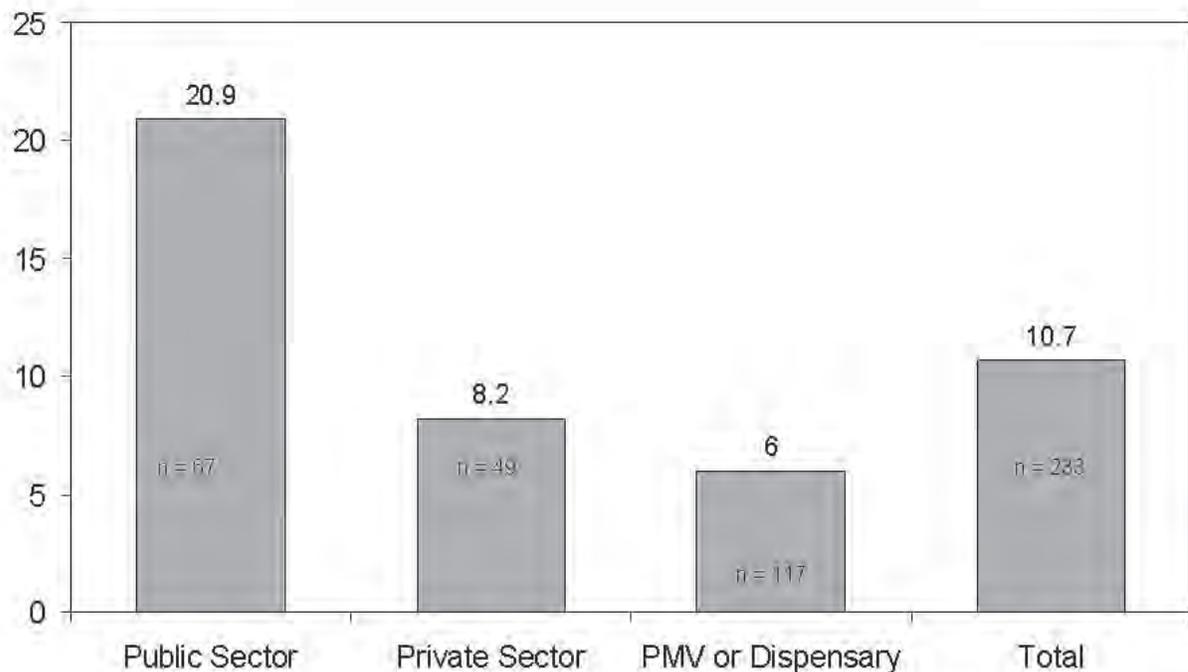


Figure 5.6 Percentage of health facilities that offer vaccination outreach programs, among facilities offering any vaccine or immunization services.

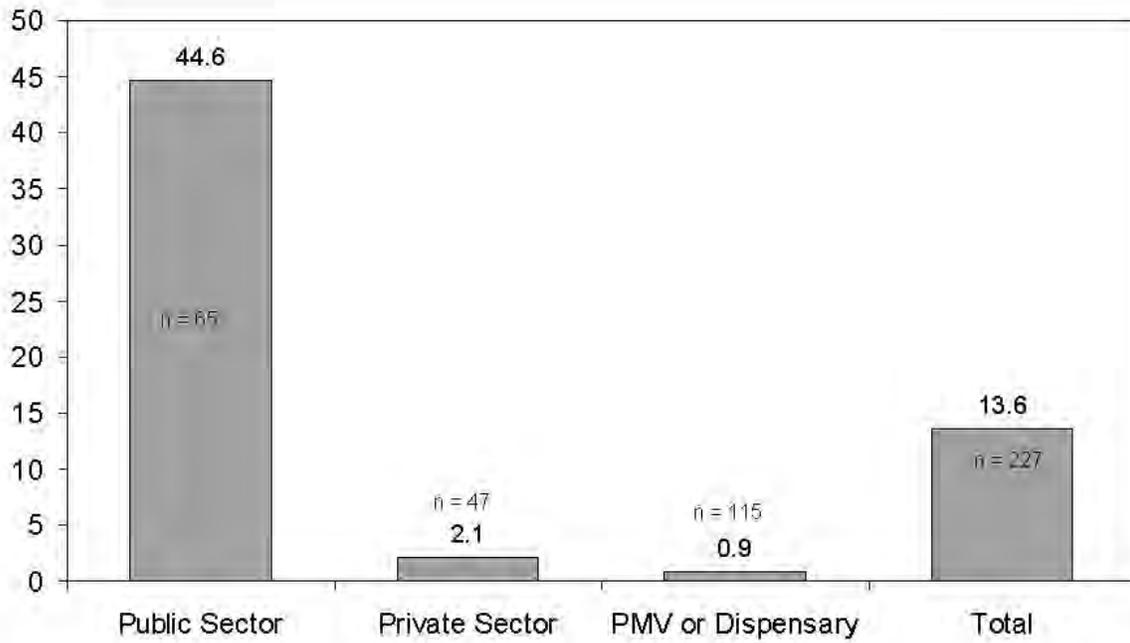
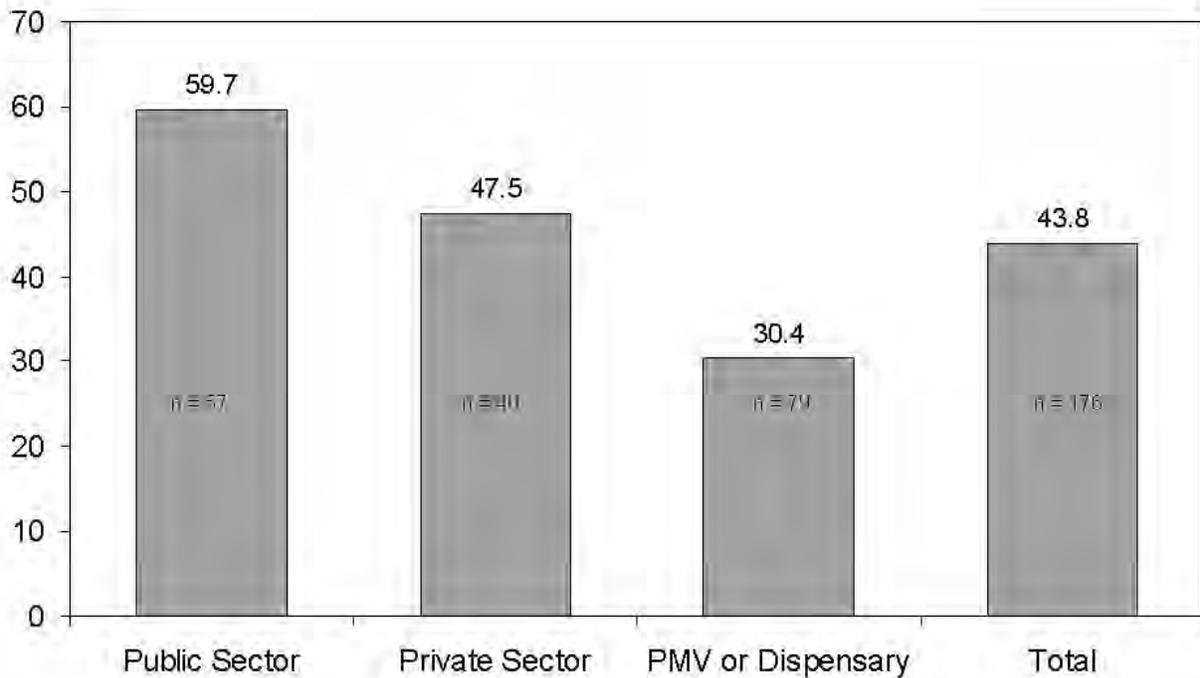


Figure 5.7 Percentage of child health providers that had contact with a supervisor in last 6 months.



Chapter 6. STI and VCT Services

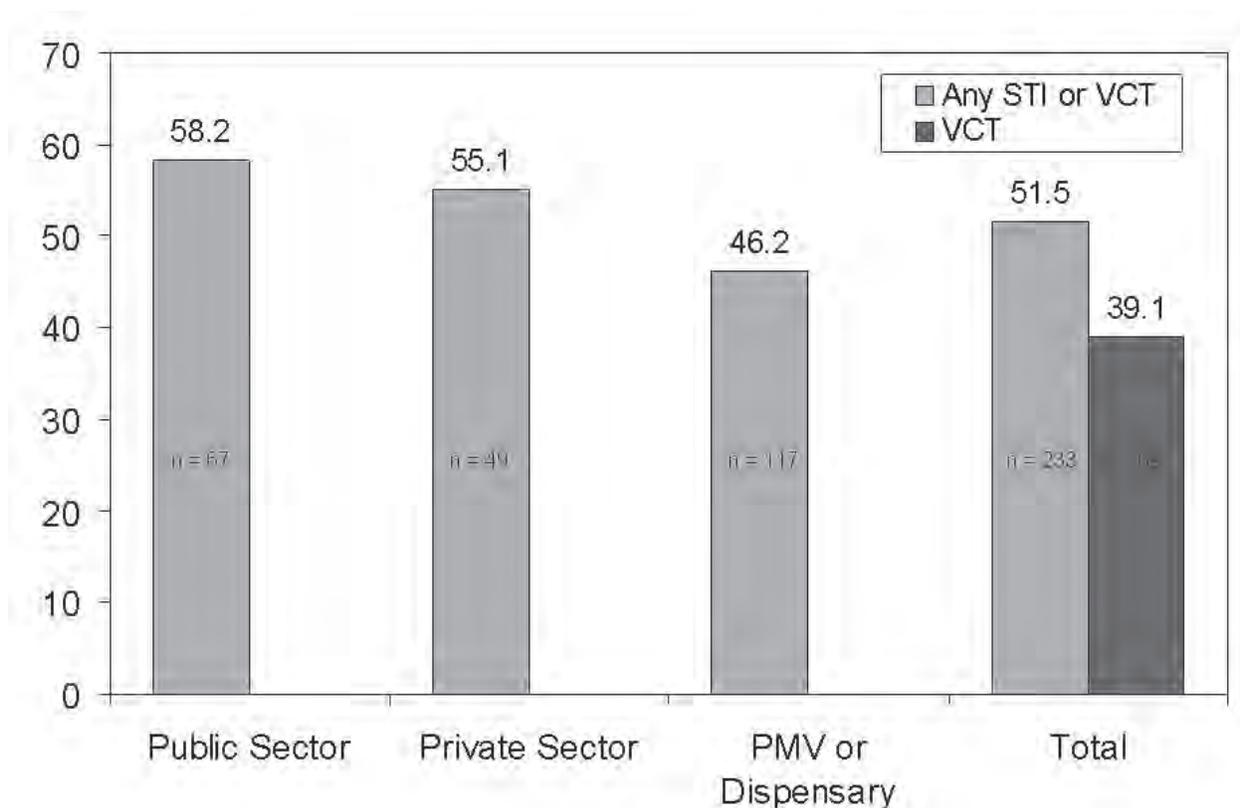
This chapter describes sexually transmitted infection services, voluntary counseling and testing for HIV/AIDS services, and STI/VCT products. A total of 120 (51.5%) out of 233 facilities offer some form of STI or VCT for HIV services.

STI/HIV/AIDS and VCT Service Provision

Figure 6.1 shows the percentage of public, private, and PMV facilities that offer any STI or VCT for HIV services. In general, more than half of all facilities offer any STI or VCT services: 58% of public facilities, 55% of private facilities, and

46% of PMV facilities. Only 39% of all facilities offer VCT for HIV/AIDS. Figure 6.2 illustrates the percentage of health facilities that provide STI services or products for treating STIs, among facilities offering any STI/HIV/AIDS services. Less than 12% of STI/HIV/VCT service providers report that their facility offers STI procedures or products for treating STI. Eight percent of public facilities, 4% of private facilities, and 19% of PMVs provide STI services or products for treating STIs.

Figure 6.1 Percentage of health facilities that offer any VCT or STI services; percentage of facilities that offer VCT services.



Record Keeping and Supervision

Figure 6.3 illustrates the percentage of HIV/AIDS/VCT service providers that have been supervised within the last six months. A total of 30% of STI/HIV/VCT service providers report being supervised at least once in the last six months. Thirty-nine percent of public facility STI/HIV/VCT service providers, 26% of private facility STI/HIV/VCT service providers, and 26% of PMV facility STI/HIV/VCT service providers report being supervised in the last six months.

Confidentiality, Consent, and Notification Procedures

Figure 6.4 shows the percentage of facilities that offer VCT that have confidentiality protocols and informed consent protocols in place for VCT clients. Over 74% of VCT facilities have a confidentiality protocol in place, and over 66% of VCT facilities have an informed consent protocol in place for VCT clients.



Figure 6.2 Percentage of health facilities that provide STI procedures or products for treating STIs, among facilities offering any STI/HIV/AIDS services.

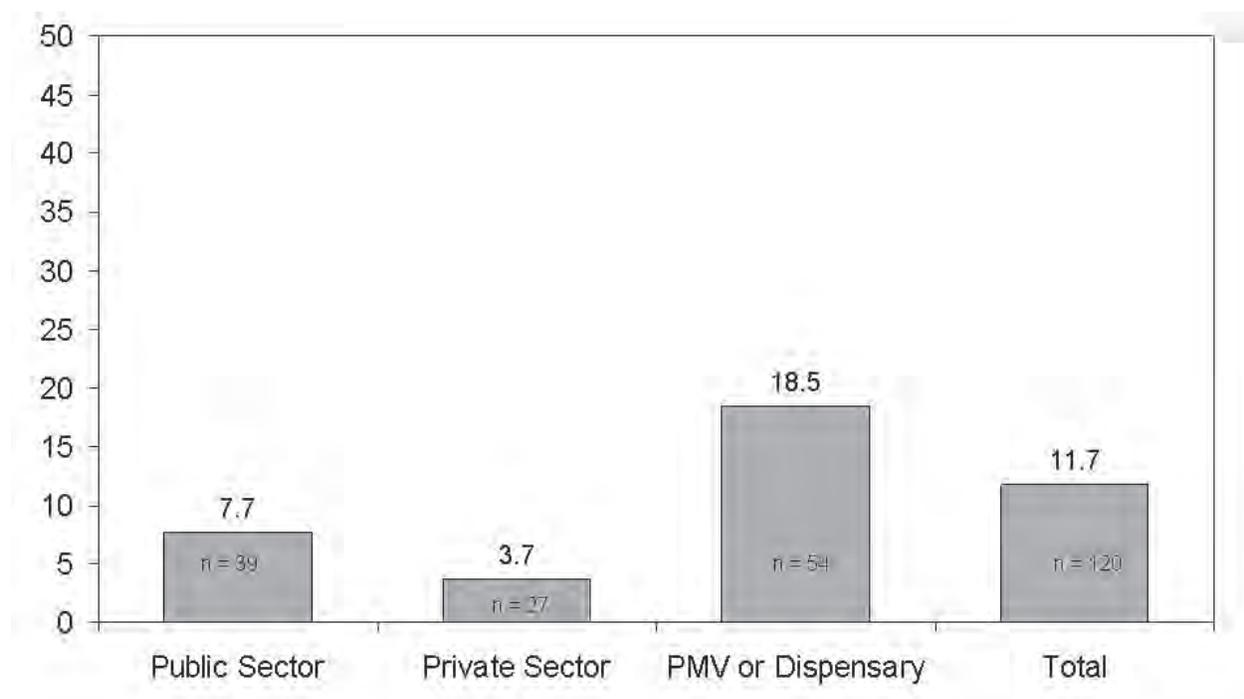


Figure 6.3 Percentage of STI/HIV/VCT service providers that have been supervised in the last six months.

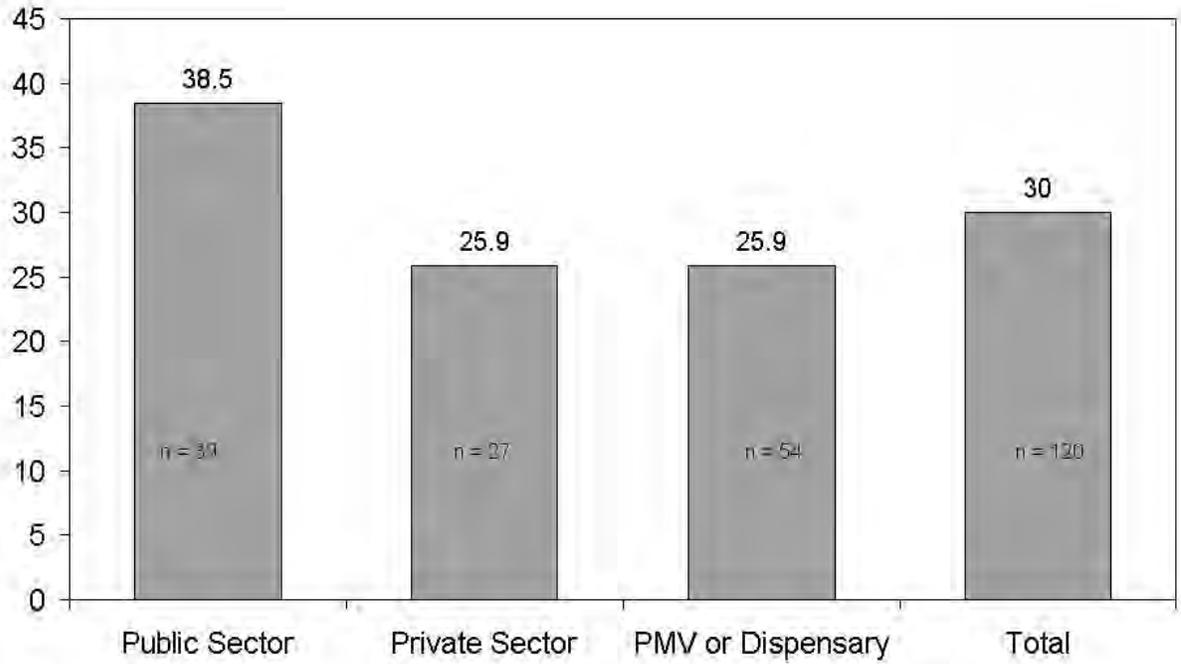
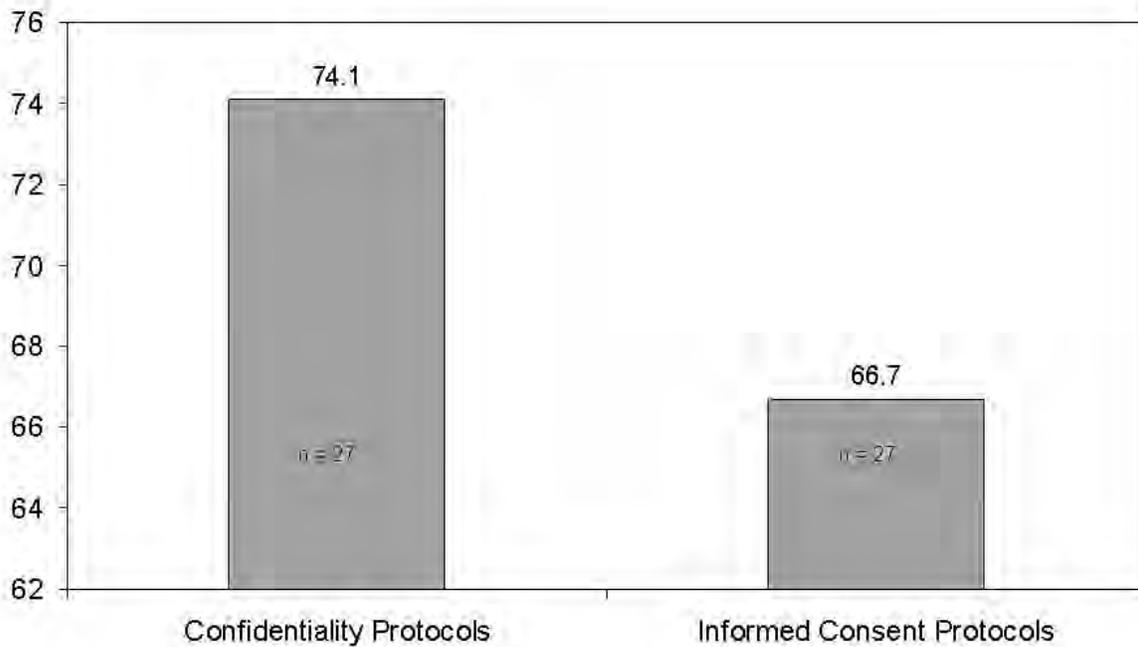


Figure 6.4 Percentage of STI/HIV/VCT facilities that have confidentiality protocols in place for VCT clients; percentage of STI/HIV/VCT facilities that have informed consent protocols for VCT testing.



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<http://devdata.worldbank.org/external/CPProfile.asp?CCODE=NGA&PTYPE=CP>.

Appendix A. List of COMPASS Project Local Government Areas

Bauchi	FCT	Kano	Lagos	Nasarawa
Alkaleri	Abaji	Ajingi	Ajeromi-If	Akwanga
Bauchi	Abuja Mun	Bebeji	Alimosho	Doma
Giade	Bwari	Bichi	Badagary	Karu
Kirfi	Gnagwala	Dala	Beju-Lek	Keana
Misau	Kuje	Gabasawa	Eti Osa	Keffi
Ningi	Kwali	Garko	Ikorodu	Kokona
Taf Bal	State Average	Gaya	Kosofe	Wamba
Zaki		Gwale	Lagos Isl	
		Gwarzo	Lagos Maini	
		Kabo	Mushin	
		Kano Mun	Ojo	
		Kibiya	Oshodi Is	
		Kura	Shomolu	
		Nasarawa	Surulere	
		Tsanyawa		
		Warawa		

Appendix B. Supervisors and Data Collectors

Bauchi Survey Team

Supervisors

1. Prof. A.A. Adewuyi
2. Mr. Lukman Bisiriyu
3. Mr. Gbenga Oyedokun
4. Mr. Ayo Alabi
5. Mr. S.O. Ajadi
6. Mr. O. Orimoogunje
7. Mr. Anthony Dami
8. Mr. M.O. Olawole
9. Dr.(Mrs) Bukola Ojo

Fieldworkers

1. Ezekiel Daniel
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3. Adamu Rebecca
4. Lois Daniel
5. Yakubu Sarah
6. Jumai Joshua
7. Abigail Yusuf
8. Wakama Regina
9. Hajara Moses John
10. Lekwot Asabe
11. Stella Yusuf
12. Saratu Bukar
13. Grace Usman Leman
14. Emmanuel Amos
15. Ilya Abdullahi
16. Isty Yusuf
17. Dami Fidelis
18. Dami Micheal
19. Adesina Femi
20. Adeoye Ohis
21. Oyedele Opeoluwa
22. Dr. Bisola Aina

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3. Ruth Osakwe
4. Rakiya Idris
5. Maria D.A. Maram
6. Segun Osshogbe
7. Hadiza Aliyu
8. Taiwo Kolawole
9. Aishat Ladan
10. Omoife Betty – Wright
11. Mustapha Abdullahin
12. Lola Ojo
13. Emiola Alnko
14. Liyatu Esubihi
15. Tolu Adedokun
16. Biodun Adeboye
17. Ayoola Johnson
18. Ayo Popoola
19. Rose Tyotswan
20. Ruth Daniel
21. Toyin Aremu

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8. Mr. Segun Adelokun
9. Mr. Titus Adisa
10. Mr. Thomas Ajibola
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4. Adamu Ketah
5. Ikhelowa Suleiman
6. Nuhu Danliman
7. Bilkisu Jibrin
8. Jummai Shehu
9. Hajara Hassan
10. Maimuna Ladan
11. Maryam Abdullahi
12. Samira A. Tafida
13. Nafisa Abubakar
14. Nadia Abubakar Jibril
15. Hajara Shuaibu
16. Safiyya Adam
17. Madinat Ibrahim
18. Hauwa Bello
19. Hadiza Ali
20. Ummu Suleiman
21. Madina Fatima Shehu
22. Maimuna Yahaya
23. Hafsat Yakasai
24. Bilkisu Hassan
25. Maimuna Abdullahi
26. Ladidi Suleiman
27. Kaltume Suweed
28. Maimuna Shehu
29. Hadiza Abdulkadir
30. Aishatu Tafida
31. Ilhamatu Tukur
32. Habiba Nafiu
33. Hadiza Ado
34. Halima Shittu
35. Khadija Suleiman
36. Eunice Emmanuel
37. Shade Balogun
38. Aishat Adamu
39. Erina Emmanuel
40. Mary Yani

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2. Prof. (Mrs.) A.K. Omideyi
3. Dr. (Mrs.) I. Adeoye
4. Dr. I. Adeoye
5. Dr.(Mrs) R. Akintokun
6. Dr. Akintokun
7. Eng. Joshua Adelokun
8. Mr. Yinka Adesina
9. Mr. Shola Adeyemi
10. Mrs Adeyemi
11. Mr. Akeem Babatunde
12. Dr. A.B. Adeyemi

Fieldworkers

1. O.J. Sogunle
2. M.A. Ogundiran
3. R. Azeez
4. O. Oyetunji
5. K. Oyebamiji
6. T. Adeyanju
7. A. Odeyemi
8. A. Ajayi
9. A. Ajadi
10. M. Ipaye
11. O. Sulaimon
12. F. Omofioye
13. N. Akhidenor
14. F. Alesunmi
15. J. Victory
16. U. Oagbai
17. A. Mohammed
18. A. Adeniyi
19. R. Oyelere
20. O. Oluwatope
21. S. Adejumo
22. A. Adeniji
23. A. Aregbeshola
24. R. Ogunbameru
25. O. Akinyemi
26. A. Akapo
27. K. Afuwape
28. V. Adeyemi
29. A. Taiwo
30. A. Adeoye
31. A. Awogbade
32. T. Nanakumo
33. N. Owolewa
34. T. Dorotoye
35. O. Onasanya
36. T. Ajibade
37. T. Oladokun
38. R. Pitan
39. A. Atat
40. S. Adeyemi
41. R. Adebisi

Nasarawa Survey Team

Supervisors

1. Prof. A.A. Adewuyi
2. Prof. F.A. Adesina
3. Mr. Sola Asa
4. Mr. S. Adeoye
5. Dr. T.O. Odekunle
6. Director, Nasarawa
7. Dr.(Mrs) O.O. Obilade
8. Mrs. M. Omosule
9. Mr. Dele Faleye

Fieldworkers

1. Zaina Mohamed
2. Justina Bokah
3. Salamatu Oga
4. A.R. Akeem
5. Esther Jaar
6. J. Anzaku
7. Tanz E.D.
8. S. Sakuma
9. Gyang Dung
10. Felicia Idakula
11. Esther Shade
12. Esther Auta
13. Hannah David
14. Talatu Edom
15. Esther Yiga
16. Atsche T.
17. Samaila N.J.
18. Bako Tuta
19. Martina Danjuma
20. Mary Gogo

Appendix C. Health Facility Questionnaire

MEASURE EVALUATION BASELINE SURVEY QUESTIONNAIRE FOR COMPASS PROJECT 2005 HEALTH FACILITIES

<p>QUESTIONNAIRE IDENTIFICATION NUMBER</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>											
<p>LOCAL GOVERNMENT AREA</p> <div style="text-align: right; margin-top: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> </div>											
BAUCHI		FCT		KANO		LAGOS		NASARAWA			
Alkaleri	01	Abaji	09	Bebeji	15	Badagary	31	Akwanga	45		
Bauchi	02	Abuja Mun	10	Dala	16	Beji-Lek	32	Keffi	46		
Misau	03	Gnagwala	11	Kabo	17	Lagos Is	33	Karu	47		
Ningi	04	Kuje	12	Kano Mun	18	Lagos Mainl	34	Doma	48		
Taf Bal	05	Bwari	13	Nasarawa	19	Mushin	35	Keana	49		
Zaki	06	Kwali	14	Tsanyawa	20	Shomolu	36	Kokona	50		
Giade	07			Kura	21	Surulere	37	Wamba	51		
Kirfi	08			Warawa	22	Ajeromi-If	38				
				Ajingi	23	Kosofe	39				
				Gwale	24	Eti Osa	40				
				Garko	25	Alimosho	41				
				Kibiya	26	Ojo	42				
				Gaya	27	Oshodi Is	43				
				Bichi	28	Ikorodu	44				
				Gabasawa	29						
				Gwarzo	30						
COMMUNITY											

ENUMERATION AREA				<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>							
NAME OF FACILITY _____											
TYPE OF FACILITY PUBLIC SECTOR Teaching Hospital 01 Hospital02 Comprehensive Health Care Center.....03 Primary Health Care Center/Maternity...04 Health Clinic.....05 Health Post.....06 Dispensary.....07					PRIVATE SECTOR Prvt. Hospital08 Military Hospital.....09 Missionary Hospital.....10 Prvt. Health Center/Maternity.....11 Prvt. Clinic.....12 PMV.....13 Other Private.....14					<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	
LOCALITY OF FACILITY		Urban 1 Semi-urban 2 Rural 3						<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>			

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: DATE	_____	_____		NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NO ONE AVAILABLE 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED										
SUPERVISOR		OFFICE EDITOR	KEYED BY							
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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**Facility Survey GPS Log
CHECKLIST**

- TURN GARMIN ON
- WAIT UNTIL ACCURACY AT LEAST WITHIN 15 METERS (NO MORE THAN 15 METERS)
- PRESS *PAGE* BUTTON UNTIL YOU REACH *MENU* SCREEN AND SELECT **MARK**
- SAVE WAYPOINT
- RECORD ALTITUDE
- COPY WAYPOINT POSITION FROM THE *WAYPOINT* PAGE
- PRESS *PAGE* BUTTON TO REACH *MENU* SCREEN AND SELECT *WAYPOINT*
- VERIFY THAT COORDINATE IS LISTED
- TURN UNIT OFF

POSITION											
GPS UNIT NUMBER.....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
WAYPOINT NUMBER			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
ALTITUDE (ELEV)			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
LATITUDE (N/S)	N/S/W/E	DEGREES	DECIMAL DEGREES								
	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
LONGITUDE (W/E)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

CONSENT AND TYPE OF SERVICES PROVIDED AT FACILITY

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP																																																								
100A	<p>FIND THE HEAD OF THE FACILITY OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. FOR PMV, FIND THE MOST SENIOR STAFF RESPONSIBLE FOR PROVIDING SERVICES. READ THE INFORMED CONSENT FORM.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p style="text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </p> <p style="text-align: center;"> _____ DATE </p>																																																										
100B	May I begin the interview?	YES..... 1 NO 2	→ STOP																																																								
100C	<p>RECORD THE TIME (START OF INTERVIEW)</p> <p>USE MILITARY TIME</p>	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																									
101A-C	<p>A) Does this facility provide any of the following services or commodities?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>1) Vaccinations</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2) Child Health</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3) Family Planning</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4) Antenatal</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5) Post-partum care</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6) Delivery & newborn care</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7) STI &/or VCT</td> <td style="text-align: center;">1->B</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	1) Vaccinations	1->B	2	2) Child Health	1->B	2	3) Family Planning	1->B	2	4) Antenatal	1->B	2	5) Post-partum care	1->B	2	6) Delivery & newborn care	1->B	2	7) STI &/or VCT	1->B	2	<p>B) Do you (HEAD OF FACILITY/SENIOR WORKER) personally provide SERVICE?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">CODE</th> </tr> </thead> <tbody> <tr> <td>1) Vaccinations</td> <td style="text-align: center;">202</td> </tr> <tr> <td>2) Child Health</td> <td style="text-align: center;">305</td> </tr> <tr> <td>3) Family Planning</td> <td style="text-align: center;">405</td> </tr> <tr> <td>4) Antenatal</td> <td style="text-align: center;">505</td> </tr> <tr> <td>5) Post-partum care</td> <td style="text-align: center;">505</td> </tr> <tr> <td>6) Delivery & newborn care</td> <td style="text-align: center;">605</td> </tr> <tr> <td>7) STI &/or VCT</td> <td style="text-align: center;">705</td> </tr> </tbody> </table>		CODE	1) Vaccinations	202	2) Child Health	305	3) Family Planning	405	4) Antenatal	505	5) Post-partum care	505	6) Delivery & newborn care	605	7) STI &/or VCT	705	<p>C) Which of the remaining services are provided by others?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">CODE</th> </tr> </thead> <tbody> <tr> <td>1) Vaccinations</td> <td style="text-align: center;">200a</td> </tr> <tr> <td>2) Child Health</td> <td style="text-align: center;">300a</td> </tr> <tr> <td>3) Family Planning</td> <td style="text-align: center;">400a</td> </tr> <tr> <td>4) Antenatal</td> <td style="text-align: center;">500a</td> </tr> <tr> <td>5) Post-partum care</td> <td style="text-align: center;">500a</td> </tr> <tr> <td>6) Delivery & newborn care</td> <td style="text-align: center;">600a</td> </tr> <tr> <td>7) STI &/or VCT</td> <td style="text-align: center;">700a</td> </tr> </tbody> </table>		CODE	1) Vaccinations	200a	2) Child Health	300a	3) Family Planning	400a	4) Antenatal	500a	5) Post-partum care	500a	6) Delivery & newborn care	600a	7) STI &/or VCT	700a
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ALL RESPONDENTS CONTINUE TO 102 AND FIRST COMPLETE ALL SECTIONS CIRCLED FOR HEAD OF THE FACILITY. THEN COMPLETE ANY OTHER SECTIONS THAT ARE CIRCLED. IF PMV, SKIP TO Q107			PMV → 107																																																								

SECTION 1. GENERAL INFORMATION

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP
102	Routinely, how many days each week is the facility open?	NUMBER OF DAYS <input type="text"/> DON'T KNOW 8	
103	What time is the facility scheduled to open and close? USE MILITARY TIME TO COMPLETE THE TIMES. IF OPEN 24 HOURS, RECORD 24:00 IN OPEN.	OPEN: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> CLOSE: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
104	Are there special hours that the facility is open to provide services for youth only?	YES 1 NO 2	→ 106
105	What are those hours?	OPEN: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> CLOSE: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
106	In what year did this facility open? IF THE RESPONDENT DOES NOT KNOW THE YEAR, PROBE TO FIND OUT HOW MANY YEARS OLD THE FACILITY IS.	YEAR OPENED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS OLD <input type="text"/> <input type="text"/> DON'T KNOW 9998	
ASK ALL RESPONDENTS			

107A- J Now I have some questions about the staff **who provide services.**
How many regular staff of each type does this facility have?

	QUALIFICATION	TOTAL NUMBER	
	A) PHYSICIANS/SPECIALISTS (E.G., OB/GYN)	PHYSICIAN <input type="text"/> <input type="text"/>	
	B) NURSE/MIDWIFE	NURSE/MIDWIFE <input type="text"/> <input type="text"/>	
	C) NURSES	NURSE <input type="text"/> <input type="text"/>	
	D) MIDWIVES	MIDWIFE <input type="text"/> <input type="text"/>	
	E) AUXILLIARY NURSES	AUX NURSE <input type="text"/> <input type="text"/>	
	F) COMMUNITY HEALTH OFFICER (CHO)	CHO <input type="text"/> <input type="text"/>	
	G) COMMUNITY HEALTH EXTENSION WORKER (CHEW)	CHEW <input type="text"/> <input type="text"/>	
	H) PHARMACISTS	PHARMACISTS <input type="text"/> <input type="text"/>	
	I) PATENT MEDICINE VENDOR	PMV <input type="text"/> <input type="text"/>	
	J) OTHER(S) _____ (SPECIFY)	OTHER <input type="text"/> <input type="text"/>	
108A	SUM THE NUMBER OF STAFF REPORTED IN 107A-J AND ENTER TOTAL.	TOTAL..... <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP															
108B	CHECK 108A: Just to make sure that I got this right: you have in TOTAL ____ Staff working at this facility who provide services. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 107A-J AS NECESSARY. ↓																			
IF PMV, SKIP TO Q132																				
109	Does this facility routinely admit inpatients for treatment?	YES.....1 NO2	→111																	
110	Does this facility have beds for overnight observation?	YES.....1 NO2																		
111	Does this facility have any system for determining client opinion about the health facility or services?	YES.....1 NO2 DON'T KNOW.....8	→115 →115																	
112a-d	Which of the following systems does the facility have for determining client opinion? a) Suggestions box b) Client survey form c) Client interview d) Other system	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> </tr> </thead> <tbody> <tr> <td>a) SUGGESTION BOX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) CLIENT SURVEY FORM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) CLIENT INTERVIEW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) SUGGESTION BOX	1	2	b) CLIENT SURVEY FORM	1	2	c) CLIENT INTERVIEW	1	2	d) OTHER	1	2			
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b) CLIENT SURVEY FORM	1	2																		
c) CLIENT INTERVIEW	1	2																		
d) OTHER	1	2																		
113	Is there a procedure for reporting on client opinion?	YES.....1 NO2																		
114	Have any changes been made in the program as a result of client opinion in the past 3 months? IF YES, DESCRIBE THE CHANGES MADE.	YES _____ 1 (SPECIFY) NO2 DON'T KNOW.....8																		
115	Does this facility monitor quality of care? This refers to a <u>ROUTINE</u> program for quality assurance.	YES.....1 NO2 DON'T KNOW.....8	→118 →118																	
116	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY1 ONLY SPECIFIC SERVICES2																		
117a-h	Are any of the following methods for quality assurance used? a) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records) based on Standards and Protocol b) Supervisory checklist for health service provision (e.g. Observation Check list) based on Standards and Protocol c) System for identifying and addressing quality of care that is implemented by staff or specific service level (e.g. not carried out facility wide) d) Facility-wide review of mortality e) Periodic audit of medical records or service registers f) Quality Assurance committee/team g) Regional/Dist. Health Management Teams h) Other (SPECIFY) _____	YES	NO	DON'T KNOW																

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
128	Does this facility have an ongoing supervision plan?	YES.....1 NO2 DON'T KNOW.....8	
129	Is there a standard form used for clients referred to other facilities?	YES.....1 NO FORM USED.....2 REFERRAL FACILITY.....4 DON'T KNOW.....8	→132 →132 →132
130	Does the referral form have a section requiring client information explaining the reason for the referral?	YES.....1 NO2 DON'T KNOW.....8	
131	Does the referral form have a section explaining the treatment already provided to the client (prior to referral)?	YES.....1 NO2 DON'T KNOW.....8	
ASK ALL RESPONDENTS			
132	How often does this facility have electricity? Always, often, sometimes, or never?	ALWAYS.....1 OFTEN.....2 SOMETIMES.....3 NEVER.....4	
133	Does this facility have a working generator and fuel for it?	YES.....1 NO2 DON'T KNOW.....8	
134	What is the most commonly used source of water for the facility at this time?	TAP.....1 PROTECTED WELL/BOREHOLE.....2 UNPROTECTED WELL.....3 RIVER/LAKE /POND.....4 WATER VENDOR/WATER TANKER.....5 OTHER.....6 (SPECIFY) NO WATER SOURCE.....0	
135	Is this water source available on-site?	YES, ON-SITE.....1 NO2	
136	Does the normal source of water for this facility vary seasonally?	YES.....1 NO2 NO NORMAL SOURCE.....3	
IF PMV, SKIP TO 139			PMV→139
137	Is there a waiting area for clients, where they are protected from sun and rain?	YES.....1 NO2	
138	Is there a separate waiting area for youth?	YES.....1 NO2	
ASK ALL RESPONDENTS			
139	Does this facility distribute or sell insecticide treated mosquito nets?	YES, DISTRIBUTE.....1 YES, SELL.....2 NO.....3	
140	Does this facility have prepackaged treatment (PPT) drugs for malaria?	YES.....1 NO2 DON'T KNOW.....8	
141	Under what circumstances do you dispense PPT? In other words, what symptoms would a person have (experience)? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	FEVER.....A HEADACHE.....B DIARRHEA.....C VOMITING.....D CONVULSIONS.....E FATIGUE/MALAISE.....F OTHER.....W SPECIFY DONT KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODE CLASSIFICATION	SKIP
142	What can you do if a person is experiencing convulsions? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	GIVE PPT.....A REFER TO HEALTH FACILITY.....B SEND HOME.....C GIVE OTHER MEDICINE.....D SPECIFY OTHER.....W SPECIFY DON'T KNOW.....Z	
IF PMV, SKIP TO 149			PMV→149
143	Does this facility have a working phone or short-wave radio?	YES.....1 NO.....2	
144	Now I would like to ask you some questions about the infection prevention procedures that this facility follows. What is the method most commonly used for sterilizing or disinfecting syringes and needles?	DRY HEAT STERILIZATION1 AUTOCLAVE.....2 STEAM STERILIZATION.....3 BOILING4 CHEMICAL5 OTHER.....6 USE DISPOSABLES ONLY7	
145	What is the most commonly used method for sterilizing or disinfecting other medical equipment (e.g., surgical instruments)?	DRY HEAT STERILIZATION.....1 AUTOCLAVE.....2 STEAM STERILIZATION.....3 BOILING4 CHEMICAL5 OTHER.....6 (SPECIFY) NONE7	
146	How does this facility dispose of potentially contaminated waste and items that are not reused (e.g. bandages, syringes)?	BURNED IN INCINERATOR1 BURNED IN OPEN PIT2 BURNED AND BURIED3 THROW IN TRASH/OPEN PIT.....4 THROW IN PIT LATRINE.....5 OTHER.....6 (SPECIFY)	
147	INTERVIEWER: ASK TO SEE PLACE USED FOR CONTAMINATED WASTE DISPOSAL	WASTE VISIBLE, <u>NOT</u> PROTECTED.....1 WASTE VISIBLE, PROTECTED2 NO WASTE VISIBLE3 WASTE SITE NOT INSPECTED.....8	
148	ASSESS GENERAL CLEANLINESS OF FACILITY -A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED, COUNTERS/TABLES ARE WIPED AND FREE FROM OBVIOUS DIRT OR WASTE.	FACILITY CLEAN.....1 FACILITY NOT CLEAN2	
ASK ALL RESPONDENTS THE REMAINING QUESTIONS BELOW IN THIS SECTION			
149	Now, I'd like to ask you some questions concerning your training and experience. In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
150	In total how many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>	
151	What is your present technical qualification	PHYSICIAN/SPECIALIST.....1 NURSE/MIDWIFE.....2 NURSE3 MIDWIFE4 AUXILLIARY NURSE.....5 CHEW.....6 CHO.....7 PHARMACIST.....8 NO TECHNICAL QUALIFICATION.....9 OTHER.....96 (SPECIFY)	→153

152	Which year did you graduate with this qualification?	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
		NO YEAR OF GRADUATION/NA.....9998					
153	Are continuing education activities offered at this facility for health staff?	YES.....1 NO.....2	→155				
154	When was the last time a continuing education activity was offered?	LAST 3 MONTHS.....1 LAST 6 MONTHS.....2 LAST 12 MONTHS.....3 MORE THAN 12 MONTHS.....4 DON'T KNOW.....8					
155	Now, I would like to ask you what you think is the most important issue which you feel need to be addressed for you to improve your work? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF..... 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING..... 4 MORE FEEDBACK ON STAFF PERFORMANCEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)					
GO TO Q101			→101				

2. VACCINE LOGISTIC SYSTEM

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q201		
200a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.		
	Do you have any questions for me? Do I have your agreement to participate?		
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE	
200b	May I begin the interview?	YES 1 NO 2	→ STOP
201	Now I would like to find out information about immunization services provided to children or pregnant women either by or at your facility? Are immunization services provided to children only, pregnant women, or both?	YES, CHILDREN ONLY 1 YES PREGNANT WOMEN ONLY 2 BOTH CHILDREN AND PREGNANT WOMEN 3	
202	Does this facility maintain records on immunizations given (completed immunizations records)?	YES, RECORDS SEEN 1 YES, RECORDS NOT SEEN 2 NO RECORDS KEPT 3 DON'T KNOW 8	→204 →204 →204
203	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2	
204	Does this facility routinely store <u>all</u> vaccines, any vaccines or are all vaccines either picked up from another facility or delivered when providing services?	STORE ALL VACCINES 1 STORES SOME VACCINES 2 STORES NO VACCINES 3	→208
205	ASK TO GO WHERE VACCINES ARE STORED AND EXPLAIN. I want to find out about your system for keeping vaccines. What type of equipment do you use to store your vaccines? RECORD ALL MENTIONED	REFRIGERATOR A COLD BOX B FREEZER C OTHER _____ D (SPECIFY)	
206	IF MULTIPLE EQUIPMENT ARE USED TO STORE VACCINES, SELECT THE ONE THAT IS MOST USED OR CURRENTLY BEING USED AND WRITE IN THE TYPE OF EQUIPMENT IT IS (E.G., REGRIFERATOR, COLDBOX. FREEZER, OTHER) AND INDICATE THE TEMPERATURE INSIDE. CIRCLE "+ OR -" BY TEMPERATURE	TYPE OF EQUIPMENT: _____ _____ _____ _____ TEMPERATURE + / - ° CENTIGRADE NOT OBSERVED 88 NO THERMOMETER 99	
207	Do you have a cold chain temperature monitoring chart? IF YES: may I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO 3	→209 →209
208a	CHECK THAT THE TEMPERATURE RECORD IS COMPLETED FOR EACH OF THE LAST TWO WEEKS (10 BUSINESS DAYS)	YES, COMPLETED 1 PARTIALLY COMPLETED 2 NO, NOT COMPLETED 3	→209
208b	COPY TEMPERATURES RECORDED FOR PREVIOUS 2 WEEKS. USING A CALENDAR, FILL IN THE DATES BELOW FOR THE 10 WORKDAYS (Mon-Fri) BEFORE TODAY. THEN WRITE DOWN THE TEMPERATURES FOR THE APPROPRIATE DATES & TIMES. DATE: DD-MM-YY	AM: 05:00 – 11:59am COLDBOX TEMPERATURE, Centigrade Indicate + or -	PM: 12 noon – 9pm COLDBOX TEMPERATURE, Centigrade. Indicate + or -
	10 WORKDAYS BEFORE:		
	9:		
	8:		
	7:		
	6:		
	5:		
	4:		
	3:		
	2:		
	1 WORKDAY BEFORE:		
209	Is there an inventory for the vaccines?	YES 1 NO 2 DON'T KNOW 8	

210	Have there been <u>any</u> stock-outs of vaccines in the last month?	YES 1 NO 2 DON'T KNOW 8			
211a	Which of the following vaccines are given at this facility?	YES	NO	DON'T KNOW	211B) Is this vaccine in stock?
					YES NO
	1) Tetanus Toxoid	1->B	2	8	1 2
	2) BCG and Dilutant	1->B	2	8	1 2
	3) Oral Polio (OPV)	1->B	2	8	1 2
	4) DPT	1->B	2	8	1 2
	5) Measles & Dilutant	1->B	2	8	1 2
	6) Hepatitis B	1->B	2	8	1 2
	7) Yellow fever	1->B	2	8	1 2
8) Others _____ SPECIFY	1->B	2	8	1 2	
212	Does this facility determine the amount of vaccines required and order this amount, or is the amount that you receive determined elsewhere? (BOTH MAY BE THE RESPONSE IF THE FACILITY ORDERS AND KEEPS SOME VACCINES BUT RECEIVES OTHERS AS AN OUTREACH SERVICE FROM ANOTHER FACILITY).	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2 BOTH 3			→214
213	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the quantity you receive vary with the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL 1 STANDARD FIXED SUPPLY 2 DON'T KNOW 8			→216 →216 →216
214a-z	How do you decide how much of each vaccine to order? A) Order to bring stock to fixed level B) Order the same quantity each time regardless of how many of each vaccine remains in stock? C) Order different amounts, based on calculations of prior utilization and expected future activity? D) Order depending on what you think is needed, without a specific method for calculating amounts? W) Other (SPECIFY) _____ Z) Don't know	A)ORDER TO FIXED LEVEL B)ORDER SAME QUANTITY C)ORDER DIFF AMOUNTS D)NO SPECIFIC METHOD W) OTHER _____ SPECIFY Z) DON'T KNOW		YES NO 1 2 1 2 1 2 1 2 1 2 1 2	
215a-z	you: A) Place an order whenever stock levels fall to a pre-determined level? B) Have a fixed time when you are supposed to submit orders for the vaccines? IF YES, INDICATE HOW OFTEN THE ORDER IS SUBMITTED. C) The facility can place an order whenever there is believed to be a need. The stock does not have to be below a specific level. W) Other (SPECIFY) _____ Z) Don't know	A)ORDER AT PRE-DETERMINED LEVEL B)ORDER AT FIXED TIME EVERY _____ MONTHS C)ORDER WHENEVER NEED W)OTHER _____ SPECIFY Z) DON'T KNOW		YES NO 1 1 1 2 1 2 1 2 1 2	
216	routine immunization sessions at this facility?	SINGLE USE 1 STERILIZABLE 2 OTHER _____ 6 (SPECIFY)			
GO TO Q101					101

SECTION 3. CHILD HEALTH SERVICES

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO			
IF INTERVIEWING THE SAME PERSON, SKIP TO Q305,						
300a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.					
	Do you have any questions for me? Do I have your agreement to participate?					
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE				
300b	May I begin the interview?	YES 1 NO 2	→ STOP			
301	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
302	In total how many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>				
303	What is your present technical qualification?	PHYSICIAN/SPECIALIST 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 (SPECIFY)				
304	Which year did you graduate with this qualification?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
ASK ALL RESPONDENTS						
305	For how many years in total have you provided child health care services or products? (May be from another facility)	YEARS <input type="text"/> <input type="text"/>				
	IF LESS THAN ONE YEAR, RECORD "00".					
306a-b	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) EPI/cold chain? 2) ARI treatment? 3) Diarrhea treatment? 4) Malaria treatment? 5) Nutrition/micro-nutrient deficiencies? 6) Breastfeeding? 7) Mother to child transmission of HIV/AIDS? 8) Integrated Management of Childhood Illness (IMCI) 9) Other _____? (SPECIFY)	306a. EVER TRAINED		306b. LAST 24 MONTHS		
		YES	NO	YES	NO	
		1) EPI/COLD	1->B	2	1	2
		2) ARI	1->B	2	1	2
		3) DIARRHEA	1->B	2	1	2
		4) MALARIA	1->B	2	1	2
		5) NUTRITION	1->B	2	1	2
		6) BREASTFEED	1->B	2	1	2
		7) MTC TRANSM	1->B	2	1	2
		8) IMCI	1->B	2	1	2
	9) OTHER	1->B	2	1	2	
	SPECIFY					
307a-f	Now, I would like to ask you specifically about child health services. For each of the following services please tell me if the service is offered by your facility, and if yes, how many days per week the service is provided AT THE FACILITY					
	CHILD HEALTH SERVICE	# Days per week service provided at facility	Service only provided as outreach	Service not offered		
	a) Consultation / curative services for the Sick Child?	# DAYS <input type="text"/>	11		95	
	b) GROWTH MONITORING or growth promotion (where the HEALTHY CHILD routinely weighed and charted on growth chart?)	# DAYS <input type="text"/>	11		95	

c) Immunization services for children?	# DAYS <input type="checkbox"/>	11	95
d) Food demonstration?	# DAYS <input type="checkbox"/>	11	95
e) Health education?	# DAYS <input type="checkbox"/>	11	95
f) Dispense drugs for treating child illness?	# DAYS <input type="checkbox"/>	11	95

IF PMV, SKIP TO Q318 **PMV→318**

308a	CHECK 307C AND INDICATE IF CHILD IMMUNIZATIONS ARE PROVIDED AT THE FACILITY	YES.....1 NO.....2	→315
308b	Does this facility provide outreach immunization services, i.e., visit communities to vaccinate children?	YES.....1 NO.....2	
309	Are immunization services being offered at the facility today?	YES.....1 NO.....2	

310a-g	Does the facility have the following items to provide immunizations?	YES	NO	DON'T KNOW
a)	Sharps box for needles	1	2	8
b)	5 or more 1 ml syringes (w/needles).	1	2	8
c)	5 or more 3 ml syringes (w/ 19 gauge needles)	1	2	8
d)	Hand-washing items (soap, towel)?	1	2	8
e)	Water for hand-washing?	1	2	8
f)	Blank, individual child immunization cards	1	2	8
g)	Immunization tally/register sheets	1	2	8

311	CHECK 307a: SICK CHILD CONSULTATIONS OFFERED AT FACILITY			
	SICK CHILD CONSULTATIONS	<input type="checkbox"/>	NO SICK CHILD CONSULTATIONS.	<input type="checkbox"/> →→→ →318
		V V		

312a-i	Does this facility have the following items available and in working order to provide consultations for sick children?	YES	NO	DON'T KNOW
a)	Hand-washing items (soap, towel)	1	2	8
b)	Water for hand-washing	1	2	8
c)	Infant Scale	1	2	8
d)	Child Scale	1	2	8
e)	Thermometer	1	2	8
f)	Timer/Watch with second hand	1	2	8
g)	Jar/Pitcher for ORS	1	2	8
h)	ORS treatment	1	2	8
i)	Cup and spoon	1	2	8

313a-e	Does this facility have the following protocols and materials?			
a)	Medical Protocols for treating CHILD ILLNESS	1	2	8
b)	National Standing Orders	1	2	8
c)	Integrated Management of Childhood Illness (IMCI) Chart Booklet	1	2	8
d)	National Immunization policy guidelines	1	2	8
e)	Visual aids for teaching caretaker	1	2	8

314	Are immunizations offered in the facility on every day that sick child consultations are provided?	YES.....1 NO.....2 DON'T KNOW.....8	
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315	Is there a patient register where information on each child consultation is written? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE CHILD AGE AND DIAGNOSIS TO BE VALID.	YES, REGISTER SEEN.....1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3	→317 →317
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316	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2
317	Are individual child health cards /records maintained at this facility? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, OBSERVED CARD 1 YES, CARD NOT SEEN 2 NO INDIVIDUAL CARDS 3

ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION

318	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your child health work or observe your work?	YES 1 NO 2 DON'T KNOW 8	→ 321 → 321
319	How many times in the last six months has your child health work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
320A-G	What did your supervisor do the last time he/she supervised you?	YES NO DON'T KNOW	
	a) Check your records/reports	1 2 8	
	b) Observe your work	1 2 8	
	c) Provide feedback on your performance	1 2 8	
	d) Provide updates on administrative or technical issues related to your work	1 2 8	
	e) Discuss problems you have encountered	1 2 8	
	f) Discuss job expectations	1 2 8	
	g) Anything else (SPECIFY)	1 2 8	
321	What is the most important issue that you feel needs to be addressed to improve your work in child health? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)	

GO TO Q101	101
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SECTION 4. FAMILY PLANNING SERVICES

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP			
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q405,					
400A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.					
	Do you have any questions for me? Do I have your agreement to participate?					
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE				
400B	May I begin the interview?	YES.....1 NO2	→STOP			
401	In what year did you start working at this facility?	YEAR..... <input style="width: 20px; height: 20px;" type="text"/>				
402	In total many years of primary and secondary education did you complete?	YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
403	What is your present technical qualification?	PHYSICIAN.....1 NURSE/MIDWIFE2 NURSE3 MIDWIFE4 AUXILIARY NURSE.....5 CHEW6 CHO7 PHARMACIST8 OTHER.....96 (SPECIFY)				
404	What year did you graduate with this qualification?	YEAR <input style="width: 20px; height: 20px;" type="text"/>				
ASK ALL RESPONDENTS						
405	For how many years in total have you provided family planning services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
406A-B	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you ever received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) Family planning counseling? 2) IUD insertion? 3) Mini-laparotomy? 4) No-scalpel vasectomy? 5) Implants (e.g., Norplant)? 6) STI Syndromic Management? 7) Other, STI diagnosis and treatment? 8) Postabortion Care (PAC)? 9) Other _____? (SPECIFY)		406A. EVER TRAINED	406B. LAST 24 MONTHS		
		YES	NO	YES	NO	
		1) FP COUNS	1->B	2	1	2
		2) IUD	1->B	2	1	2
		3) MINI-LAP	1->B	2	1	2
		4) NSV	1->B	2	1	2
		5) IMPLANT	1->B	2	1	2
		6) STI SYND	1->B	2	1	2
		7) OTHER STI	1->B	2	1	2
		8) PAC	1->B	2	1	2
	9) OTHER	1->B	2	1	2	
407	How many days in a week are family planning services or products provided at this facility?	# DAYS <input style="width: 20px; height: 20px;" type="text"/>				
408	Are family planning services or products being provided today?	YES.....1 NO.....2				

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION						SKIP			
		YES	NO	DK	409B) Is this method in stock?		409C) Have you ever received training to provide this method		409D) Is there anyone else here that provides FP that has been trained in this method?		
409A	Which of the following methods of contraception are provided at this facility? READ ALL				YES	NO	YES	NO	YES	NO	
	1) Combined oral pill	1→B	2	8	1	2	1	2>D	1	2	
	2) Progesterone only pill	1→B	2	8	1	2	1	2>D	1	2	
	3) IUD/Coil	1→B	2	8	1	2	1	2>D	1	2	
	4) Injectable Depo Provera (1 every 3 months)	1→B	2	8	1	2	1	2>D	1	2	
	5) Injectable Noristerat (1 every 2 months)	1→B	2	8	1	2	1	2>D	1	2	
	6) Implant (e.g., Norplant)	1→B	2	8	1	2	1	2>D	1	2	
	7) Diaphragm/cap	1→B	2	8	1	2	1	2>D	1	2	
	8) Male condom	1→B	2	8	1	2	1	2>D	1	2	
	9) Female condom	1→B	2	8	1	2	1	2>D	1	2	
	10) Foaming tablets/spermicides	1→B	2	8	1	2	1	2>D	1	2	
	11) Emergency Contraception (e.g., after sex pill)	1→B	2	8	1	2	1	2>D	1	2	
	12) Counseling about natural family planning	1→C	2	8			1	2>D	1	2	
IF 409A.8 (Condoms) IS NO, GO TO 411									IF 409A.8 IS NO → 411		
410	Are condoms made available to youth at this facility?	YES.....1 NO.....2 DON'T KNOW.....8									
IF PMV, SKIP TO Q412									PMV → 412		
411	Does this facility have a ROUTINE system for taking physical measurements for FP clients prior to the consultation (e.g., weight and blood pressure)?	YES1 NO2 DON'T KNOW8									
ASK ALL RESPONDENTS											
412a-f	Are any of the following visual aids for teaching available in the counseling or service provision area ?	YES	NO	DON'T KNOW							
	a) Different family planning methods	1	2	8							
	b) Visual aids for teaching about STIs	1	2	8							
	c) Visual aids for teaching about HIV/AIDS	1	2	8							
	d) Model for demonstrating use of condom	1	2	8							
	e) Posters on family planning	1	2	8							
	f) Visual aids for teaching about self-breast exams	1	2	8							

413a-f	Are any of the following information booklets/pamphlets available for clients to take home?	YES	NO	DON'T KNOW	
	a) On family planning?	1	2	8	
	b) On STIs?	1	2	8	
	c) On HIV/AIDS?	1	2	8	
	d) On breast cancer?	1	2	8	
	e) On cervical cancer?	1	2	8	
	f) Other SPECIFY	1	2	8	
414a-d	Are any of the following service delivery protocols available?	YES	NO	DON'T KNOW	
	a) National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice (SOP) for Family Planning Service in Nigeria	1	2	8	
	b) National Family Planning/Reproductive Health Service Protocols	1	2	8	
	c) Guidelines for Management of Syndromic Diagnosis and Treatment of STIs	1	2	8	
	d) Infection prevention wallchart	1	2	8	
415	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN..... 2 NO 8			→417 →417
416	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS..... 2			
417	Are individual client cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD.	YES, OBSERVED CARD 1 YES, CARD NOT SEEN..... 2 NO INDIVIDUAL CARDS 3			

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
418	Are clients routinely treated for STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS..... 1 REFERS TO OTHER PROVIDER /LOCATION 2 NO TREATMENT PROVIDED 3 DON'T KNOW.....8			
419	Are antenatal care clients routinely counseled about family planning?	YES.....1 NO.....2 DON'T KNOW.....8			
420	Are postpartum clients routinely counseled about family planning	YES.....1 NO.....2 DON'T KNOW.....8			
IF PMV, GO TO 433					PMV→ 433
421A-G	Does this facility have the following items to provide family planning services?	YES	NO	DON'T KNOW	
	a) A working spotlight source (flashlight or examination light accepted)	1	2	8	
	b) Table and stool for gynecological exam	1	2	8	
	c) Hand-washing items (soap and towel)	1	2	8	
	d) Water for hand-washing	1	2	8	
	e) Clean and sterilized gloves	1	2	8	
	f) Sharps container	1	2	8	
	g) Decontamination solution for clinical equipment	1	2	8	
422A-D	OTHER EQUIPMENT				
	A) Blood pressure gauge	1	2	8	
	B) Stethoscope	1	2	8	
	C) Weighing scale	1	2	8	
	D) Sterile needle and syringe	1	2	8	
423	Does this facility offer mini-laparotomy female sterilization under local anesthesia?	MINI LAP OFFERED.....1 MINI LAP NOT OFFERED.....2			→425
424A-O	Does this facility have the following equipment and supplies available and in working order for mini-laparotomies?	YES	NO	DON'T KNOW	
	a) Tubal hook	1	2	8	
	b) Uterine elevator	1	2	8	
	c) Forceps baby babcock	1	2	8	
	d) Retractor	1	2	8	
	e) Sponge holding forceps	1	2	8	
	f) Kocher forceps (long)	1	2	8	
	g) Straight artery forceps 5"	1	2	8	
	h) Vaginal speculum	1	2	8	

	i) Dissecting scissors	1	2	8	
	j) Blunt dissecting forceps	1	2	8	
	k) Toothed dissecting forceps	1	2	8	
	l) Needle holder	1	2	8	
	m) Kidney dish	1	2	8	
	n) Round body needle	1	2	8	
	o) Cutting needle	1	2	8	
425	Does this facility offer No Scalpel Vasectomy?	NO SCALPEL VASEC OFFERED.....1 NO SCALPEL NOT OFFERED.....2			→427
426A-D	Does this facility have the following equipment and supplies available and in working order for No Scalpel Vasectomy?	YES	NO	DON'T KNOW	
	a) Vas dissecting forceps	1	2	8	
	b) Extracutaneous ringed forceps	1	2	8	
	c) Small angled dissecting scissors	1	2	8	
	d) Needle and syringe (5cc)	1	2	8	
427	Does this facility offer the IUD or Norplant?	YES.....1 NO.....2			→433
428a-b	Does this facility have the following supplies for both procedures:	YES	NO	DON'T KNOW	
	a) Sterile gloves	1	2	8	
	b) Antiseptic solution (e.g.Iodine)	1	2	8	
429	Does the facility offer the IUD?	IUD OFFERED 1 IUD NOT OFFERED..... 2			→431

NO.	QUESTIONS AND FILTERS	CODE CLASSIFICATION			SKIP		
430a-f	Does this facility have the following materials for the IUD: a) Speculum b) Sponge holding forceps c) Uterine sound d) Tenacula e) IUD forceps extractor (crocodile) f) Sterile IUD kit which includes Tenacula and uterine sound	YES 1 1 1 1 1 1	NO 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8			
431	Does this facility offer Norplant?	NORPLANT OFFERED 1 NORPLANT NOT OFFERED 2			→ 433		
432A-E	Does this facility have the following materials for Norplant: a) Local anesthetic (e.g., lidocaine) b) Sterile syringe and needle c) Any forceps for grasping implant (artery forceps/ hemostat/ tweezer / mosquito forceps) d) Scalpel with blade e) Minor surgical kit with scalpel, blade, and some forceps for grasping implant	YES 1 1 1 1 1	NO 2 2 2 2 2	DON'T KNOW 8 8 8 8 8			
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION							
433	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your family planning work or observe your work?	YES 1 NO 2 DON'T KNOW 8			→ 436 → 436		
434	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
435A-G	What did your supervisor do the last time he/she supervised you? a) Check your records/reports b) Observe your work c) Provide feedback on your performance d) Provide updates on administrative or technical issues related to your work e) Discuss problems you have encountered f) Discuss job expectations g) Anything else _____ (SPECIFY)	YES 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8 8			
436	What is the most important issue that you feel needs to be addressed to improve your work in family planning? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)					
GO TO Q101					101		

SECTION 5. ANTENATAL AND POSTPARTUM CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q505,		
500A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.		
	Do you have any questions for me? Do I have your agreement to participate?		
	INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	DATE	
500B	May I begin the interview?	YES1 NO.....2	→STOP
501	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
502	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>	
503	What is your present technical qualification?	PHYSICIAN1 NURSE/MIDWIFE2 NURSE3 MIDWIFE4 AUXILIARY NURSE.....5 CHEW6 CHO.....7 PHARMACIST8 OTHER.....96 (SPECIFY)	
504	Which year did you graduate with this qualification?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ASK ALL RESPONDENTS			
505	Do you currently personally provide either antenatal care services or products or postpartum care services or products or both?	YES,ANC1 YES,POSTPARTUM2 YES BOTH3	
IF PMV, ASK THE FOLLOWING. ALL OTHERS, SKIP TO 507			NON-PMV→507
506	What type of antenatal care or postpartum care products do you provide?	VITAMINS.....1 MEDICINES.....2 OTHER.....3 (SPECIFY)	
ASK ALL RESPONDENTS			
507	For how many years in total have you provided antenatal and/or postpartum care services or products? (May be from another facility)	YEARS..... <input type="text"/> <input type="text"/>	
IF LESS THAN ONE YEAR, RECORD "00".			
508a-b	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months?	508a. EVER TRAINED	508b. LAST 24 MONTHS
		YES NO	YES NO
	1) Antenatal care?	1->b 2	1 2
	2) Counseling/health education for maternity clients?	1->b 2	1 2
	3) Management of risk pregnancies?	1->b 2	1 2
	4) Mother to child transmission of HIV/AIDS?	1->b 2	1 2
	5) Postnatal care?	1->b 2	1 2
	6) Family Planning?	1->b 2	1 2
	7) Sexually transmitted infections?	1->b 2	1 2
	8) Other.....? (SPECIFY)	1->b 2	1 2

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO	
		8) OTHER SPECIFY _____	1->b	2	1	2
509	How many days in a week are antenatal care services or products provided at the facility?	# DAYS	<input type="text"/>			
510	Are antenatal care services or products being provided at the facility today?	YES.....1 NO.....2				
IF PMV, SKIP TO 522					PMV→522	
511	Does this facility have a ROUTINE system for measuring vital signs (e.g., weight, blood pressure) of ANC clients prior to the consultation?	YES.....1 NO.....2 DON'T KNOW.....8				
512a-e	Does this facility offer the following services:	YES	NO	DON'T KNOW		
	a) Are tetanus toxoid vaccination services available each day ANC services are provided?	1	2	8		
	b) Is preventive anti-malarial medication routinely provided?	1	2	8		
	c) Are iron and folic acid routinely provided?	1	2	8		
	d) Are clients routinely counseled about family planning?	1	2	8		
	e) Does the facility routinely offer to provide voluntary counseling and testing for HIV/AIDS?	1	2	8		
513	Does the ANC provider(s) routinely treat STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS.....1 REFERS.....2 NO TREATMENT PROVIDED.....3				
514a	Is there a register where client information from ANC visits is recorded? IF YES, ASK TO SEE REGISTER. ANC STATUS (1ST OR FOLLOW-UP) MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN.....1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3				→515a →515a
514b	How recent is the date of the most recent entry for ANC?	WITHIN THE PAST 7 DAYS.....1 > 7 DAYS.....2				
515a	Is there a register where client information from postpartum visits is recorded? IF YES, ASK TO SEE REGISTER. DAYS PP AND INDICATION OF COMPLICATIONS OR NOT MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN.....1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3				→516 →516
515b	How recent is the date of the most recent entry for postpartum care?	WITHIN THE PAST 7 DAYS.....1 > 7 DAYS.....2				
516	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD?	YES, OBSERVED BLANK CARD.....1 YES, NO BLANK CARD OBSERVED.....2 NO INDIVIDUAL CARDS.....3				
517a-g	Does this facility have the following items available and in working order to provide ANC/PP services?	YES	NO	DON'T KNOW		
	a) Spotlight source (flashlight or examination light accepted)	1	2	8		
	b) Table and stool for gynecological exam	1	2	8		
	c) Hand-washing items (soap and towel)	1	2	8		
	d) Water for hand-washing	1	2	8		
	e) Clean gloves	1	2	8		
	f) Sharps container	1	2	8		
	g) Decontamination solution for clinical equipment	1	2	8		
518a-g	Does this facility have the following equipment for ANC/PP services?	YES	NO	DON'T KNOW		
	a) Blood pressure gauge	1	2	8		
	b) Stethoscope	1	2	8		
	c) Fetal Stethoscope	1	2	8		
	d) Thermometer	1	2	8		
	e) Tape rule	1	2	8		
	f) Infant scale	1	2	8		
	g) Height scale	1	2	8		
519a-b	Does this facility have the following materials?	YES	NO	DON'T KNOW		
	a) Guidelines/protocols for maternal health care	1	2	8		
	b) Teaching aids for ANC	1	2	8		
520	Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?	YES.....1 NO.....2 DON'T KNOW.....8				→522 →522
521	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN.....1 YES, DOCUMENT NOT SEEN.....2 NO DOCUMENTATION.....3				
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION						

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
522	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your ANC and/or PP work or observe your work?	YES..... 1 NO 2 DON'T KNOW.....8			→ 525 → 525
523	How many times in the last six months has your ANC and/or PP work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/>			
524A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else _____ (SPECIFY)	1	2	8	
525	What is the most important issue that you feel needs to be addressed to improve your work in family ANC and/or PP?	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER96 (SPECIFY)			
GO TO Q101					101

SECTION 6.DELIVERY AND NEWBORN CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																		
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q605,																																				
600a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.																																				
	Do you have any questions for me? Do I have your agreement to participate?																																				
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE																																			
600b	May I begin the interview?	YES.....1 NO.....2	→STOP																																		
601	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																			
602	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>																																			
603	What is your present technical qualification?	PHYSICIAN..... 1 NURSE/MIDWIFE 2 NURSE..... 3 MIDWIFE..... 4 AUXILIARY NURSE.....5 CHEW 6 CHO 7 PHARMACIST..... 8 OTHER.....96 (SPECIFY)																																			
604	Which year did you graduate with this qualification?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																			
ASK ALL RESPONDENTS																																					
605	Do you currently personally provide delivery care? By this, I mean conducting the actual delivery.	YES.....1 NO.....2	→609																																		
606	For how many years in total have you conducted deliveries? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input type="text"/> <input type="text"/>																																			
607	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) Care during labor or delivery? 2) Use of partograph? 3) Life saving skills/emergency complications? 4) Other.....? (SPECIFY)	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">607a. EVER TRAINED</th> <th colspan="2">607b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) DELIVERY CARE</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) PARTOGRAP</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3)LIFE SAV/EM</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) OTHER</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPECIFY</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		607a. EVER TRAINED		607b. LAST 24 MONTHS		YES	NO	YES	NO	1) DELIVERY CARE	1->b	2	1	2	2) PARTOGRAP	1->b	2	1	2	3)LIFE SAV/EM	1->b	2	1	2	4) OTHER	1->b	2	1	2	SPECIFY					
	607a. EVER TRAINED			607b. LAST 24 MONTHS																																	
	YES	NO	YES	NO																																	
1) DELIVERY CARE	1->b	2	1	2																																	
2) PARTOGRAP	1->b	2	1	2																																	
3)LIFE SAV/EM	1->b	2	1	2																																	
4) OTHER	1->b	2	1	2																																	
SPECIFY																																					
608	When was the last time you used a partograph?	NEVER.....0 IN PAST WEEK1 IN PAST MONTH.....2 IN PAST 6 MONTHS3 6 MONTHS AGO OR LONGER.....4 DON'T KNOW8																																			
609	Do you presently personally provide newborn care?	YES.....1 NO.....2																																			
610	For how many years in total have you provided these services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <input type="text"/> <input type="text"/>																																			
611	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) Neonatal resuscitation? 2) Mother to child transmission HIV/AIDS? 3) Exclusive breast-feeding?	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">612a. EVER TRAINED</th> <th colspan="2">612b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) NEONATAL</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) MTC HIV/AIDS</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3) EX BREAST</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		612a. EVER TRAINED		612b. LAST 24 MONTHS		YES	NO	YES	NO	1) NEONATAL	1->b	2	1	2	2) MTC HIV/AIDS	1->b	2	1	2	3) EX BREAST	1->b	2	1	2											
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1) NEONATAL	1->b	2	1	2																																	
2) MTC HIV/AIDS	1->b	2	1	2																																	
3) EX BREAST	1->b	2	1	2																																	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
		4) OTHER	1->b	2	1	
	4) Other _____? (SPECIFY)	4) OTHER	1->b	2	1	2
612	Is a person skilled (e.g., Doctor, nurse, or midwife) in conducting deliveries present at the facility or on call 24 hours a day, including weekends, to provide delivery care?	YES PRESENT 1 YES ON-CALL 2 NO 3				→614
613	Is the person who conducts deliveries always a secondary or higher level staff (e.g., Doctor, nurse, midwife)?	YES, ALWAYS SECONDARY 1 NO, SOMETIMES PRIMARY/ AUXILIARY LEVEL 2				
614	Is there a register where client information from attended births is recorded? IF YES, ASK TO SEE REGISTER. BIRTH OUTCOME FOR MOTHER AND INFANT MUST BE INCLUDED TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3				
615	How recent is the date of the most recent entry for attended births?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
616	Do midwives routinely provide home-deliveries or attend home delivery emergencies as a part of the facility service?	YES, ROUTINELY 1 YES, EMERGENCY ONLY 2 NO 3				→618a
617	Is there home delivery bag?	YES 1 NO 2				
618	Does this facility have the following protocols/educational materials?	YES	NO	DK		
	a) Guidelines for delivery?	1	2	8		
	b) Partographs?	1	2	8		
619a-h	Does this facility have the following items to provide delivery services?	YES	NO	DON'T KNOW		
	a) Spotlight source (flashlight or examination light accepted)	1	2	8		
	b) Table and stool for delivery	1	2	8		
	c) Hand-washing items (soap and towel)	1	2	8		
	d) Water for hand-washing	1	2	8		
	e) Clean gloves	1	2	8		
	f) Sharps container	1	2	8		
	g) Decontamination solution for clinical equipment	1	2	8		
	h) Delivery kit	1	2	8		
620a-i	Does this facility have the following equipment/supplies for delivery?	YES	NO	DON'T KNOW		
	a) 24-hour functioning light source? (Lantern acceptable)	1	2	8		
	b) Skin antiseptic (e.g. chlorhexidine; savlon; detol)	1	2	8		
	c) Intravenous infusion set	1	2	8		
	e) Injectable ergometrine	1	2	8		
	f) Syringes and needles?	1	2	8		
	G) Suture material w/needle	1	2	8		
	H) Sterile scissors/blade	1	2	8		
	I) Needle Holder	1	2	8		
621a	Is this facility able to perform vacuum aspiration for a woman with retained products of conception?	YES 1 NO 2				→622
621b	Does this facility have the following equipment for removing retained products of conception:	YES	NO	DON'T KNOW		
	1) Manual vacuum aspirator	1	2	8		
	2) Dilate and curatage (D&C) kit	1	2	8		
622a-j	Does this facility have the following supplies for the baby?	YES	NO	DON'T KNOW		
	a) Bag and mask or tube and mask (baby) for resuscitation	1	2	8		
	b) Resuscitation table for baby	1	2	8		
	c) Heat source	1	2	8		
	d) Baby scale	1	2	8		
	e) Baby height scale	1	2	8		
	f) Tape rule	1	2	8		
	g) Mucous extractor	1	2	8		
	h) Cord ties or clamps	1	2			
	i) Towel/blanket to wrap baby	1	2			
623a-k	Now, I want to ask you about routine practices for the newborn for the newborn infant. That is, the activity occurs for essentially all newborns. Please indicate which of the following are done/provided routinely.	YES	NO	DON'T KNOW		
	a) Suction newborn using catheter?	1	2	8		
	b) Score APGAR?	1	2	8		
	c) Weigh newborn ?	1	2	8		
	d) Measure newborn (height)?					
	e) Put baby to mother's breast within 1 hour of birth	1	2	8		
	f) Rooming-in with mother	1	2	8		
	g) Give pre-lacteal liquids?	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
	h) Give first dose of OPV prior to discharge?	1	2	8	
	i) Give BCG prior to discharge?	1	2	8	
	j) Give Hep B (HbV1) prior to discharge?	1	2	8	
	k) Give full bath (immerse in water) within first 24 hours?	1	2	8	
	w) Other (specify) _____	1	2	8	
624	Is rooming-in the normal practice in this facility? That is, does the baby stay in the same room with the mother?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
625	Does this facility routinely provide Vitamin A to the mother prior to discharge?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
626	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS 1 YES, FOR NEWBORNS 2 YES, FOR BOTH 3 NO DO NOT PARTICIPATE 4			
627	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your delivery and/or newborn care work or observe your work?	YES 1 NO 2 DON'T KNOW 8			→ 630 → 630
628	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/>			
629A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else _____ (SPECIFY)	1	2	8	
630	What is the most important issue that you feel needs to be addressed to improve your work in delivery and newborn care? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY..... 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES..... 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT..... 8 BETTER SECURITY..... 9 OTHER 96 (SPECIFY)			
GO TO Q101					101

SECTION 7. STI AND VCT

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
IF INTERVIEWING THE SAME PERSON, SKIP TO Q805,					
IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.					
700A	Do you have any questions for me? Do I have your agreement to participate? _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE			
700B	May I begin the interview?	YES.....1 NO.....2			→STOP
701	In what year did you start working at this facility?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
702	In total many years of primary and secondary education did you complete?	YEARS..... <input type="text"/> <input type="text"/>			
703	What is your present technical qualification	PHYSICIAN.....1 NURSE/MIDWIFE.....2 NURSE.....3 MIDWIFE.....4 AUXILIARY NURSE.....5 CHEW.....6 CHO.....7 PHARMACIST.....8 OTHER.....96 (SPECIFY)			
704	Which year did you graduate with this qualification?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
ALL RESPONDENTS					
705	First I want to ask specifically about services and products for STIs. Does this facility offer STI services or commodities to treat STIs?	YES.....1 NO.....2			→713
706	Do you currently personally provide either services or products for treating sexually transmitted infections (STIs)?	YES.....1 NO.....2			->708
707	For how many years in total have you provided STI services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00"	YEARS..... <input type="text"/> <input type="text"/>			
708	Are STI services/commodities being offered at the facility today?	YES.....1 NO.....2			
709	How many days in a week are STI services or products provided at the facility?	# DAYS..... <input type="text"/>			
IF PMV, GO TO 722					
710A-B	Does this facility have protocols on the following: a) Confidentiality Protocol for STI clients? b) Informed Consent Protocol for STI testing?	YES 1 1	NO 2 2	DON'T KNOW 8 8	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
711	Is there a register where STI client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN.....	1		→713 →713
		YES, REGISTER NOT SEEN.....	2		
		NO REGISTER KEPT.....	3		
712	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....	1		
		> 7 DAYS.....	2		
713	Does this facility offer voluntary counseling and testing (VCT) for HIV?	YES.....	1		→722
		NO.....	2		
714	Do you presently personally provide VCT?	YES.....	1		->716
		NO.....	2		
715	For how many years in total have you provided VCT services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS		<input type="text"/> <input type="text"/>	
716	Are VCT services being offered at the facility today?	YES.....	1		
		NO.....	2		
717	How many days in a week are VCT services offered at the facility?	# DAYS.....		<input type="text"/>	
718a-b	Does this facility have protocols on the following:	YES	NO	DON'T KNOW	
	a) Confidentiality Protocol for VCT clients?	1	2	8	
	b) Informed Consent Protocol for VCT?	1	2	8	
719A-G	When a VCT client is found to be positive for HIV, indicate how often clients are referred elsewhere or services are provided by the facility for the following:	SERVICE PROVIDED	REFERRED	NO SERVICE/NO REFERRAL	DON'T KNOW
	a) Medical treatment and follow-up	1	2	3	8
	b) Diagnosis for TB	1	2	3	8
	c) Home-based care services	1	2	3	8
	d) Counseling on prevention of mother-to-child transmission	1	2	3	8
	e) Family planning service	1	2	3	8
	f) PLWHA (Persons Living With HIV/AIDS) support group	1	2	3	8
	g) Other social services	1	2	3	8
720	Is there a register where VCT client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN.....	1		→722 →722
		YES, REGISTER NOT SEEN.....	2		
		NO REGISTER KEPT.....	3		
721	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....	1		
		> 7 DAYS.....	2		
ALL RESPONDENTS					
722	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your STI/VCT work or observe your work?	YES.....	1		→725
		NO.....	2		
723	How many times in the last six months has your STI/VCT work been supervised?	NUMBER OF TIMES		<input type="text"/> <input type="text"/>	
724A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW	
	a) Check your records/reports	1	2	8	
	b) Observe your work	1	2	8	
	c) Provide feedback on your performance	1	2	8	
	d) Provide updates on administrative or technical issues related to your work	1	2	8	
	e) Discuss problems you have encountered	1	2	8	
	f) Discuss job expectations	1	2	8	
	g) Anything else (SPECIFY)	1	2	8	

725	<p>What is the most important issue that you feel need to be addressed to improve your work in STI/VCT?</p> <p>DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.</p>	<p>MORE STAFF 1 BETTER STAFF TREATMENT2 BETTER PAY.....3 MORE TRAINING4 MORE FEEDBACK ON STAFF PERFORMANCEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)</p>	
ALL RESPONDENTS GO TO 800		→ 800	

SECTION 8. SELECT MEDICATIONS

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q801	
800A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.	
	Do you have any questions for me? Do I have your agreement to participate?	
	_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	_____ DATE

MEDICATIONS: ASK TO SEE THE FOLLOWING MEDICATIONS. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

No.	Medication				
		OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
ORAL MEDICATIONS					
801	Amalar				
802	Amodiaquine (Camoquine)				
803	Amoxicillin	1	2	3	8
804	Ampiclox	1	2	3	8
805	Ampicillin	1	2	3	8
806	Artemisine (Cotecin)	1	2	3	8
807	Aspirin	1	2	3	8
808	Chloroquine	1	2	3	8
809	Ciprofloxacin PO	1	2	3	8
810	Coartem				
811	Co-Trimatazole (Septrin)	1	2	3	8
812	Doxycycline PO (Vitadar)	1	2	3	8
813	Erythromycin oral	1	2	3	8
814	Ethambutol PO	1	2	3	8
815	Fansidar	1	2	3	8
816	ORT	1	2	3	8
817	Panadol	1	2	3	8

INJECTABLE MEDICATIONS					
818	Benzathine benzyl pen Inj. (IM)	1	2	3	8
819	Benzyl Penicillin (Procaine) Inj (IM/IV)	1	2	3	8
820	Quinine	1	2	3	8
821	Streptomycin Injection	1	2	3	8
822	Xylocaine or lidocaine 1%	1	2	3	8

INTRAVENOUS SOLUTIONS					
823	Normal Saline	1	2	3	8
824	Dextrose and saline	1	2	3	8
825	Ringers Lactate	1	2	3	8

826	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>				

READ THE FOLLOWING THANK YOU STATEMENT:

Thank you very much for your time. I greatly appreciate the time you spent with me answering these questions. The information you provided to me will be very helpful in improving the activities of the COMPASS Project and health services for your community. If you have any questions about anything I asked you about, please contact Dr. Alfred Adewuyi at 0803-719-3284.

INTERVIEWER: CHECK TO MAKE SURE YOU HAVE COLLECTED A GPS COORDINATE FOR THE FACILITY.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

