Zimbabwe

Zimbabwe Service Availability Survey 1989/1990

Central Statistical Office
Ministry of Finance, Economic Planning, and Development

Demographic and Health Surveys
Institute for Resource Development/Macro International, Inc.

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Central Statistical Office
Ministry of Finance, Economic Planning, and Development
Harare, Zimbabwe

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Columbia, Maryland USA

May 1991

This report presents the findings from the Zimbabwe Service Availability Survey (ZSAS). The Survey was a collaborative effort between the Central Statisical Office and the Institute for Resource Development/ Macro International, Inc. (IRD). The survey is part of the worldwide Demographic and Health Surveys program (Contract No. DPE-3023-C-00-4083-00). Funding for the survey was provided by the World Bank (Population, Health, and Nutrition Division, Population and Human Resources Department).

Additional information about the ZSAS can be obtained from the Central Statistical Office, Box 8063, Causeway, Harare, Zimbabwe. Additional information about the DHS program can be obtained from the DHS Program, IRD/MACRO, 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 301-290-2800; Telex 87775; Fax 301-290-2999).

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ACKNOWLEDGMENTS

This report was prepared by Marilyn Wilkinson, based on computer tabulations run by David C. Cantor. The Service Availability Survey was funded by the World Bank. Thanks are due to Mr. Mpeta, Dr. Shiva, Dr. Zananga, Ann Way, Anne Cross, Susan Cochrane, Althea Hill, and Fred Arnold for all their suggestions. In addition, the Ministry of Health in Zimbabwe offered extensive help to make this survey a success.

SUMMARY

The Zimbabwe Service Availability Survey (ZSAS) is a component of the Zimbabwe Demographic and Health Survey (ZDHS), which was carried out by the Central Statistical Office (CSO) as part of the Zimbabwe National Household Survey Capability Programme. The ZDHS interviewed a nationally representative sample of 4,201 women age 15-49 about marriage, fertility, family planning, and maternal and child health. The ZSAS returned to the communities in which these women lived and gathered information about the types of health and family planning services available to community inhabitants.

The ZSAS data collection strategy consisted of interviewing "knowledgeable" community informants (usually identified by the village head) about the types of health and family planning services available to women and children in the community from outreach programmes and stationary facilities. Facilities located within a specified distance were then visited to obtain more detailed information about available services.

This data collection strategy has important consequences for the interpretation of results. The ZDHS sample, upon which the ZSAS is based, was designed to select a nationally representative group of women of reproductive age, *not* a nationally representative group of health and family planning facilities. Furthermore, the facilities visited were not necessarily those actually used by community residents: only one facility of each type—the one located nearest to the community—was visited. The final point concerns the validity of the estimates. Because the survey was conducted at the cluster level, the sample size for all the estimates is the total number of clusters providing data from which the estimate was derived.

The ZSAS questionnaire was designed with input from the Ministry of Health (MOH) and the Zimbabwe National Family Planning Council (ZNFPC). Given the government's national target of having a health provider within 8 kilometres (5 miles) of each person, much of the data in this report have been analyzed in terms of population coverage within 8 kilometres.

OUTREACH PROGRAMMES

Community Based Distribution (CBD) Programmes

The survey results indicate that there is extensive coverage by CBD workers in rural areas throughout the country.

- In total, 64 percent of married women in Zimbabwe live in communities served by CBD programmes. Three-fourths of rural, married women live in communities visited by a CBD worker, compared with 35 percent of urban, married women.

Mobile Clinics

Mobile clinics providing both health and family planning services are encountered fairly frequently in rural areas.

- Nearly half of all married women in Zimbabwe (63 percent in rural areas and 12 percent in urban areas) have access to mobile clinics offering family planning.

- Mobile clinics with health services cover 65 percent of married rural women. These mobile clinics primarily provide immunisations and monitor child growth.

Health Outreach Workers

Health outreach workers serve the majority of the rural population.

- Four in five rural married women live in a community visited by a community health worker. The main functions of these workers are health motivation, health information, and the distribution of minor drugs.

- More than four-fifths of rural, married women live in communities with traditional midwives.

STATIONARY FACILITIES

Availability of Family Planning

Stationary facilities offer generally good coverage for family planning services throughout the country. However, when the availability of specific methods is examined, it is clear that only supply methods are readily available.

- Rural married women live a median of six kilometres from a clinic or health centre providing family planning.

- Overall, more than four of every five married women in Zimbabwe live within 8 kilometres of a facility offering family planning (a median of 3.3 kilometres).

- Forty-five percent of married women live within 15 minutes of a facility providing family planning, and three-fourths live within 30 minutes.

- Seventy-five percent of rural, married women live within 8 kilometres of some provider of the pill. The two least available methods are the IUD and female sterilisation, both of which are clinical methods. Less than 25 percent of rural, married women have access to either of these methods within 30 kilometres of their homes. Urban women have greater access than rural women to all methods.

- With the exception of blood pressure apparatus, the equipment needed to provide some forms of contraception (such as IUD insertion kits and tables and lights for gynaecological examinations) is largely unavailable to over half the rural women. That is, the equipment cannot be found at the nearest facility of any type within 30 kilometres. In contrast, equipment of all types is generally available to urban women.

- Shortages of contraceptives also pose a problem. Fully 14 percent of rural, married women live within 30 kilometres of clinics/health centres that had run out of condoms in the previous six months. The figure for progestin-only pills was nearly 11 percent, and for combination pills, 6 percent. Thus, further monitoring of stocks in these institutions may be desirable. Shortages of contraceptives occurred less frequently for urban women, although pharmacies and private doctors were the sources which reported the most shortages.

Availability of MCH Services

As with the provision of family planning, MCH services are generally available in rural areas and even more extensively available in urban areas.

- Overall, 80 percent of rural, married women live within 8 kilometres of some health facility, indicating extremely good coverage, although still 20 percent below the national target. In urban areas, 96 percent of married women live within 8 kilometres of an MCH health provider.

- Nearly 85 percent of children live within 8 kilometres of some health facility; more than three-quarters are that close to a clinic/health centre. In rural areas, 70 percent of the children are less than 8 kilometres away from a clinic/health centre.

- Rural women and children have the best access to state certified nurses (SCN) who have training in midwifery and who work in the Expanded Programme on Immunisation. State registered nurses (SRN) and doctors who work in these areas are less available to rural women and children. Urban women and children typically have better access to all types of staff working in these areas.

- One-third of rural, married women are within 15 minutes of some type of health care facility, while nearly 70 percent are within 30 minutes. In urban areas, these figures rise to nearly 80 percent and 95 percent, respectively.

- Nearly all women in Zimbabwe are within 30 kilometres of some basic health supplies and equipment, including iron tablets, refrigerators, and tetanus vaccines. About three-quarters of rural women have access to running water and telephones. However, other health supplies and equipment (such as scales, microscopes, hemoglobinometers, shelters for waiting mothers, generators, operating theatres, and blood banks) vary widely in their availability. Each is available, within 30 kilometres, to less than 62 percent of rural women. All types of equipment are more available to urban women.

- The major problem uncovered in this survey was the high proportion of women living near facilities with shortages of vaccines and medicines. In rural areas, the percentage of women whose nearest facility reported shortages in the preceding six months ranged from 3 to 23 percent for vaccines and 9 to 46 percent for medicines, depending upon facility type. This compares with 7 to 12 percent for vaccines and up to 61 percent for medicines for urban women. Such shortages appear to be a common problem throughout Zimbabwe.

Chapter 1

INTRODUCTION

Most Demographic and Health Surveys include a Service Availability Survey. Although not originally scheduled as part of the Zimbabwe Demographic and Health Survey (ZDHS), a request and funding from the World Bank resulted in the Zimbabwe Service Availability Survey (ZSAS) being conducted between November 1989 and January 1990, approximately one year after the main survey. The ZSAS was successfully implemented in 166 of the 167 clusters included in the ZDHS; in the remaining cluster, the inhabitants had been moved out during the year due to construction of a dam. The main objectives of the Zimbabwe Service Availability Survey were threefold:

- to describe some key characteristics of the community,
- to appraise the availability and accessibility of family planning and health services, and
- to assess how effectively providers are delivering services.

This report presents the findings from the survey.

The Zimbabwe Demographic and Health Survey was fielded between September 1988 and January 1989. Two questionnaires were used: a Household Questionnaire, which contained a schedule for listing household members along with their characteristics (age, sex, and residence), and an individual questionnaire, which was administered to all eligible women identified from the household schedule (i.e., women age 15-49 who had spent the night prior to the household interview in the household, irrespective of whether the woman was a usual member of the household).

The individual questionnaire was based on the Demographic and Health Surveys Model "B" questionnaire for low contraceptive prevalence countries, with some additional topics, including health, height and weight of children, and AIDS awareness. Interviews were completed with 4,107 of 4,337 households (a 95 percent response rate) and 4,201 eligible women (a 94 percent response rate). Characteristics of these women, their behaviour and attitudes with regard to marriage, fertility, family planning, maternal and child health, mortality, and AIDS awareness have previously been reported in detail (CSO and IRD 1989).

The ZDHS used a two-stage sample which was self-weighting at the household level and nationally representative. The sample was drawn from the Revised Zimbabwe Master Sample (RZMS) which is a subsample of the original Zimbabwe Master Sample constructed at the beginning of the Zimbabwe National Household Survey Capability Programme by the Central Statistical Office (CSO). Census enumeration areas (EA) served as the first stage sampling units and were selected with probability proportional to size (the number of households in the 1982 census). The ZDHS sample included 167 of the 273 EAs from the RZMS, of which 114 were rural and 53 were urban. These EAs are designated as clusters. The second stage sample units were households, which were drawn systematically from the households in the selected clusters. (For more details concerning the sample design, see CSO and IRD, 1989: Appendix A.)

The sampling methodology is important, because the ZSAS was done using this sampling scheme although it was designed to be representative of women of reproductive age. Although the EAs were chosen from all areas of the country, there are no adjustment factors available to make the sample representative at the community level. As a result, most of the ZSAS information is interpreted with respect to women, the representative unit.

1.1 PURPOSE OF THE SURVEY

The purpose of the ZSAS was to examine the health service environment in which women and children live: data were gathered on which services were available to the community and the distances to major providers of health and family planning services. If the nearest hospital, clinic, or health centre was identified as being within 30 kilometres of the community and the nearest pharmacy and private doctor within 10 kilometres, the provider was visited in order to determine the characteristics of the facility and to ascertain how well services were provided.

This information on service availability complements the data collected in the individual survey, since it consists of information about the "supply" of services which can be compared with a woman's "demand" for services as determined by the individual questionnaire. These two types of information together provide a multi-dimensional description of the extent of health and family planning services in the country and may explain why women behave as they do with regard to contraceptive and health service utilization.

There are two specific reasons for the collection of the service availability information. The first is to provide a description of the programmes and facilities that provide maternal and child health services (including family planning) that are available to women. In Zimbabwe, the Service Availability Survey was conducted in both urban and rural areas of the country because the issue of access was considered important in both areas. Although proximity is a more meaningful indicator of access in rural areas, data on the adequacy of service delivery is important in both rural and urban areas. In most of the tables which follow, the results are presented by rural and urban residence as well as for the country as a whole.

Based on input from the Ministry of Health (MOH) and the Zimbabwe National Family Planning Council (ZNFPC), the DHS model questionnaire was modified to collect information of concern to both government agencies. The MOH was interested in the proportion of women and children within the target distance of 8 kilometres (5 miles) of a health provider; access to the Expanded Programme on Immunisation (EPI); and the availability of facilities able to deal with high-risk pregnancies and to perform caesarean sections. The ZNFPC was interested in the availability of specific contraceptives to rural and urban women.

The second purpose in collecting service availability information is to analyze the relationship between the availability of health and family planning services and their utilization. Because of the complexity of this relationship, however, this report examines it only briefly through cross-tabulations in a table on family planning use. (The cross-tabulation between distance and knowledge was also examined, but was not included in this report.) While this simple assessment cannot adequately explain human behaviour, a more sophisticated analysis of this data might reveal insights about the use or nonuse of services.

1.2 BACKGROUND

Health services in Zimbabwe are provided both by static health facilities and various outreach activities. The main static facilities are hospitals, clinics, and health centres, which may be operated by the Ministry of Health; district, town, or rural councils; churches; industrial providers; or private providers. Outreach providers include health workers employed by the Ministry of Health; village community workers employed by the Ministry of Community Development, Cooperatives and Women's Affairs; and mobile outreach programmes affiliated with local hospitals, clinics, or health centres.

Practically all state health facilities provide most maternal and child health services, including antenatal, delivery, and postnatal care, growth monitoring, and immunisation. Staff at health facilities also treat diarrhoea cases when necessary. Family planning is an integral part of maternal and child health in Zimbabwe with most health facilities providing some form of family planning, although

methods vary by type of health care provider. Most outreach health workers provide information to mothers about health topics including nutrition and sanitation. They also provide antenatal care, immunisations, and information about family planning. Often, health workers refer women to facilities for additional types of care that the health worker is unable to provide. Mobile health clinics tend to provide immunisations as well as some growth monitoring, antenatal and postnatal care, and family planning.

In addition to health facilities that provide family planning, the parastatal ZNFPC also runs clinics that mainly serve the urban population and provide back-up for the Community Based Distribution (CBD) network. In reality, health workers and ZNFPC workers have close links, often working to support each other. ZNFPC clinics provide most contraceptive methods including the pill, condom, IUD, injection (strict criteria determine if women are allowed to receive injections), and vaginal methods (diaphragm and foam/jelly/foaming tablets). Contraceptive sterilisation is available at one ZNFPC clinic in Harare and at the hospital on the grounds of one clinic in Bulawayo, while other ZNFPC clinics refer patients to hospitals equipped to perform sterilisations. ZNFPC clinics also provide information, education, and communication (IEC) and give health examinations to women recruited by outreach workers (World Bank 1989).

ZNFPC outreach workers are Community Based Distribution (CBD) workers, who are chosen from the community, work mainly in the rural areas, and are the major outreach providers of family planning in Zimbabwe. According to ZNFPC criteria, CBD workers must be: educated (with at least six years of schooling), able to speak English and either Shona or Ndebele, mature without being elderly, married and/or a parent, and respected in their community. CBD workers complete a six-week course at the ZNFPC training centre and thereafter receive one to two weeks in-service training each year. CBD workers are paid slightly over the minimum wage and work full-time. The duties of a CBD worker are to inform, educate, and motivate couples to use family planning, screen women for the pill using a checklist, supply clients with the pill, distribute condoms, and refer clients to health facilities or ZNFPC clinics for other contraceptive methods (World Bank 1989). CBD workers are supervised by nurses in Ministry of Health facilities. This arrangement demonstrates the integration of family planning within the health system.

Chapter 2

SURVEY CONTENT AND LOGISTICS

The Zimbabwe Service Availability Survey questionnaire marks a transition in data collection between the first and second five-year phases of the DHS programme. The design of the model questionnaire was modified based on meetings with experts in this area, and the Zimbabwe survey is the first time the revised questionnaire was used in the field.

2.1 CONTENT OF THE SURVEY

The content of the revised service availability questionnaire was further modified in Zimbabwe to include areas of particular interest and to delete less relevant questions. The questionnaire (which is reproduced in the Appendix) consisted of two parts. The first part was conducted in the cluster, and its implementation is described in the following section. Information was gathered about the characteristics of the community in order to understand the setting of each community. For rural clusters, the interaction between the community and the outside world was measured using access to urban areas and district centres. Questions to determine the community's level of socioeconomic development were also included. All clusters were asked about the availability of various types of schools and services.

Information was also collected about health and family planning outreach services in the community, and the nearest of each of several types of health and family planning facilities was identified. The six types of static facilities identified were 1) general, district, or industrial hospitals, 2) rural or mission/church hospitals, 3) polyclinics, clinics, or health centres, 4) ZNFPC clinics, 5) pharmacies, and 6) private doctors. This breakdown was based on discussions with Ministry of Health and ZNFPC officials. Each type represents either a special type of provider or a level in the hierarchy of services available.

Two types of hospitals were distinguished, because it was thought that their levels of services were different. The larger hospitals--general, district, and industrial hospitals--are more likely to provide almost all types of health services and to be staffed with doctors and specialists. In contrast, small hospitals, that is, rural or church hospitals, may not be able to provide such extensive services because of a lack of equipment or full-time doctors. However, both large and small hospitals are identified as hospitals by community residents, and it was sometimes difficult to make the distinction clear to informants.

Polyclinics, clinics, and health centres vary in the level of sophistication of services, especially by rural-urban residence. Typically in rural areas, health centres provide only basic care with emphasis on preventive services. In urban settings, clinics or polyclinics can be very large and provide extensive services with large staffs. ZNFPC clinics are family planning clinics operated by the Zimbabwe National Family Planning Council. They are located in urban areas and provide only family planning services. Pharmacies were defined as private providers to differentiate them from pharmacies attached to and part of hospitals, clinics, or health centres. Informants were asked to identify the nearest doctor with a private practice.

In identifying the closest facilities, informants were asked to give information about their location and describe how community residents would go to this provider. Other than identifying the provider and giving its distance, nothing further was asked nor were the providers visited if a hospital or clinic/health centre was more than 30 kilometres away from the cluster or if a pharmacy or private doctor were more than 10 kilometres away. Community informants were also asked what services were available from the provider and their opinions about various aspects of care received there. If family planning was not

available from the provider, respondents were asked to identify the nearest provider of family planning services and to give similar information about it.

The second part of the questionnaire involved visiting the closest facilities identified by the community informants. The purpose of these facility visits was to find out what types of services were available and how capable the facility was of delivering them. Data was gathered on the characteristics of the facility, the equipment available, staffing, and the availability of services of interest and their cost. When family planning was available, further questions were asked about the types of contraceptives offered, times available, costs, and shortages. The intent was to get a good understanding of the services provided at the facility, not only in terms of what is nominally offered, but also in terms of the capacity of the facility to deliver those services.

2.2 IMPLEMENTATION

The ZSAS was administered using nine interviewers. Seven were assigned to the eight provinces (North and South Matabeleland were combined), with each interviewer responsible for all the clusters in a single province. There was also one interviewer each for Bulawayo and Harare/Chitungwiza. Interviewers were trained for a total of four days: two days in a classroom going over the questionnaire and the procedures for administering it; one day in a rural cluster visiting a community and the facilities identified; and one day in an urban cluster visiting a community and its facilities.

The ZSAS survey has two components as mentioned previously. The first, including questions about the characteristics of the community and the most accessible facilities, was administered in the cluster. Interviewers were instructed how to identify four to five knowledgeable informants in the cluster, including at least one woman. Thus, the information presumably reflects a consensus, which is theoretically more objective than an answer from a single respondent. Despite the instructions, the number of informants interviewed per cluster ranged from one to fifty-five, with a mean of seven respondents.

The second component of the ZSAS consisted of interviewing staff at identified facilities within a specified distance of the cluster. The interviewers were instructed to speak to specific staff members in each facility type. Further, the interviewers were instructed to meet with Provincial Medical Officers and Provincial ZNFPC Managers before beginning the fieldwork to enlist their support. The central organisations notified the provincial offices and asked that the survey effort be supported. This procedure resulted in a very high degree of cooperation and helpfulness at the facilities. Interviewers were instructed to call private doctors and arrange a time for the interview, since this was determined to be the most efficient way to complete private doctor interviews. The completed questionnaires were edited, checked, and entered into microcomputers at CSO headquarters in Harare.

2.3 LIMITATIONS

There are several limitations to this data collection strategy. The first deals with the interpretation of the results. The survey is woman-based, as opposed to facility-based. That is to say, the ZDHS sample on which the Zimbabwe Service Availability Survey was based was designed to produce a representative group of women of reproductive age, not a representative group of facilities. This means that the community indicators are in essence weighted by the number of women in each cluster. Occasionally, estimates are given based on facilities, but these estimates should be viewed with caution since they are *not representative* of all facilities, but rather only those located near sampled women.

Further, the facilities visited are only those identified as the *nearest* of their type to the community of sampled women. This does not mean that the facility is the one of choice, but simply the nearest one to women in the community. This criterion is especially problematic in urban areas, because

urban residents have more choice in the selection of service providers. Nonetheless, the nearest facility was chosen because it imposes an objective criterion across clusters.

It must also be noted that when interpreting many health and family planning tables, the distances to specific services, equipment, or contraceptive methods are conservative estimates. Respondents were not asked the distance to the nearest provider offering each service, type of equipment, or method. Instead, what appears is the distance to the nearest provider, *among those visited*, which had the service, equipment, or method available. As has just been mentioned, only one facility in each category was visited. It is possible, for example, that while the nearest health centre did not have the pill, another health centre that was not visited did offer the pill. This unvisited health centre might be nearer to the community than any other identified facility stocking the pill.

A second limitation concerns the validity of the estimates. Because the survey was conducted at the cluster level, the sample size for all the estimates is the total number of clusters providing data from which the estimates are derived. Thus, for information from all clusters, the sample size is 166. This small sample size increases the error associated with the estimates. For example, 64 percent of married women in the country live in a community served by a CBD network. Given the number of clusters surveyed, the standard error would be:

square root (pq/n), where
$p = .64$ (the estimate)
$q = 1 - p$
n = number of clusters (sample size = 166).

The 95 percent confidence interval for the estimate of CBD coverage would span a range of 14 percentage points (.57, .71). The precision of the estimates is dependent upon the number of clusters in the survey, typically 113 clusters for rural estimates, 53 for urban estimates, and 166 overall.

A final limitation is that the distance estimates given refer to the distance from a central point in the cluster; therefore, they do not necessarily represent the distance of each woman from the service. It is likely that some women in the cluster will live further from the facility than the distance given, while others will live closer. Therefore the distance given is used as an average for all women and children in the cluster.

Despite the limitations associated with this type of data collection, the ability to determine women's and children's proximity to health and family planning services provides important information on one major determinant of service utilization.

Chapter 3

COMMUNITY CHARACTERISTICS

The tables in this report are based only on currently married women (including women in consensual unions), because the availability of maternal and child health and family planning services is most essential for them. Based on the ZDHS, 29 percent of currently married women reside in urban areas, with the remaining 71 percent in rural areas. Because of the greater variation in the conditions in which rural inhabitants live, rural informants were asked a number of additional questions to better understand the environment in which these women live. The discussion will focus first on rural areas and then on urban areas. This strategy will be followed throughout the report.

Table 3.1 shows the distribution of currently married rural women by background characteristics. Seventy-seven percent live on communal land, 17 percent on commercial farms, and 6 percent in resettlement schemes. Thus, the vast majority of rural women live on communal lands, of which most have a dispersed settlement pattern. Eighty-seven percent live in communities where agriculture is a major economic activity, and 13 percent in communities where commercial work is a major economic activity. Other economic activities are important in communities for less than 5 percent of rural women.

Only 6 percent of rural Zimbabwe women are within 15 kilometres of the nearest town, although the great majority have access to this town by bus. The distance involved explains why the bus is the most common type of transportation used to get to the nearest town. As this indicates, most women have some sort of paved road to their community; only two percent have no road. However, 35 percent live in communities with access roads that are unpaved or made of poor quality stone and thus may be useable only in the dry season. Boreholes are the main source of drinking water, followed by wells. Communal taps and mufukus (holes dug into stream beds during dry periods) are also common sources of drinking water. Only slightly over two percent have water piped to their house. More than 90 percent of rural women have no electricity in their communities, while 17 percent have no toilet facilities.

Overall, rural Zimbabwe women live in agricultural communities that are somewhat isolated from towns. However, most have access to areas outside their communities, although access may be limited for about one-third of rural women during the rainy season. Communal drinking water sources are the rule for rural areas, and electricity is rare. Toilet facilities are available to most married women, with over half living in communities where blair toilets (a pit latrine with improved ventilation) predominate.

Table 3.1 COMMUNITY CHARACTERISTICS OF RURAL WOMEN: Percent distribution of currently married rural women 15-49 by community characteristics, Zimbabwe, 1989-1990

Community characteristic	Percent
Locality	
Communal land	76.7
Nuclear	29.2
Disperse	41.1
Missing	6.4
Resettlement scheme	5.9
Commercial farms	17.4
Major economic activities[1]	
Agriculture	86.9
Commercial	13.3
Light industry	2.0
Heavy industry	0.3
Other	4.4
Distance to nearest town/city	
Under 5 km	0.4
5-14 km	5.6
15-30 km	10.0
>30 km	80.8
Missing	3.2
Transport to nearest town/city[1]	
Bus	91.7
Hitchhiking	22.4
Taxi	0.8
Boat	0.9
None	2.3
Main access road	
Paved: asphalt/cement	21.4
Paved: stone (good)	42.0
Paved: stone (bad)	15.2
Unpaved	19.5
No Road	1.9
Source of drinking water	
Piped to house	2.3
Private tap in yard	5.3
Communal tap	9.9
Protected well	17.2
Unprotected well	15.5
Borehole	34.7
Unprotected spring	2.3
River/stream	1.9
Mufuku	6.8
Tanker truck/vendor	0.2
Rainwater tanks	0.7
Other	3.0
Electricity	
Yes	9.4
No	90.6
Type of toilet	
Flush toilet	2.4
Blair toilet	52.4
Pit latrine	21.4
Other	7.2
No facilities	16.6
Total	100.0
Number of women	1861

[1]Figures may add to more than 100, since more than one response was allowed.

Source: Community informants

Table 3.2 gives the distribution of married women by distance to various schools and services. Government primary schools are the most common type of school in Zimbabwe. Fully 55 percent of rural women and 90 percent of urban women are within 5 kilometres of a government primary school.

Table 3.2 DISTANCE TO PUBLIC SERVICES: Percent distribution of currently married women 15-49 by distance to various public services, according to rural-urban residence, Zimbabwe, 1989-1990

Distance to public service	Rural							Urban							Total						
	0-4 km	5-14 km	15-29 km	30+ km	Service un-known[1]	Total	Med-ian	0-4 km	5-14 km	15-29 km	30+ km	Service un-known[1]	Total	Med-ian	0-4 km	5-14 km	15-29 km	30+ km	Service un-known[1]	Total	Med-ian
Government primary school	55.4	11.9	2.6	6.8	23.3	100.0	4.2	90.0	10.0	0.0	0.0	0.0	100.0	1.0	65.6	11.3	1.9	4.8	16.5	100.0	2.6
Mission primary school	10.1	17.9	10.8	27.6	33.6	100.0	42.4	14.0	20.9	1.2	7.2	56.7	100.0	--	11.2	18.8	8.0	21.6	40.4	100.0	50.1
Private primary school	29.0	9.4	2.1	7.5	52.0	100.0	--	18.1	32.0	0.0	1.5	48.4	100.0	14.0	25.8	16.0	1.5	5.7	50.9	100.0	--
Government secondary school	35.6	27.4	9.2	8.2	19.6	100.0	7.3	81.1	9.1	8.5	0.0	1.3	100.0	2.2	49.0	22.0	9.0	5.8	14.2	100.0	5.2
Mission secondary school	11.2	15.6	14.6	28.3	30.4	100.0	38.4	4.2	25.4	2.6	8.7	59.1	100.0	--	9.1	18.5	11.0	22.6	38.8	100.0	50.0
Private secondary school	14.2	5.8	3.2	4.1	72.7	100.0	--	10.9	24.3	8.0	5.4	51.5	100.0	--	13.2	11.2	4.6	4.5	66.5	100.0	--
Technical college	6.2	1.1	2.6	35.1	55.0	100.0	--	23.0	31.1	5.0	8.3	32.6	100.0	10.2	11.2	9.9	3.3	27.2	48.4	100.0	50.9
Post office	24.0	26.7	19.6	21.1	8.6	100.0	12.5	82.5	11.0	0.0	3.7	2.7	100.0	2.7	41.2	22.1	13.8	16.0	6.8	100.0	6.9
Shops	80.6	17.5	1.9	0.0	0.0	100.0	1.9	96.4	1.4	0.0	2.2	0.0	100.0	0.6	85.2	12.8	1.4	0.6	0.0	100.0	1.0
Recreational centre for adults	35.2	6.7	2.8	5.6	49.7	100.0	50.9	56.5	3.9	0.0	2.2	37.5	100.0	2.3	41.5	5.8	2.0	4.6	46.1	100.0	45.8
Motorized public transport	79.9	14.6	3.3	0.0	2.1	100.0	0.9	83.6	5.3	0.0	2.2	9.0	100.0	0.7	81.0	11.8	2.3	0.6	4.2	100.0	0.8

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Includes clusters with missing information.

Source: Community informants

Overall, the median[1] distance to a government primary school is 2.6 kilometres. Mission schools are also found in rural areas, while private schools are the most distant type of school in rural areas. In urban areas, however, private schools are the closest schools after government schools. Nonetheless, the median distance in a rural area to a mission school is 42 kilometres, while private schools are a median of 14 kilometres from urban women. Secondary schools are somewhat further away than primary schools, with a government secondary school being a median of 7 kilometres away in rural areas, 2 kilometres in urban areas, and 5 kilometres overall. Most rural women live in communities where a technical college cannot even be identified, while in urban areas, technical colleges are a median of 10 kilometres away. Overall, technical colleges are a median distance of 50 kilometres from married women.

Postal service locations are widespread throughout the country: a median of 12 kilometres away for rural women and 3 kilometres for urban women. As expected, all married women have shops close by—a median of just 2 kilometres away for rural women and less than 1 kilometre for urban women. Recreational centres for adults are distant or unknown to the majority of respondents in rural areas, while they are a median of 2 kilometres away from urban women. Motorized public transportation is widely available, being a median of less than one kilometre from both rural and urban women.

Table 3.3 shows the time it takes to reach the various schools and services. The recorded times depend greatly upon the method of transportation. In rural areas, most women live within 30 minutes of a government primary school, shops, and public transportation. In urban areas, most women are within 30 minutes of government primary and secondary schools, post offices, shops, recreational centres for adults, and public transportation. Services appear to be widely available, with urban women living closer to most services than their rural counterparts.

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[1] Medians throughout this report are calculated based on distances to services obtained in the cluster. If the service was unknown, the assigned distance was placed at the upper extreme. However, medians are only shown when actual distances were obtained for at least 50 percent of the data.

Table 3.3 TIME REQUIRED TO REACH PUBLIC SERVICES: Percent distribution of currently married women 15-49 by time to reach various public services, according to rural-urban residence, Zimbabwe, 1989-1990

Time to public service	Rural						Urban						Total					
	0-15 min	16-30 min	31-60 min	>60 min	Service un-known[1]	Total	0-15 min	16-30 min	31-60 min	>60 min	Service un-known[1]	Total	0-15 min	16-30 min	31-60 min	>60 min	Service un-known[1]	Total
Government primary school	36.8	16.3	15.8	7.8	23.3	100.0	82.3	9.9	0.0	6.5	1.3	100.0	50.2	14.4	11.1	7.4	16.8	100.0
Mission primary school	9.3	11.0	23.4	21.8	34.5	100.0	22.1	7.8	3.7	6.3	60.1	100.0	13.1	10.1	17.6	17.3	42.0	100.0
Private primary school	13.8	11.5	12.2	9.9	52.5	100.0	24.8	19.5	2.6	3.0	50.2	100.0	17.0	13.9	9.4	7.9	51.8	100.0
Government secondary school	14.4	21.0	20.7	22.2	21.7	100.0	51.7	25.8	10.8	1.5	10.1	100.0	25.4	22.4	17.8	16.1	18.3	100.0
Mission secondary school	11.9	10.3	29.6	17.9	30.4	100.0	19.6	8.3	0.0	9.0	63.0	100.0	14.2	9.7	20.8	15.2	40.0	100.0
Private secondary school	8.7	7.4	5.2	5.1	73.6	100.0	17.5	14.2	7.7	9.1	51.5	100.0	11.3	9.4	5.9	6.3	67.1	100.0
Technical college	5.4	1.4	10.6	27.6	55.0	100.0	26.8	19.4	18.1	0.0	35.7	100.0	11.7	6.7	12.8	29.4	49.3	100.0
Post office	14.4	21.5	33.2	20.3	10.6	100.0	49.8	25.8	15.0	0.0	9.4	100.0	24.9	22.8	27.8	14.3	10.2	100.0
Shops	53.1	21.7	17.2	7.2	0.9	100.0	88.2	7.1	3.0	0.0	1.8	100.0	63.4	17.4	13.0	5.1	1.1	100.0
Recreational centre for adults	27.0	9.2	6.0	8.0	49.7	100.0	50.8	8.3	0.0	0.0	40.8	100.0	34.1	8.9	4.2	5.7	47.1	100.0
Motorized public transport	63.3	11.7	12.9	9.9	2.1	100.0	81.5	6.5	3.0	0.0	9.0	100.0	68.7	10.2	10.0	7.0	4.2	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Includes clusters with missing information.

Source: Community informants

Chapter 4

AVAILABILITY OF FAMILY PLANNING SERVICES

Family planning has long been encouraged in Zimbabwe, both for its positive effect on maternal and child health, through birth spacing, and for its contribution to slowing rapid population growth, which is viewed as detrimental to the country's ability to develop rapidly and increase the welfare of its population. Consequently, the government has long supported the Family Planning Association, which was established in 1965 to oversee and promote family planning use. In 1985, the association evolved into the ZNFPC, a parastatal organization which is mandated to bring family planning to populations in need through joint efforts with the Ministry of Health, other ministries, and nongovernmental organizations (World Bank 1989).

Based on this interest in the provision of family planning services, the Zimbabwe Service Availability Survey collected information about the extent of family planning services in communities and their proximity and provision from stationary facilities. The results are discussed below.

4.1 OUTREACH PROGRAMMES

Table 4.1 and Figure 4.1 show the extent of family planning outreach services in Zimbabwe. Overall, 64 percent of married women and fully three-fourths of rural women live in communities served by CBD workers. The survey questionnaire specifically asked about a CBD worker from the ZNFPC, and, based on validation by the ZNFPC, it seems respondents were correct in their identification of the CBD worker in their community. While CBD programmes operate primarily in rural areas, 35 percent of urban women also live in communities served by CBD workers. In both urban and rural areas, CBD workers visit the community a median of slightly more than once a month. It must be pointed out that the CBD workers do not visit all the women in the community during each visit, so the availability of the CBD worker to each women may be less than these numbers indicate.

Mobile clinics with family planning services, a second form of community outreach, are available to 63 percent of rural women. These mobile clinics are primarily used in rural areas, and only 12 percent of urban women have access to one of them. Like the CBD workers, mobile clinics visit both rural and urban areas a median of once a month. Overall, these mobile clinics reach about 48 percent of married women and many provide more than just family planning services. The ZNFPC sponsors a limited number of mobile clinics with the sole function of providing family planning in three provinces. However, mobile clinics affiliated with health facilities also supply family planning services, and it is these two types of mobile clinics combined that resulted in the coverage figures cited here.

Information, education and communication (IEC) efforts in family planning are considered important enough to constitute a separate unit (out of a total of seven units) in the ZNFPC (World Bank 1989). Thus, the Zimbabwe Service Availability Survey asked whether any family planning education campaigns had taken place in the community in the last year and, if so, what the campaign was promoting. Fully 44 percent of rural women live in communities that had campaigns in the last year, compared with 25 percent of urban women. Overall, 39 percent of women live in communities that had a family planning campaign in the last year. Most of the campaigns promoted birth control and child spacing.

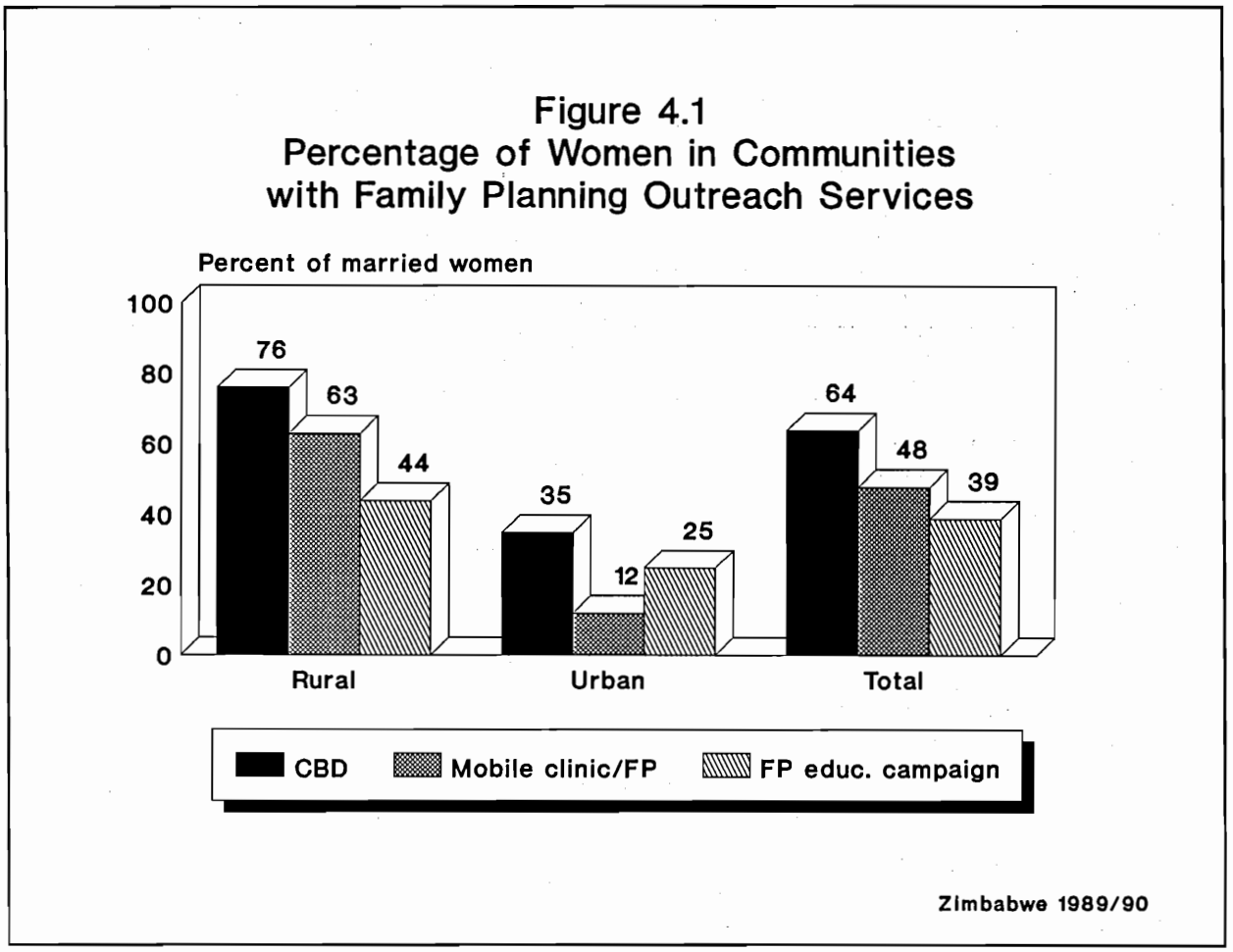
It appears that most rural women have some access to family planning in their community, whether it be through a CBD worker or a mobile clinic which provides family planning. Outreach programmes serve far fewer urban women; instead, urban women have much greater access to stationary facilities. Despite the generally good coverage for rural women, the once-a-month visit to communities means that service availability is more limited for women in rural areas than for those in urban areas.

Table 4.1 AVAILABILITY OF FAMILY PLANNING THROUGH OUTREACH SERVICES: Among currently married women 15-49, the percentage with outreach services available by type of service, the percentage with a family planning education campaigns last year, and the median number of visits by outreach workers, according to rural-urban residence, Zimbabwe, 1989-1990

Outreach service	Percentage of women	Median visits per year
Rural		
Visited by CBD worker	76.1	12.7
Visited by mobile clinic[1]	62.6	12.6
Family planning educ. campaign last year	44.3	--
Urban		
Visited by CBD worker	35.2	12.5
Visited by mobile clinic[1]	11.9	12.4
Family planning educ. campaign last year	25.5	--
Total		
Visited by CBD worker	64.1	12.6
Visited by mobile clinic[1]	47.6	12.5
Family planning educ. campaign last year	38.8	--

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]These mobile clinics offered family planning.



4.2 STATIONARY FACILITIES

Distance to Stationary Facilities

Table 4.2 presents the distribution of married women by distance to specific stationary family planning providers. The final column, "nearest facility," is a summary measure showing the minimum distance to a stationary facility that provides family planning. The category ">30/10 km" in Table 4.2 includes women living in clusters where knowledgeable informants either identified the facility as being further than 30/10 kilometres (in which case the informants were not asked if the facility provided family planning) or were unable to identify this type of facility. Also included are cases where the distance to the identified facility was missing.

Table 4.2 DISTANCE TO THE NEAREST FACILITY PROVIDING FAMILY PLANNING SERVICES: Percent distribution of currently married women 15-49 by distance to nearest facility providing family planning services, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

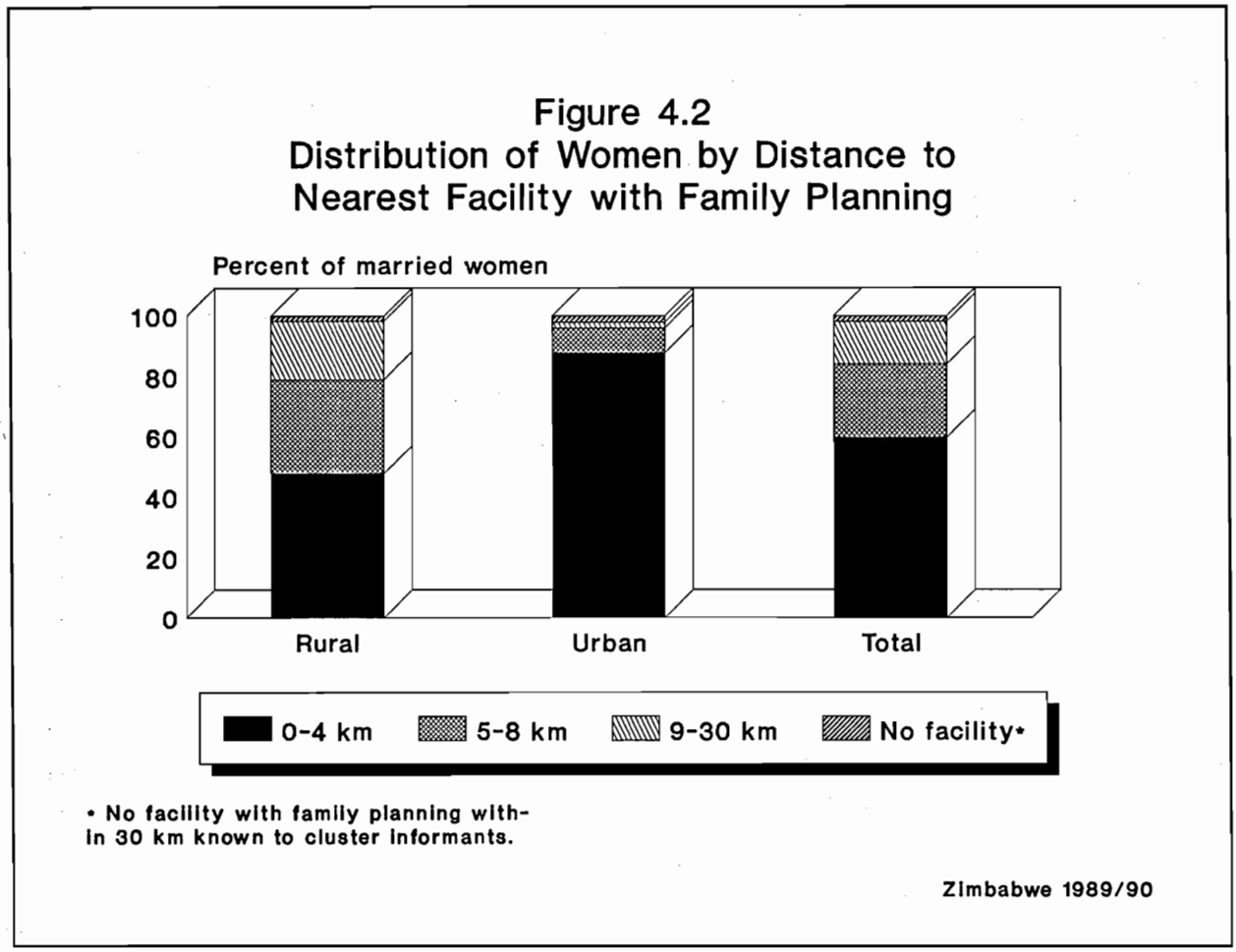
Residence/ Distance to nearest facility	Type of facility providing family planning services						
	Large hospital	Small hospital	Clinic, health centre	ZNFPC clinic	Pharmacy	Private doctor	Nearest facility
Rural							
0-4 km	1.0	5.4	42.1	0.0	0.0	1.0	48.1
5-8 km	4.6	7.3	27.4	0.8	1.5	1.9	31.1
9-19 km	9.7	8.0	13.0	2.8	1.3	1.1	14.6
20-30 km	10.9	12.7	3.9	1.8	0.0	0.0	4.5
>30/10 km[1]	73.8	66.6	13.7	94.7	97.2	95.9	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Urban							
0-4 km	20.0	1.5	84.2	16.3	29.7	33.2	87.9
5-8 km	29.9	0.9	6.4	9.5	27.2	16.9	8.1
9-19 km	33.8	6.5	1.8	1.8	9.2	4.1	1.8
20-30 km	4.1	0.0	0.0	2.1	0.0	0.0	0.0
>30/10 km[1]	12.2	91.0	7.6	70.4	33.9	45.7	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total							
0-4 km	6.6	4.2	54.5	4.8	8.7	10.5	59.8
5-8 km	12.1	5.4	21.2	3.3	9.1	6.4	24.3
9-19 km	16.8	7.6	9.7	2.5	3.6	2.0	10.8
20-30 km	8.9	9.0	2.7	1.9	0.0	0.0	3.2
>30/10 km[1]	55.6	73.8	11.9	87.5	78.5	81.1	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Because the availability of family planning was only asked if hospitals, clinics or health centres were within 30 kilometres or pharmacies and private doctors were within 10 kilometres, this category includes all women in communities where a facility offering family planning was not identified. Clusters with missing information are also in this category.

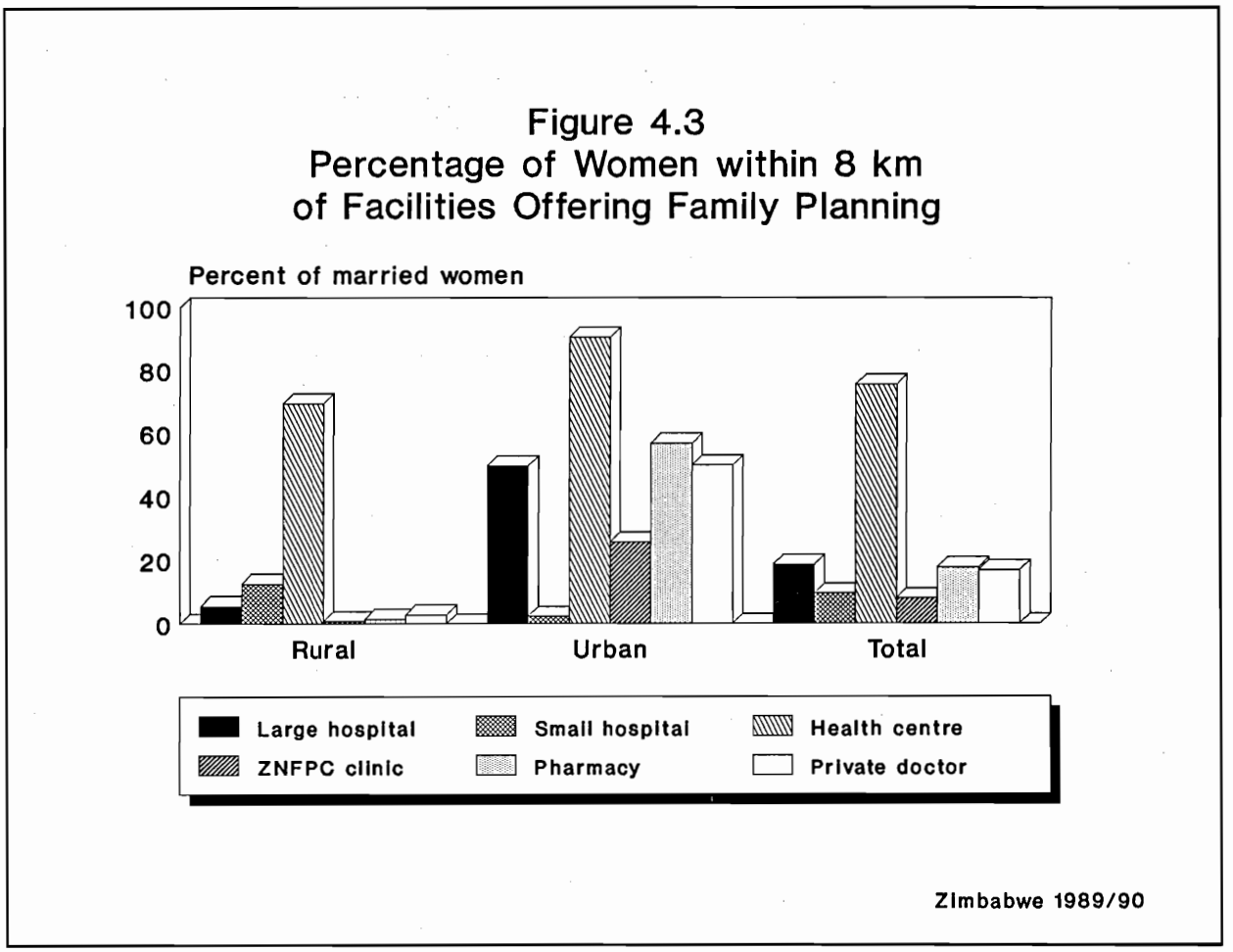
Source: Community informants

Nearly four of every five rural women live within 8 kilometres of a stationary provider of family planning (see Figure 4.2), with the median distance being 5 kilometres (data not shown). Access to family planning supplies and services, however, is more or less limited to one type of provider: clinics and health centres are virtually the only type of facility commonly found in rural areas (see Figure 4.3). Rural women are a median of 6 kilometres from a clinic or health centre providing family planning.



For all other providers, a majority of rural women either live in communities where the facilities are more than 30/10 kilometres away (and thus the availability of family planning was not asked) or informants were unable to identify where this type of facility was located. Pharmacies and private doctors providing family planning are largely unavailable to rural women within 10 kilometres. ZNFPC clinics are also generally unavailable since they are located in urban areas. Small hospitals are another potential supplier of family planning for rural married women; still, only 13 percent of rural women live within 8 kilometres of a small hospital providing family planning services.

Urban, married women can choose from more kinds of family planning providers. Nonetheless, clinics/health centres are again the closest family planning suppliers: over 90 percent of urban women are within 8 of such a provider, and the median distance is 1.5 kilometres. Private doctors and pharmacies are the next nearest family planning providers for urban women: over half the women are within 8 kilometres. Large hospitals providing family planning are also located within 8 kilometres for half the urban women. ZNFPC clinics are within 8 kilometres for over 25 percent of urban women, although 70 percent are more than 30 kilometres from the nearest identified ZNFPC clinic. Finally, small hospitals (predominantly rural providers) are unavailable to over 90 percent of urban women. In Table 4.2, the last column (nearest facility) indicates that almost all urban women have "access" to family planning providers, if that access is defined as being within 8 kilometres of a provider. It appears that in urban areas, distance to providers is not an obstacle to the use of contraception. There may still be problems concerning the provider that deter use, but actual distance does not appear to be a reason for nonuse in urban areas.



Overall, more than four in five married women live within 8 kilometres of a facility offering family planning (a median of 3.3 kilometres). Only 2 percent live in communities where a facility providing family planning was not identified within 30 kilometres. Thus, the data on the proximity of family planning services indicate a very high level of availability throughout the country.

Information on the time needed to reach each type of facility is presented in Table 4.3. Travel time, of course, depends on the type of transport used. The category "no facility" in Table 4.3 includes those facilities identified as more than 30/10 kilometres away, as well as clusters where the travel time to the facility was missing. About 32 percent of rural, married women are within 15 minutes of any facility offering family planning, and 66 percent are within 30 minutes. For urban women, the proportion living 15 minutes away or less ranges from 2 percent for small hospitals to 57 percent for clinics/health centres. Fully 75 percent of urban women are within 15 minutes of some provider of family planning, and 93 percent are within 30 minutes. Overall, in Zimbabwe, 45 percent of married women are within 15 minutes of a facility providing family planning, and three-fourths are within 30 minutes.

Table 4.3 TIME REQUIRED TO REACH THE NEAREST FACILITY PROVIDING FAMILY PLANNING SERVICES: Percent distribution of currently married women 15-49 by time to reach nearest facility within 30/10 kilometres providing family planning services, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

Residence/Time to nearest facility	Type of facility providing family planning services						
	Large hospital	Small hospital	Clinic, health centre	ZNFPC clinic	Pharmacy	Private doctor	Nearest facility
Rural							
0-15 min	2.1	6.8	21.3	0.9	0.0	0.1	31.7
16-30 min	11.4	13.0	22.6	1.9	2.1	0.9	34.7
31-60 min	2.2	0.0	3.3	0.0	0.0	0.6	16.0
>60 min	9.4	11.9	31.3	1.8	0.7	2.5	17.7
No facility[1]	74.9	68.4	21.5	95.5	97.2	95.9	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Urban							
0-15 min	28.8	2.4	57.1	8.3	22.0	37.1	75.6
16-30 min	25.8	6.5	26.3	12.5	29.4	14.0	17.5
31-60 min	14.6	0.0	1.5	8.9	11.7	0.6	4.7
>60 min	18.6	0.0	7.4	0.0	3.1	2.6	2.2
No facility[1]	12.2	91.0	7.6	70.4	33.9	45.7	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total							
0-15 min	10.0	5.5	31.9	3.1	6.5	11.0	44.6
16-30 min	15.7	11.1	23.7	5.0	10.1	4.7	29.6
31-60 min	5.9	0.0	2.8	2.6	3.4	0.6	12.7
>60 min	12.1	8.4	24.3	1.2	1.4	2.5	13.1
No facility[1]	56.4	75.1	17.4	88.0	78.5	81.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Because the availability of family planning was only asked if hospitals, clinics or health centres were within 30 kilometres or pharmacies and private doctors were within 10 kilometres, this category includes all women in communities where a facility offering family planning was not identified. Clusters with missing information are also in this category.

Source: Community informants

Overlap Between Outreach Programmes and Stationary Facilities

Table 4.4 examines the extent to which community outreach activities overlap with the services provided by stationary facilities. In rural areas there is a substantial amount of overlap between the two types of providers. Nearly 63 percent of rural women live within 8 kilometres of a facility that offers family planning, and also have a CBD worker that visits their community. Another 30 percent of rural women have ready access to only one type of family planning provider: 16 percent live within 8 kilometres of a stationary facility but are not served by a CBD worker, while 14 percent live in a community visited by a CBD worker, but are more than 8 kilometres from a stationary facility providing family planning. The remaining 7 percent of rural women are located more than 8 kilometres from a stationary facility and live in communities that are not served by CBD workers.

Table 4.4 AVAILABILITY OF COMMUNITY-BASED DISTRIBUTION (CBD) AND MOBILE CLINICS WITH FAMILY PLANNING SERVICES: Percent distribution of currently married women 15-49 by availability of CBD and mobile clinics (MC) with family planning (FP) services, according to the distance to the nearest stationary facility and rural-urban residence, Zimbabwe, 1989-1990

Availability of CBD and mobile clinic with family planning	Rural		Urban		Total	
	Nearest facility <=8 km	Nearest facility >8 km	Nearest facility <=8 km	Nearest facility >8 km	Nearest facility <=8 km	Nearest facility >8 km
CBD						
Present	62.6	13.6	35.2	0.0	54.5	9.5
Not present	16.5	7.3	60.8	4.0	29.6	6.4
Mobile Clinic						
FP available	48.3	14.2	11.9	0.0	37.6	10.0
No MC/FP unavailable	30.8	6.7	84.1	4.0	46.5	5.9

Note: Figures are based on 2640 women (1861 rural, 779 urban).

Source: Community informants

There is somewhat less overlap between mobile clinics providing family planning services and nearby stationary facilities: 48 percent of the rural women have access to both. Again, nearly 7 percent of rural women do not have ready access to either type of provider: they live more than 8 kilometres from a stationary facility providing family planning and are not visited by a mobile clinic offering family planning.

For urban women, there is less overlap between outreach programmes and stationary facilities largely due to the smaller need for outreach services in urban areas where stationary facilities are readily available. Even in urban areas, however, 4 percent of women live more than 8 kilometres from a stationary facility with family planning and do not receive services from a CBD worker or mobile clinic. Overall, only six percent of married women in Zimbabwe live more than 8 kilometres from a stationary provider of family planning and are not served by a CBD worker or mobile clinic.

Availability of Specific Methods

Table 4.5 examines the distance women travel to reach a facility providing specific contraceptive methods. A facility was considered to have the method available if it was available for distribution at the time of the survey. Because facilities beyond the 30/10 kilometre limit were not visited, methods must be within 30 kilometres in order to be considered available. These estimates are necessarily conservative, because they are based only on what is available at the *nearest* of each type of facility. Methods available at other nearby facilities are not known and are not reflected in the table.

Table 4.5 DISTANCE TO FACILITIES PROVIDING SPECIFIC CONTRACEPTIVE METHODS: Percent distribution of currently married women 15-49 by distance to nearest facility providing specific contraceptive methods, according to rural-urban residence, Zimbabwe, 1989-1990

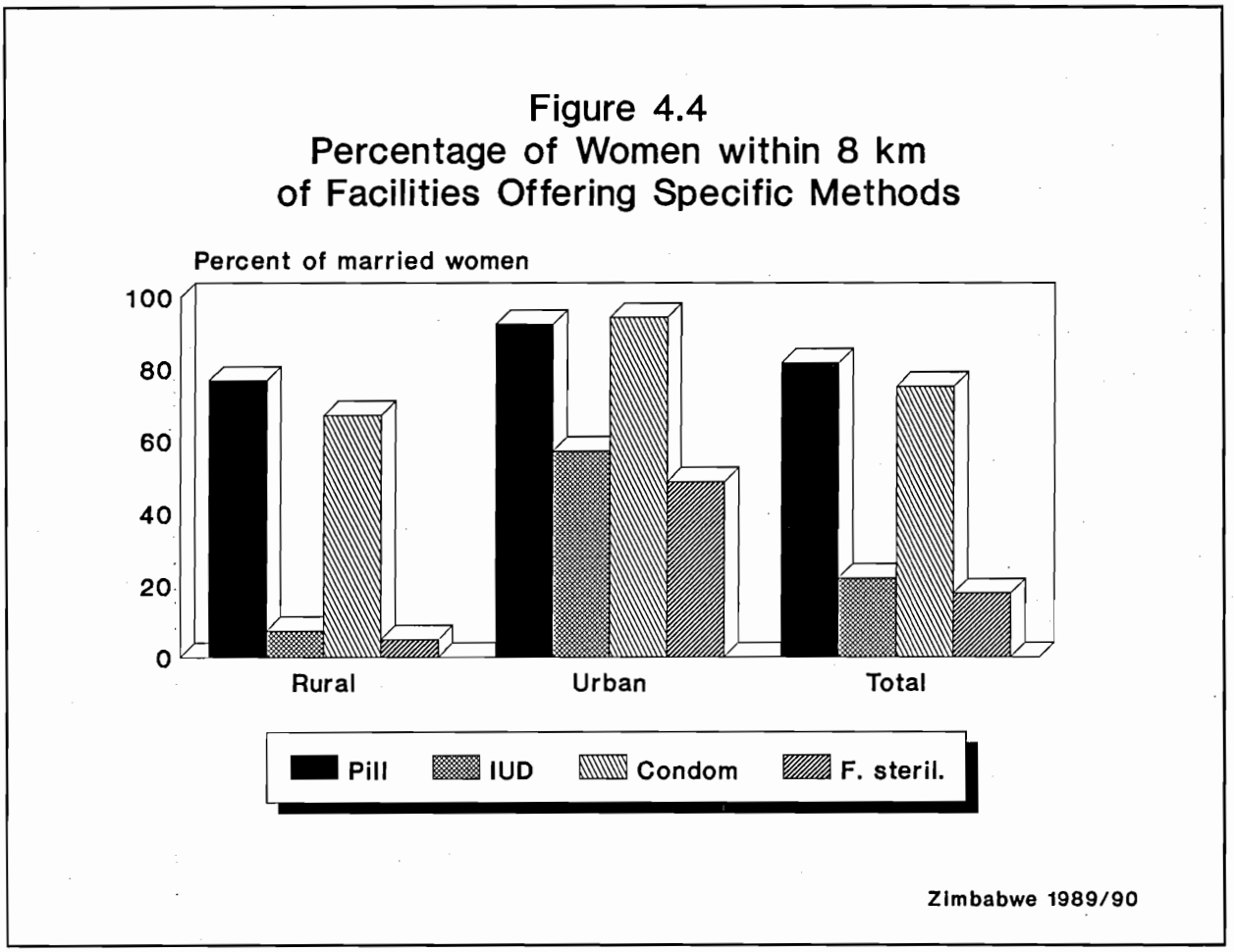
Residence/Distance to nearest Facility Providing method	Pill						
	Progestin-only	Combination	Either	IUD	Condom	Female sterilisation	Other modern
Rural							
0-4 km	44.6	44.2	46.1	2.8	42.0	1.0	0.7
5-8 km	29.4	30.6	30.6	4.4	25.1	3.9	5.9
9-19 km	16.9	17.1	15.7	10.0	15.7	7.7	6.3
20-30 km	6.0	5.0	5.0	7.5	6.9	9.2	3.1
>30 km[1]	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Method unavailable[2]	1.3	1.4	0.8	73.5	8.6	76.4	82.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Urban							
0-4 km	87.9	87.9	87.9	50.3	86.1	21.4	45.2
5-8 km	3.9	5.4	5.4	6.9	8.1	27.3	30.3
9-19 km	1.8	1.8	1.8	7.2	3.6	30.4	5.1
20-30 km	0.0	0.0	0.0	0.0	0.0	4.1	2.1
>30 km[1]	2.2	2.2	2.2	2.2	2.2	2.2	2.2
Method unavailable[2]	4.2	2.7	2.7	33.8	0.0	14.5	15.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total							
0-4 km	57.4	57.1	58.4	16.8	55.0	7.0	13.8
5-8 km	21.9	23.2	23.2	5.1	20.1	10.8	13.1
9-19 km	12.4	12.6	11.6	9.2	12.1	14.4	5.9
20-30 km	4.2	3.6	3.6	5.3	4.8	7.7	2.8
>30 km[1]	1.9	1.9	1.9	1.9	1.9	1.9	1.9
Method unavailable[2]	2.2	1.8	1.4	61.7	6.1	58.2	62.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban). The estimates are conservative because they are based on what is available at the nearest of each type of facility. Therefore, if the nearest facility does not have a method and there is another facility of the same type nearby that does, this information will not be included since the second facility was not visited.

[1]Since all facilities were more than 30 kilometres away, none were visited.
[2]Includes communities that had some type of facility offering family planning that was visited but the method was unavailable.

Source: Row dimension from community informants, column dimension from facility informants

In rural areas, the pill and condom are by far the most widely available contraceptive methods (see Figure 4.4). Progestin-only and combination pills are equally available, and 75 percent of rural women live within 8 kilometres of a facility that distributes this method. The ZDHS found the pill to be the primary method of contraception in Zimbabwe: it is used by 31 percent of married women and accounts for 86 percent of modern method use and 72 percent of overall contraceptive use (CSO and IRD 1989). However, it is not clear whether women are relying on the pill so extensively because it is the method of choice, or rather, because it is the method most readily available. The extremely high level of pill usage in Zimbabwe warrants further investigation.



Condoms are readily available (less than 8 kilometres away) to 67 percent of rural, married women. For 10 percent of the women, however, condoms were not available within 30 kilometres or were unavailable at identified facilities. In contrast, less than 3 percent of rural women faced the same obstacles in getting the pill. The two least available methods of those investigated were the IUD and female sterilisation, both clinical methods. Only 7 percent of rural women live within 8 kilometres of a facility providing the IUD, and only 5 percent are that close to a facility providing female sterilisation. Indeed, less than 25 percent of rural women live within 30 kilometres of a facility providing either method. Other modern methods (such as injectables) are only available within a 30 kilometre radius to 16 percent of rural women.

Availability is greater in urban areas for all contraceptive methods. Over 90 percent of urban, married women live within 8 kilometres of a source for both types of pills and the condom; more than half live that near to a source for IUDs; and over three-quarters can find other methods such as injectables equally close by. Female sterilisation is the least proximate method, with just under half of women being within 8 kilometres of a source. However, only 17 percent of urban women were not within 30 kilometres of a facility providing female sterilisation, compared with over 35 percent of women in the case of IUDs.

Overall, married women appear to have good access (as judged by proximity) to the pill and condom, while they have limited access to the IUD, female sterilisation, and other modern methods of contraception. Use of clinical methods is very low in Zimbabwe, but their availability is also very low.

Therefore, it is difficult to know if women actually do not want to use clinical methods or, alternatively, if their unavailability means that women are not informed about them or are unable to find them if they do want to use them.

Contraceptive Costs

The ZSAS collected information on the cost of contraceptives (in Zimbabwe dollars) available at visited facilities, as well as the percentage of users receiving contraceptives free (see Table 4.6). For pills, public providers may give the cycles away free or charge as much as $0.55. Typically, however, one cycle of pills sells for $0.20—the price set by ZNFPC for the pills they provide. Private providers charge more, with the price at some pharmacies rising to over $4.00. Combination pills typically sell for around $2.00 from the private providers surveyed in the ZSAS; the price for progestin-only pills varied more widely. Condom prices were collected only from private providers. At the pharmacies surveyed, they ranged from virtually free to $1.72 for three condoms. Private doctors who provided family planning usually distributed condoms at no charge.

Fees for IUDs at hospitals and clinics ranged from a minimal fee of $0.25 to $20.00. The most common cost in large hospitals was $2.00 as compared with $1.00 in clinics/health centres. However, these facilities reported that between one-quarter and two-fifths of IUD users receive their IUD for free. The cost of female sterilisations at large hospitals varied from $20.00 to $338.00, with the modal cost being $50.00, a fairly substantial amount of money for most people. However, 40 percent of female sterilisation patients are treated for free, according to the hospitals. Female sterilisation at ZNFPC clinics ranged from free for women with incomes below $150 per month to $10.00 for women with higher incomes. The cost of an injection was only $0.25 at ZNFPC clinics, but private doctors charged far more (between $12.00 and $25.50).

In summary, the cost of contraceptives in Zimbabwe varies widely, depending especially on whether the provider is public or private. However, most contraceptives, especially those obtained from public suppliers, are very inexpensive and are often provided free.

Table 4.6 COST OF CONTRACEPTIVE METHODS: Cost ranges and modal costs (in Zimbabwe dollars) for contraceptive methods, and percentage of users who receive methods for free, according to type of facility, Zimbabwe, 1989-1990

Cost range (Cost mode) Number of clusters	Progestin-only pill	Combination pill	IUD	Condom (Protector brand)	Female sterilisation	Injection
Large hospital	0.20 (0.20) 72	0.20 (0.20) 72	1.00 - 20.00 (2.00) 24	NA	20.00 - 338.00 (50.00) 32	NA
% receiving free	40		44		40	
Small hospital	0.20 - 0.40 (0.20) 33	0.20 - 0.40 (0.20) 34	NA	NA	NA	NA
% receiving free	74					
Clinic/health centre	0.20 - 0.55 (0.20) 148	0.20 - 0.55 (0.20) 148	0.25 - 5.50 (1.00) 20	NA	NA	NA
% receiving free	53		27			
NFPC clinic	0.20 - 0.25 (0.20) 21	0.20 (0.20) 21	NA	NA	10.00 (10.00) 3	0.25 (0.25) 15
% receiving free	31		34		NA	68
Pharmacy	1.35 - 4.13 (3.98) 28	1.50 - 2.70 (2.10) 37	NA	0.01 - 1.72 (1.00) 39	NA	9.75 - 18.20 (9.75) 22
Private doctor	0.30 - 1.50 (1.50) 11	0.30 - 2.00 (2.00) 6	NA	0.25 (0.25) 13	NA	12.00 - 25.50 (12.00) 14
% receiving free	NA	NA		85[a]		NA

Note: This table is not based on a representative sample of facilities, but reflects the nearest facilities to a sample of clusters. Prices are quoted for one cycle or packet of pills, three condoms, one injection, and the IUD and its insertion. Protector is the social marketing brand of condom. For pharmacies and private doctors, the cost of Norquest, the social marketing combination pill brand, and their most commonly sold progestin-only pill was collected.

NA = not available (or question not asked)

[a]This is the proportion of doctors who said they gave away condoms, rather than the proportion of patients that received the contraceptive for free.

Source: Facility informants

Availability of Medical Equipment

Some contraceptive methods require medical equipment that is not always readily available, either because of a lack of nearby facilities or because the facilities themselves do not possess the equipment. The estimates of the proximity of such equipment presented in Table 4.7 are once again conservative, since only the nearest facility of each type was visited.

Table 4.7 DISTANCE TO THE NEAREST FACILITY WITH MEDICAL EQUIPMENT FOR FAMILY PLANNING: Percent distribution of currently married women 15-49 by distance to the nearest facility with medical equipment for family planning, according to rural-urban residence, Zimbabwe, 1989-1990

Residence/ Distance to nearest facility	Table for gynaecological exams	Light for gynaecological exams	IUD insertion kit	Blood pressure apparatus	Operating theatre in working order
Rural					
0-4 km	12.6	4.7	2.1	41.1	1.0
5-8 km	11.7	6.9	7.9	29.0	3.2
9-19 km	12.4	6.8	14.2	15.8	7.5
20-30 km	8.5	10.5	7.9	5.3	8.0
>30 km[1]	1.8	1.8	1.8	1.8	1.8
Equip. unavailable[2]	52.9	69.3	66.0	7.1	78.5
Total	100.0	100.0	100.0	100.0	100.0
Urban					
0-4 km	73.3	71.0	65.3	86.4	20.0
5-8 km	13.5	14.1	12.2	8.1	29.9
9-19 km	7.6	7.4	5.6	1.8	27.2
20-30 km	0.3	2.1	2.3	0.0	4.1
>30 km[1]	2.2	2.2	2.2	2.2	2.2
Equip. unavailable[2]	3.2	3.2	12.3	1.3	16.5
Total	100.0	100.0	100.0	100.0	100.0
Total					
0-4 km	30.5	24.2	20.7	54.4	6.6
5-8 km	12.3	9.0	9.2	22.9	11.0
9-19 km	11.0	7.0	11.7	11.7	13.3
20-30 km	6.1	8.0	6.3	3.7	6.8
>30 km[1]	1.9	1.9	1.9	1.9	1.9
Equip. unavailable[2]	38.3	49.8	50.2	5.4	60.3
Total	100.0	100.0	100.0	100.0	100.0

Notes: Figures are based on 2640 women (1861 rural, 779 urban). The estimates are conservative because they are based on what is available at the nearest of each type of facility. Therefore, if the nearest facility does not have the equipment and there is another facility of the same type nearby that does, this information will not be included since the second facility was not visited.

[1]Since all facilities were more than 30 kilometres away, none were visited.

[2]Includes communities that had some type of facility offering family planning that was visited but the type of equipment was unavailable.

Source: Row dimension from community informants, column dimension from facility informants.

Only blood pressure apparatus is widely available in rural areas. Operating theatres necessary for female sterilisation, for example, are not available to about 80 percent of rural women. However, since operating theatres are usually found only in hospitals and 74 percent of rural women are not within 30 kilometres of a large hospital, this figure is not surprising. The figures for the equipment needed to insert IUDs (a light and a table for gynaecological examinations and the IUD insertion kit) are nearly as high. The light, the table, and the kit are unavailable to 69, 53, and 66 percent of rural women, respectively. Obviously, the lack of this equipment means the IUD is not a convenient option for most rural women.

For urban women, all this equipment is much more accessible. Less than 20 percent of urban women have no operating theatre available, and less than 15 percent are not within 30 kilometres of a facility with an IUD insertion kit. The majority of urban women are less than 8 kilometres from facilities equipped to provide some clinical methods of family planning.

Overall, most married women live more than 30 kilometres from facilities with operating theatres, IUD insertion kits, and lights suitable for gynaecological examinations. In contrast, blood pressure apparatus, necessary to monitor the health of pill users, is generally available throughout the country, indicating that facilities are equipped for women using the pill. However, the lack of other equipment severely limits Zimbabwe's capability to provide clinical methods to women, especially in rural areas.

Contraceptive Shortages

Table 4.8 shows the extent to which shortages of the pill and condoms pose a problem at various facilities. Large hospitals, which are within 30 kilometres for 24 percent of rural women, rarely experience shortages. Neither do ZNFPC clinics, pharmacies, and private doctors, although these facilities are accessible to few rural women. Small hospitals, accessible to roughly 25 percent of rural women, suffer some shortages, especially for the pill. The greatest shortages occur at the clinics and health centres, which are also the most widely accessible sources for these methods, within 30 kilometres of 70 to 80 percent of rural women. Fully 14 percent of rural women live within 30 kilometres of clinics/health centres that ran out of condoms in the last six months; for progestin-only pills, that figure was nearly 11 percent and for combination pills, 6 percent.

Pills and condoms are much more accessible to urban women than to rural women, reflecting the fact that almost all of the facilities studied are closer to urban women than rural. Further, most facilities in urban areas report few shortages of either the pill or condoms. Clinics and health centres accessible to urban women appear to suffer fewer shortages than those located in rural areas. There was also no shortage of methods for small hospitals and ZNFPC clinics, although these types of facilities are not within 30 kilometres of many urban women. Shortages of methods were more common for pharmacies and private doctors than any other urban source.

Overall, shortages of pills and condoms are not a great problem in Zimbabwe; shortages appear to be facility-specific. The greatest shortage of progestin-only pills was in clinics/health centres, followed by private providers (pharmacies and doctors). Combination pills were in short supply mainly in large hospitals and clinics/health centres, while only clinics/health centres ran out of condoms to a great extent. Clinics/health centres are the major supplier of family planning in Zimbabwe (CSO and IRD 1989) and also are the most likely supplier to suffer periodic shortages of the major contraceptives, indicating that further monitoring of stocks in these institutions may be desirable.

Table 4.8 ACCESS TO FACILITIES PROVIDING THE PILL AND CONDOM, AND SHORTAGES OF THESE METHODS: Percentage of currently married women 15-49 with access to progestin-only pills, combination pills, and condoms, and the percentage with shortages of these methods within the last six months, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

Residence/ Access to method/ Shortages	Type of facility providing family planning services					
	Large hospital	Small hospital	Clinic, health centre	ZNFPC clinic	Pharmacy	Private doctor
Rural						
Progestin-only pill	24.4	25.7	77.7	5.3	1.3	0.5
% with shortages	0.0	4.7	10.8	0.0	0.9	0.4
Combination pill	24.4	24.1	79.0	5.3	2.8	0.1
% with shortages	1.4	4.7	6.4	0.0	0.0	0.0
Condom	24.4	27.8	68.2	5.3	2.8	1.7
% with shortages	0.1	0.7	14.2	0.0	0.0	0.4
Urban						
Progestin-only pill	89.0	6.5	94.0	28.6	46.3	23.7
% with shortages	0.0	0.0	1.4	0.0	14.7	9.7
Combination pill	71.0	6.5	94.0	28.6	60.6	11.3
% with shortages	18.4	0.0	3.7	0.0	2.7	2.7
Condom	89.0	6.5	92.2	28.6	64.7	37.5
% with shortages	0.0	0.0	0.0	0.0	12.1	12.1
Total						
Progestin-only pill	43.4	20.1	82.5	12.2	14.6	7.3
% with shortages	0.0	3.4	8.0	0.0	5.0	3.2
Combination pill	38.1	18.9	83.4	12.2	19.8	3.4
% with shortages	6.4	3.4	5.6	0.0	0.8	0.8
Condom	43.4	21.5	75.3	12.2	21.0	12.2
% with shortages	0.1	0.5	10.0	0.0	3.6	3.8

Note: A woman is defined as having "access" if the nearest facility (of each type) providing a specific contraceptive method is within 30 kilometres (10 kilometres for pharmacies and private doctors). Figures for access are based on 2640 women (1861 rural, 779 urban); figures for shortages are based on 2590 women (1827 rural, 762 urban). Women not within 30 kilometres of any facility are excluded from the shortage calculation.

Source: Facility informants

Staffing

As shown in Table 4.9, the greatest staffing problem is the lack of doctors providing family planning for rural women. Less than 22 percent of rural women are within 30 kilometres of a large hospital with doctors providing family planning. Since information from Ministry of Health personnel indicated that doctors do not work regularly in small hospitals, there was no question in the ZSAS about their provision of family planning. Responses concerning doctors providing family planning in

clinics/health centres were not considered reliable and therefore are not reported. It appears that the most widely available personnel providing family planning in rural areas are state certified nurses (SCN) based in clinics/health centres, who are within 30 kilometres of over three-quarters of rural women. SCNs undergo a two-year training course. State registered nurses (SRN), who undergo a three-year course, are accessible to less than 25 percent of rural women.

In urban areas, all three types of staff are more widely available. Nearly all urban women are within 30 kilometres of a large hospital with a doctor who provides family planning. Both types of nurses are also widely available to urban women through large hospitals and clinics/health centres.

Because SCNs are the most accessible providers of family planning in stationary facilities in Zimbabwe, any new direction or addition of methods to the current family planning strategy would require targeting these nurses for training and motivation.

Table 4.9 ACCESS TO FACILITIES WITH SPECIFIED STAFF PROVIDING FAMILY PLANNING SERVICES: Percentage of currently married women 15-49 within 30 kilometres of a facility with specified staff providing family planning services, by rural-urban residence, Zimbabwe, 1989-1990

Facility/ Staff	Rural	Urban	Total
Large hospital			
Doctors	21.9	97.8	44.3
State registered nurses	24.9	83.3	42.1
State certified nurses	26.2	83.3	43.1
Small hospital			
Doctors	NA	NA	NA
State registered nurses	18.3	9.0	15.6
State certified nurses	34.2	9.0	26.8
Clinic/Health centre			
Doctors	NA	NA	NA
State registered nurses	7.1	89.9	31.5
State certified nurses	77.3	97.9	83.4
Number of women	1861	779	2640

NA = Not available

Source: Facility informants

4.3 KNOWLEDGE AND USE OF CONTRACEPTION

Using the data from the Service Availability Survey and the Demographic and Health Survey for Zimbabwe, an attempt was made to discover if there is an association between contraceptive knowledge and use and the distance from the closest facility where family planning is available. In theory, women who live closer to family planning sources may be more likely to know about and to use contraceptive methods than those who live farther away. Although trying to observe this complicated relationship through cross-tabulations cannot explain knowledge or behaviour completely, it can be suggestive and perhaps point to the need for further exploration of this relationship.

When the proportion of women knowing specific methods was compared with their distance to the nearest source, no differentials in knowledge could be discerned (table not presented). This is likely due to nearly universal knowledge of modern methods in Zimbabwe: 97 percent of rural women and 99 percent of urban women know of modern contraceptive methods (CSO and IRD 1989). Thus, the presence of facilities has very little to do with promoting knowledge at this time. This does not mean that further information about family planning is not needed. While women in Zimbabwe know about family planning, they may require more detailed information about contraceptive methods.

Table 4.10 compares contraceptive use with distance to the nearest source of family planning. The link with contraceptive use is theoretically more straightforward than that with knowledge, although the ZSAS results are somewhat ambiguous. For rural women, the expected trend is observed, with the exception of those women furthest away. Use declines as distance to supplier increases until that distance reaches 9 kilometres; women living 9 kilometres or more from a source of family planning record the highest usage rate. The data for urban women better support the notion that women who live near a source of contraception will be more likely to use a method (Figure 4.5). As distance increases, use diminishes, with the exception of clinical methods. This also supports the assertion that distance is less important in the use of clinical methods, since few trips to the provider are necessary. Despite the association for urban women, simple cross-tabulations do not indicate that there is an undeniable association between the use of contraception and the distance from the nearest facility providing family planning.

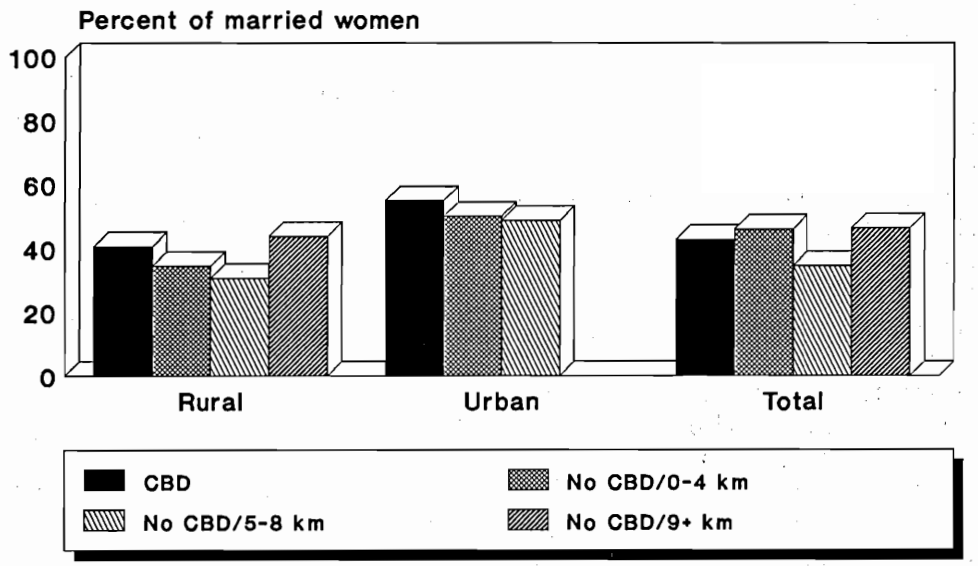
Table 4.10 CONTRACEPTIVE USE STATUS AND DISTANCE TO THE NEAREST SOURCE OF FAMILY PLANNING: Percent distribution of currently married women 15-49 by contraceptive use status, according to nearest source providing family planning services or supplies and rural-urban residence, Zimbabwe, 1989-1990

	Contraceptive use status					
Distance to nearest source	Not using	Using any method	Using clinical method	Using supply method	Total	Number of women
Rural						
CBD	59.4	40.6	2.3	29.7	100.0	1419
No CBD, 0-4 km	65.5	34.5	2.8	21.1	100.0	142
No CBD, 5-8 km	69.3	30.7	1.2	22.3	100.0	166
No CBD, 9+ km	56.2	43.8	2.2	32.1	100.0	134
Urban						
CBD	44.9	55.1	5.5	47.1	100.0	274
No CBD, 0-4 km	49.9	50.1	5.6	41.6	100.0	411
No CBD, 5+ km	51.1	48.9	17.0	27.6	100.0	94
Total						
CBD	57.1	42.9	2.8	32.5	100.0	1693
No CBD, 0-4 km	53.9	46.1	4.9	36.3	100.0	553
No CBD, 5-8 km	65.5	34.5	3.1	24.9	100.0	229
No CBD, 9+ km	53.6	46.4	8.3	29.8	100.0	165

Note: The proportion using clinical methods and supply methods does not sum to the total proportion using any method because use of traditional methods has been excluded.

Source: Row dimension from community informants, column dimension from ZDHS/ 1989-90.

Figure 4.5
Percentage of Women Using Contraception by Distance to Nearest Source



Zimbabwe 1989/90

Chapter 5

AVAILABILITY OF HEALTH SERVICES

Another objective of the ZSAS was to measure the availability of maternal and child health (MCH) services available to women and children in Zimbabwe. Cluster respondents were therefore asked to identify the nearest large hospital, small hospital, and clinic/health centre that provided health services such as immunisation and antenatal care. For private doctors and pharmacies, respondents were simply asked to identify the nearest private pharmacy and doctor with a private practice, based on the assumption that MCH services/supplies would be available from most of these providers. Interviewers also inquired about health services available to women and children in the community in order to get a complete picture of the availability of health services in Zimbabwe.

Table 5.1 PRESENCE OF HEALTH CARE STAFF AND SERVICES IN THE COMMUNITY: Percentage of currently married 15-49 in communities with various health care staff and services, by rural-urban residence Zimbabwe, 1989-1990

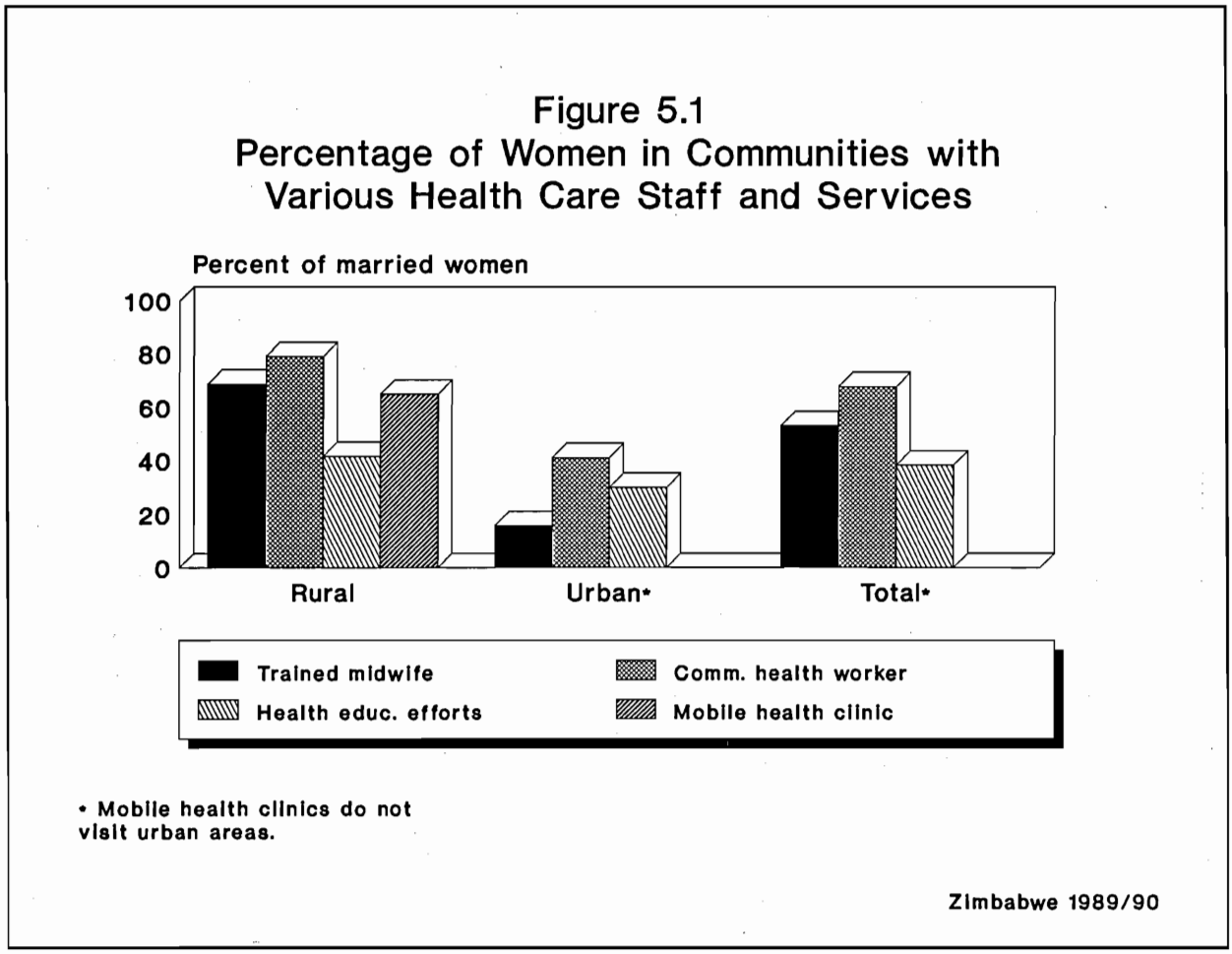
Staff/Service	Rural	Urban	Total
Traditional midwife available	82.9	21.1	64.7
Traditional midwife with training	68.7	15.7	53.1
Community covered by a community health worker	79.0	41.1	67.8
Health worker provides:			
-Health motivation	70.1	37.4	60.5
-Health information	49.6	38.1	46.2
-Distribution of minor drugs	41.1	10.7	32.2
-Antenatal care	10.1	13.1	11.0
-Other	9.2	8.6	9.0
Median number of visits/year	12.9	12.5	12.8
Community visited regularly by a mobile health clinic	65.1	a	a
Mobile health clinic provides:			
-Growth monitoring	60.6	a	a
-Immunisation	64.5	a	a
-Antenatal services	30.3	a	a
-Postnatal services	22.6	a	a
-Family planning services	41.5	a	a
-Other outpatient services	14.9	a	a
Median number of visits/year	12.6	a	a
Community with special health education efforts in past year	41.7	29.9	38.3
Educ. efforts covered:			
-AIDS	21.1	19.8	20.7
-Immunisation	23.8	25.2	24.2
-ORS	8.6	1.3	6.5
-Sanitation	32.9	13.4	27.1
-Nutrition	29.2	18.0	25.9
-Other	2.8	0.0	2.0
Number of women	1861	779	2640

[a]Question not asked (service not available).

Source: Community informants

5.1 OUTREACH PROGRAMMES

More than four-fifths of rural women live in communities with traditional midwives, most of whom have been trained by the MOH or other organizations (Table 5.1 and Figure 5.1). Community health workers (who can go by a variety of names depending upon their affiliation) are available to nearly 80 percent of rural women and they visit sampled communities a median of about 13 times per year. The major duty of these health workers appears to be health motivation, since over 70 percent of rural women live in a community visited by a community health worker who provides health motivation. Health workers with other duties are available to less than half of rural women; these duties include providing health information, distributing minor drugs, and providing antenatal care and other health services.



Mobile health clinics (immunisation mobile clinics) provide a range of health services to people in rural areas. Fully 65 percent of rural women have access to these clinics, nearly all of which provide immunisations. More than half of all rural women also have access to a mobile clinic that monitors the growth of children. More than two in five rural women have access to a mobile clinic that provides family planning, while 30 percent have access to one that provides antenatal care. (Mobile clinics that provide only family planning have already been discussed in the previous section.) Fewer rural women have access to mobile clinics that provide postnatal care or other outpatient services. Mobile health clinics visit rural communities a median of slightly over once a month.

More than 40 percent of rural women live in a community that has held some type of health campaign in the last year, with the major topics being sanitation, nutrition, and immunisation. Slightly more than 20 percent of rural women live in communities which had a campaign about AIDS, while less than 10 percent had a campaign covering oral rehydration therapy (ORT) or other health topics. It is possible that the question about ORT—which was identified as ORS—was not well understood, thus accounting for the low percentage of communities responding that this was a health topic. If the term "sugar/salt solution" had been used, the positive responses may have been higher.

Among urban, married women, only one in five has access to a traditional midwife in their community, although most of these midwives have been trained. Slightly more than 40 percent of urban women have access to a community health worker who also visits about once a month. The major duties of community health workers in urban areas are to provide health information, health motivation, antenatal care, and minor drugs. Typically, fewer urban women than rural women have access to a health worker providing any of these services. Mobile health clinics operate only in rural areas, so urban informants were not asked about them. Slightly less than one-third of urban women live in communities that had a health campaign in the last year. The major topics in urban areas were immunisation, AIDS, and nutrition. Sanitation was also a topic for 13 percent of urban women. Once again, oral rehydration therapy was not listed as a common topic, perhaps because of the way the question was worded.

Overall, traditional midwives are available to 65 percent of married women, although they are most important in rural areas. Community health workers are available to 68 percent of married women, while mobile health clinics reach many rural communities. Slightly less than 40 percent of married women lived in communities that had health campaigns in the last year focusing on sanitation, nutrition, immunisation, and AIDS. Health coverage through outreach programmes is very good in rural areas. In urban areas, outreach coverage is much less extensive, but services provided by stationary facilities are more accessible.

5.2 STATIONARY FACILITIES

Proximity to Facilities

The availability of health services from stationary facilities, reported in Table 5.2, is similar to that for family planning services, presented in Table 4.2, because nearly all large hospitals and clinics/health centres provide both health and family planning services. In rural areas, only slightly more than 5 percent of married women are within 8 kilometres of a large hospital and over 13 percent are within 8 kilometres of a small hospital. However, 70 percent of rural women are within 8 kilometres of clinics/health centres, and only 3 percent are more than 30 kilometres away from this type of facility. For an additional 11 percent, knowledgeable informants were unable to identify a clinic/health centre. Only 2 percent of rural women are within 8 kilometres of a pharmacy, with 33 percent living more than 30 kilometres away and over 50 percent residing in communities where respondents were unaware of a pharmacy. Almost 3 percent of rural women are within 8 kilometres of a private doctor, while 37 percent are further than 30 kilometres away and 50 percent are in communities where respondents were unaware of the location of a private doctor. Overall, 80 percent of rural women are within 8 kilometres of some health facility, indicating extremely good coverage (Figure 5.2).

As expected, the availability of health services is greater in urban than rural areas. Half of urban married women live within 8 kilometres of a large hospital, and only 10 percent live in communities where respondents were unaware of the location of a large hospital. Small hospitals are not common in urban areas, so fully 87 percent of urban women live in communities where respondents could not identify a small hospital. Clinics/health centres are the nearest providers for urban women, with over 90 percent of women within 8 kilometres of one. Pharmacies are within 8 kilometres of 57 percent of urban women, while private doctors are within that distance for over 76 percent of women. Some provider of health services is within 8 kilometres of 96 percent of urban women.

Table 5.2 DISTANCE TO THE NEAREST FACILITY PROVIDING MATERNAL AND CHILD HEALTH (MCH) SERVICES: Percent distribution of currently married 15-49 by distance to nearest facility providing maternal and child health services, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

Residence/ Distance to nearest facility	Type of facility providing MCH services					
	Large hospital	Small hospital	Clinic, health centre	Pharmacy	Private doctor	Nearest facility
Rural						
0-4 km	1.0	6.2	42.1	0.6	1.0	48.9
5-8 km	4.6	7.3	27.4	1.5	1.9	31.1
9-19 km	9.7	7.1	13.0	4.9	7.2	13.7
20-30 km	10.9	14.3	3.9	6.6	2.4	4.5
>30/10 km	61.9	31.8	3.0	32.6	37.1	1.8
No facility known[1]	11.9	33.2	10.7	53.8	50.4	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median distance	48.1	45.1	5.7	--	--	5.1
Urban						
0-4 km	20.0	0.0	84.2	30.9	52.4	89.2
5-8 km	29.9	2.4	6.4	25.9	24.0	6.8
9-19 km	33.8	6.5	1.8	20.5	6.2	1.8
20-30 km	4.1	0.0	0.0	6.5	0.0	0.0
>30/10 km	2.2	4.2	0.0	2.2	0.0	2.2
No facility known[1]	10.0	86.8	7.6	13.9	17.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median distance	9.0	--	1.5	8.4	4.7	1.0
Total						
0-4 km	6.6	4.4	54.5	9.6	16.2	60.8
5-8 km	12.1	5.9	21.2	8.7	8.4	23.9
9-19 km	16.8	7.0	9.7	9.5	6.9	10.2
20-30 km	8.9	10.1	2.7	6.6	1.7	3.2
>30/10 km	44.3	23.7	2.1	23.6	26.2	1.9
No facility known[1]	11.4	49.0	9.8	42.0	40.7	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median distance	36.9	--	4.4	50.5	50.5	3.1

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Includes clusters with missing information.

Source: Community informants

Overall, some type of health provider is within 8 kilometres of 85 percent of married women, indicating very good coverage, although below the national goal of 100 percent coverage within 8 kilometres. However, 95 percent of married women are within 20 kilometres of some health facility and less than 2 percent are more than 30 kilometres from a health facility. Given that availability of some health services is so high, availability of specific services may be a good method for further evaluating women's access to necessary health care.

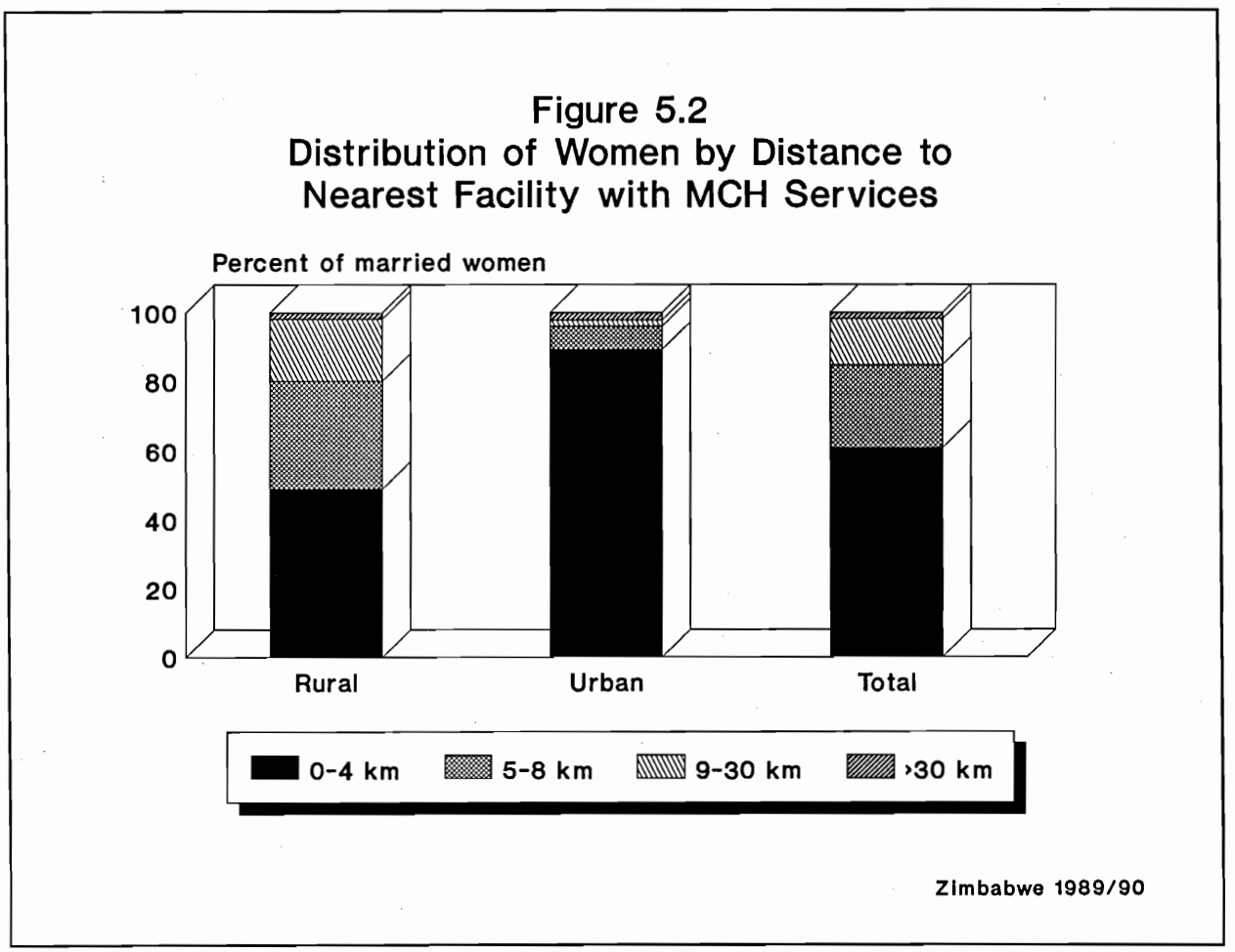


Table 5.3 presents data on access to each type of facility for children under age 5. Only facilities providing either immunisation or growth monitoring are included. Growth monitoring and immunisation are important preventive measures effective in reducing childhood morbidity and mortality. For rural children, the closest provider of these services is clinics/health centres, with 70 percent of children living in communities that are less than 8 kilometres away. Only a few children live more than 30 kilometres away from such a facility or live in communities where the presence of a clinic/health centre is unknown. Small hospitals, large hospitals, and especially private doctors are not accessible to most rural children. Some health care provider that offers immunisation or growth monitoring is within 8 kilometres of nearly four in five rural children.

Table 5.3 DISTANCE TO THE NEAREST FACILITY PROVIDING IMMUNISATION AND GROWTH MONITORING SERVICES: Percent distribution of children under five by distance to nearest facility providing immunisation or growth monitoring, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

Residence/ Distance to nearest facility	Type of facility providing immunisation or growth monitoring services				
	Large hospital	Small hospital	Clinic, health centre	Private doctor	Nearest facility
Rural					
0-4 km	1.1	5.9	43.1	0.8	49.8
5-8 km	4.5	6.5	26.7	1.0	31.0
9-19 km	8.8	6.3	11.8	1.1	13.2
20-30 km	10.4	14.5	3.9	0.0	4.0
>30/10 km[1]	64.2	32.5	2.6	41.5	2.1
No facility[2]	11.0	34.3	11.9	55.6	0.0
Total	100.0	100.0	100.0	100.0	100.0
Urban					
0-4 km	19.3	0.0	86.2	3.9	90.0
5-8 km	30.3	1.6	5.3	7.3	6.2
9-19 km	34.5	7.3	1.4	1.1	1.4
20-30 km	3.3	0.0	0.0	0.0	0.0
>30/10 km[1]	0.9	3.0	0.0	1.5	0.9
No facility[2]	11.8	98.0	7.2	86.2	1.5
Total	100.0	100.0	100.0	100.0	100.0
Total					
0-4 km	5.9	4.3	54.4	1.6	60.3
5-8 km	11.2	5.2	21.1	2.6	24.5
9-19 km	15.5	6.6	9.1	1.1	10.1
20-30 km	8.5	10.7	2.9	0.0	3.0
>30/10 km[1]	47.7	24.8	2.0	31.1	1.8
No facility[2]	11.2	48.3	10.6	63.6	0.4
Total	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2820 children (2083 rural, 737 urban).

[1]When the facility was more than 30/10 kilometres away, it was not asked if immunisation or growth monitoring was available. Therefore, a facility was identified in this category but it was too far away to find out about immunisation or growth monitoring.

[2]No such facility was known to the cluster informants, or information was missing. For the private doctor, this category also includes clusters for which the closest identified private doctor did not provide immunisations.

Source: Row dimension from community informants, column dimension from facility informants

Clinics/health centres are also the most widely accessible type of facility offering immunisation and growth monitoring in urban areas, with over 90 percent of children living within 8 kilometres of such a facility. Large hospitals are the second most accessible source of these services for urban children, followed by private doctors. Over 96 percent of urban children are within 8 kilometres of some health care provider.

For children in Zimbabwe as for married women, proximity measures indicate that the provision of health care is quite good. Nearly 85 percent of children live within 8 kilometres of some health facility: more than three in four children are that near to a clinic/health centre; 17 percent are close to a large hospital; and 10 percent are close to a small hospital.

Services and Staff

Some 75 percent of rural women are within 8 kilometres of a health facility where pregnancy care is available (Table 5.4 and Figure 5.3). On the other hand, only 6 percent of rural married women live within 8 kilometres of a facility providing caesarean sections, and 75 percent do not have such a facility within 30 kilometres. This is hardly surprising, given that hospitals with operating theatres are not common in rural areas. While the goal in Zimbabwe is to place a hospital with an operating theatre within 50 to 70 kilometres of every person, this survey was unable to determine if such coverage exists for married women.

State registered nurses (SRN) with training in midwifery also are not common in rural areas, with only 10 percent of women living within 8 kilometres of a facility with such a SRN on staff. State certified nurses (SCN) trained in midwifery are more available, with 50 percent of rural women living within 8 kilometres of one, although over 25 percent of rural women live more than 30 kilometres from such a nurse.

Nearly 87 percent of married urban women live within 8 kilometres of a facility that offers pregnancy care. Caesarean sections are also more available to urban women, half of whom live within 8 kilometres of a facility able to perform this procedure. Both certified nurses and registered nurses trained in midwifery are much more available in urban areas than in rural.

Overall, nearly 80 percent of married women in Zimbabwe live within 8 kilometres of a facility where pregnancy care is available. Forty-four percent of women are within 30 kilometres of a facility able to perform caesarean sections. SCNs trained in midwifery are more readily available than SRNs with this training: 61 percent of women live within 8 kilometres of such a SCN. It appears that service for normal vaginal deliveries is widely available; however, most women must travel at least 30 kilometres to reach facilities able to deal with the complications of pregnancy.

Table 5.4 DISTANCE TO THE NEAREST FACILITY PROVIDING VARIOUS HEALTH SERVICES: Percent distribution of currently married women 15-49 by distance to nearest facility providing various health services, according to type of service provided and rural-urban residence, Zimbabwe, 1989-1990

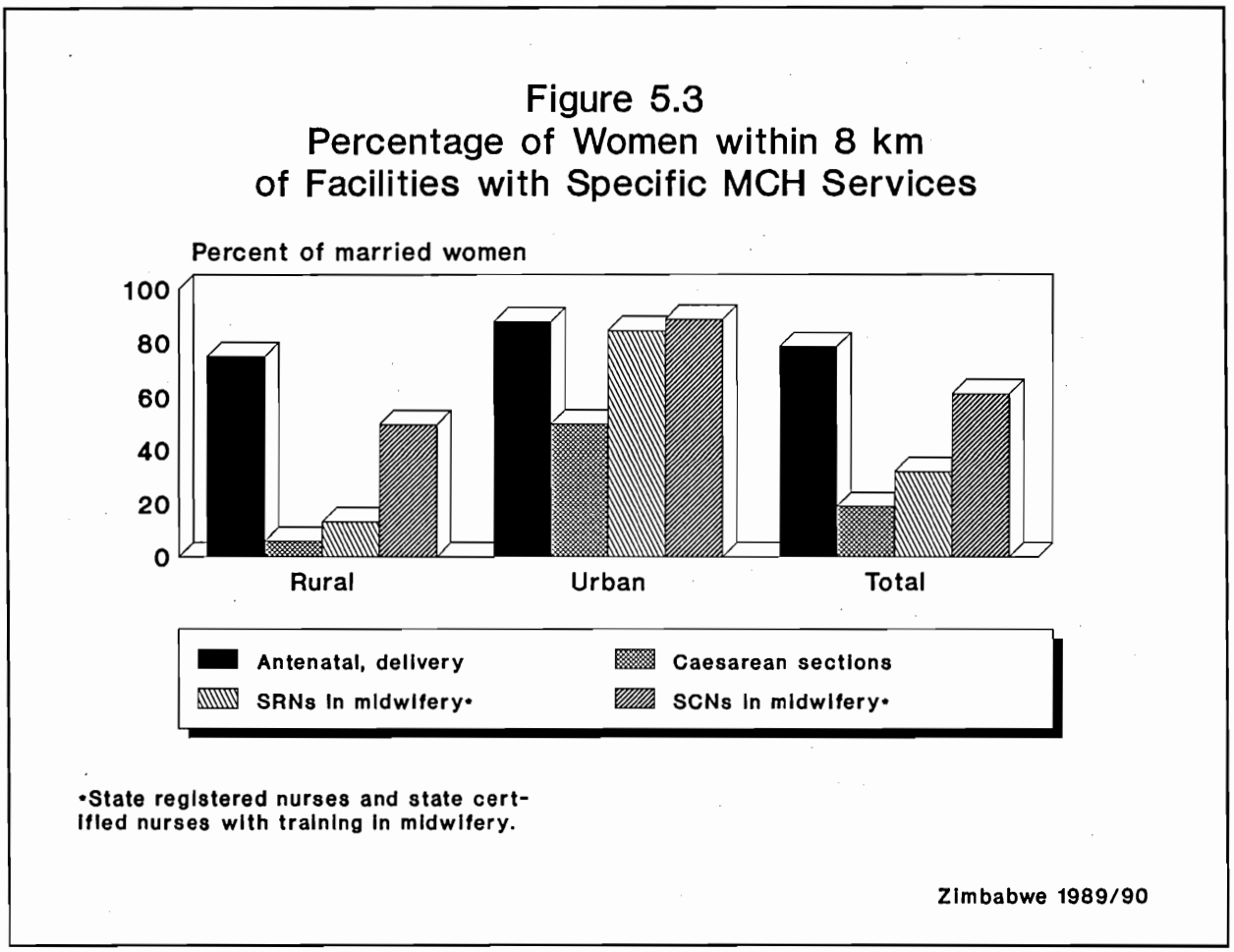
Residence/ Distance to services[1]	Antenatal, delivery, postnatal care	Caesarean sections	Registered nurses trained in midwifery	Certified nurses trained in midwifery
Rural				
0-4 km	45.9	1.9	2.6	26.2
5-8 km	29.0	3.9	7.5	23.3
9-19 km	13.7	8.9	11.6	14.4
20-30 km	5.8	11.2	15.2	9.0
>30 km[2]	1.8	1.8	1.8	1.8
Service/staff unavailable	3.7	72.4	61.3	25.3
Total	100.0	100.0	100.0	100.0
Urban				
0-4 km	77.9	20.0	79.1	84.7
5-8 km	8.9	29.9	5.4	3.9
9-19 km	6.8	33.8	7.4	1.8
20-30 km	0.0	4.1	0.0	0.0
>30 km[2]	2.2	2.2	2.2	2.2
Service/staff unavailable	4.2	10.0	5.9	7.4
Total	100.0	100.0	100.0	100.0
Total				
0-4 km	55.4	7.2	25.2	43.4
5-8 km	23.1	11.6	6.8	17.6
9-19 km	11.7	16.2	10.4	10.7
20-30 km	4.1	9.1	10.7	6.4
>30 km[2]	1.9	1.9	1.9	1.9
Service/staff unavailable	3.9	54.0	45.0	20.1
Total	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural,779 urban). The estimates are conservative because they are based on what is available at the nearest of each type of facility. Therefore, if the nearest health centre does not have a type of equipment and there is another health centre nearby that does, this information will not be included since the second health centre was not visited.

[1]Hospitals, clinics and health centres only.

[2]Since all facilities were more than 30 kilometres away, none were visited.

Source: Row dimension from community informants, column dimension from facility informants



Expanded Programme on Immunisation

While Table 5.3 shows how close young children live to facilities offering immunisation and growth monitoring, Table 5.5 reviews their proximity to facilities with staff working in the Expanded Programme on Immunisation (EPI). Less than 10 percent of rural children live within 8 kilometres of doctors and SRNs trained in EPI, although nearly seven in ten are within 8 kilometres of SCNs working in EPI.

Urban children have very good access to SRNs and SCNs working in EPI, with over 80 percent being within 8 kilometres of such staff. However, doctors working in EPI are available to only slightly over one in ten urban children. SCNs trained to provide immunisations are available to most children in Zimbabwe.

Table 5.5 DISTANCE TO THE NEAREST FACILITY WITH EPI STAFF: Percentage of children under five by distance to nearest facility with staff working in Expanded Programme on Immunisation (EPI), according to rural-urban residence, Zimbabwe, 1989-1990

Residence/ Distance to facility[1]	Staff working in Expanded Programme on Immunisation		
	Doctors	State registered nurses	State certified nurses
Rural			
0-4 km	1.1	2.4	41.3
5-8 km	1.7	5.7	26.9
9-19 km	2.0	7.8	11.0
20-30 km	1.3	13.1	5.3
>30 km[2]	2.1	2.1	2.1
Service/staff unavailable	91.8	68.9	13.4
Total	100.0	100.0	100.0
Urban			
0-4 km	10.7	77.2	84.0
5-8 km	0.0	7.2	7.2
9-19 km	0.0	5.8	1.4
20-30 km	0.0	1.8	1.8
>30 km[2]	2.4	2.4	2.4
Service/staff unavailable	86.8	5.6	3.3
Total	100.0	100.0	100.0
Total			
0-4 km	3.6	21.9	52.4
5-8 km	1.3	6.1	21.7
9-19 km	1.5	7.3	8.5
20-30 km	1.0	10.1	4.4
>30 km[2]	2.2	2.2	2.2
Service/staff unavailable	90.5	52.3	10.8
Total	100.0	100.0	100.0

Note: Figures are based on 2820 children (2083 rural, 737 urban). The estimates are conservative because they are based on what is available at the nearest of each type of facility. Therefore, if the nearest facility does not have the staff and there is another facility of the same type nearby that does, this information will not be included since the second facility was not visited.

[1]Hospitals, clinics and health centres only.

[2]Since all facilities were more than 30 kilometres away none were visited.

Choice of Providers

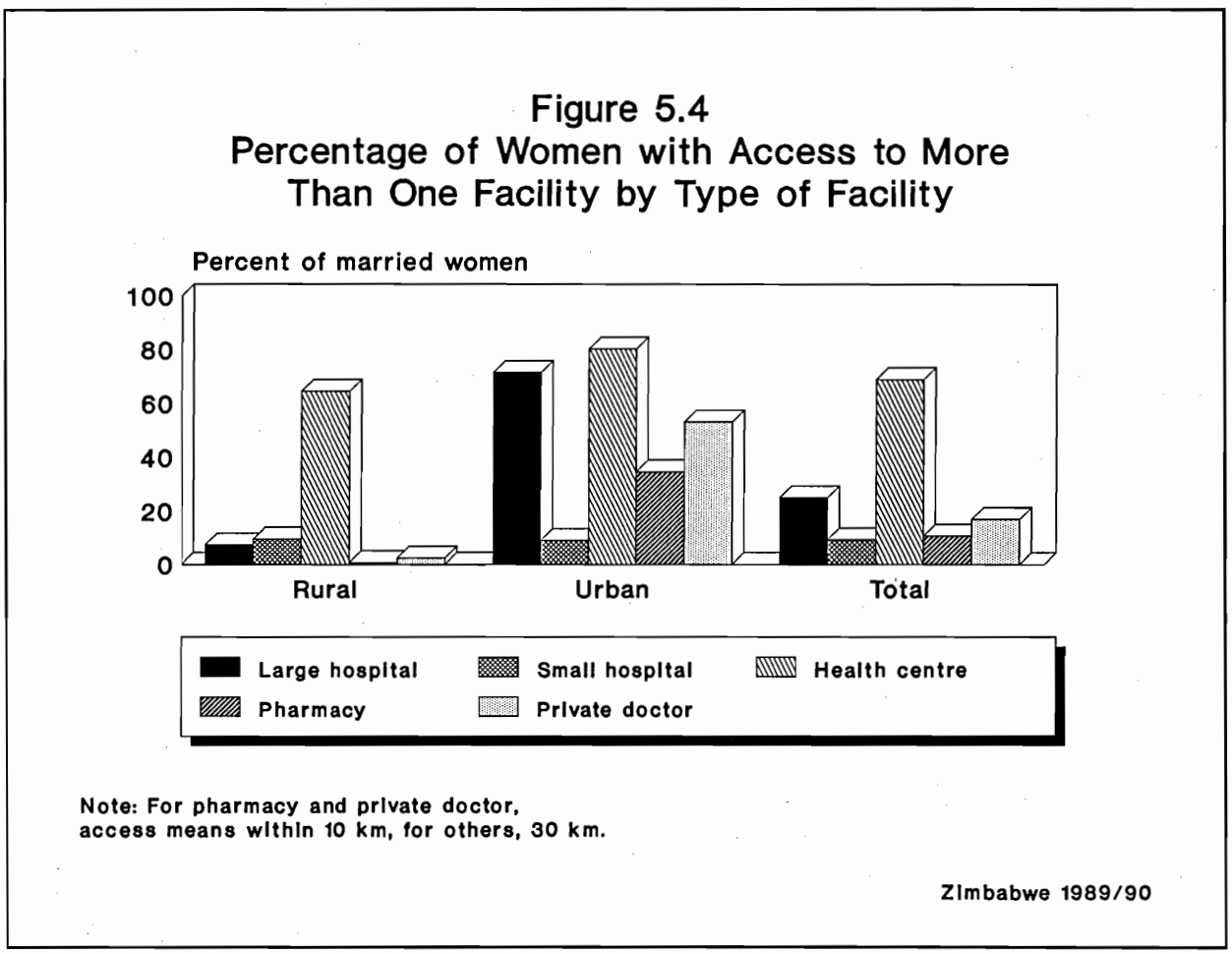
As well as proximity to provider, the choice of a provider is important. Although ZSAS methodology concentrated on the *nearest* of each type of facility, information was also collected on the number of facilities of each type within 30/10 kilometres of the *cluster* (Table 5.6). As shown in Figure 5.4, rural women rarely have much choice among several facilities of the same type. For example, not only do two-thirds of rural women have no access to a small hospital, but over 70 percent of those who do have access have only one small hospital to choose from. Of course, it is probably not necessary to have numerous hospitals available to women, but the table does give an indication of the service environment. Only clinics and health centres appear to be abundant enough to provide much choice to women in rural areas.

Table 5.6 NUMBER OF FACILITIES WITHIN 30/10 KILOMETRES: Percent distribution of currently married women 15-49 by number of facilities within 30/10 kilometres of the community, according to type of facility and rural-urban residence, Zimbabwe, 1989-1990

Residence/ Number of facilities	Type of facility					
	Large hospital	Small hospital	Clinic, health centre	ZNFPC clinic	Pharmacy	Private doctor
Rural						
None	74.8	66.0	14.4	95.3	97.5	97.0
1	17.8	24.6	19.4	4.0	1.8	0.8
2	7.1	6.8	25.5	0.0	0.7	2.2
3+	0.3	2.6	38.9	0.0	0.0	0.0
Not given	0.0	0.0	1.7	0.8	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Urban						
None	2.4	91.0	1.2	69.3	36.4	19.4
1	26.2	0.0	15.4	30.7	28.3	23.1
2	37.4	0.0	30.5	0.0	23.8	12.0
3+	34.0	8.9	49.8	0.0	10.8	41.0
Not given	0.0	0.0	3.2	0.0	0.7	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total						
None	55.0	73.4	10.7	87.8	79.7	74.6
1	20.1	17.4	18.3	11.7	9.5	7.2
2	15.4	4.8	26.9	0.0	7.4	5.0
3+	9.5	4.5	42.0	0.0	3.1	11.9
Not given	0.0	0.0	2.1	0.5	0.2	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban).

Source: Community informants



In urban areas, women are likely to be able to choose among multiple large hospitals, pharmacies, and private doctors, as well as clinics and health centres. Four in five urban women live within 30 kilometres of more than one clinic/health centre, and over 70 percent have more than one large hospital within 30 kilometres. Although choices among facility types are more limited for rural women than for urban, outreach services are more prevalent in rural areas, providing at least some alternative service delivery mechanism.

Travel Time

Travel time to the nearest health facility, presented in Table 5.7, depends on the mode of transportation used to access the facility, as well as distance. Less than 15 percent of rural women live within 30 minutes of a large hospital, while 20 percent live within 30 minutes of a small hospital, and 44 percent live within 30 minutes of a clinic/health centre. Pharmacies and private doctors are the most distant health providers for rural women. Two-thirds of rural women are within 30 minutes of some type of health care facility.

In contrast, over 50 percent of married urban women are within 30 minutes of a large hospital, and over 80 percent are within 30 minutes of a clinic/health centre. Private doctors are also very accessible for urban women. Over 70 percent are within 30 minutes of a doctor, while 53 percent are within 30 minutes of a pharmacy. Almost all women in urban areas are within 30 minutes of some type of health care facility.

Table 5.7 TIME REQUIRED TO REACH THE NEAREST FACILITY PROVIDING MATERNAL AND CHILD HEALTH SERVICES: Percent distribution of currently married women 15-49 by time to reach the nearest facility providing MCH services, according to type of facility and and rural-urban residence, Zimbabwe, 1989-1990

Residence/Time to nearest facility	Type of facility providing MCH services					
	Large hospital	Small hospital	Clinic, health centre	Pharmacy	Private doctor	Nearest facility
Rural						
0-15 min	2.1	6.8	21.3	0.0	0.1	33.3
16-30 min	11.4	13.0	22.6	2.1	1.8	34.8
31-60 min	2.2	1.6	3.3	0.6	1.8	15.8
>60 min	9.4	11.9	31.3	1.7	2.5	16.2
Not asked[1]	61.9	31.8	3.0	41.8	43.5	0.0
No facility	13.0	35.0	18.6	53.8	50.4	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Urban						
0-15 min	28.8	2.4	57.1	23.2	46.3	78.6
16-30 min	25.8	6.5	26.3	29.4	24.1	16.7
31-60 min	14.6	0.0	1.5	11.7	7.4	4.7
>60 min	18.6	0.0	7.4	1.8	2.6	0.0
Not asked[1]	2.2	4.2	0.0	20.0	2.1	0.0
No facility	10.0	86.8	7.6	13.9	17.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total						
0-15 min	10.0	5.5	31.9	6.8	13.7	46.6
16-30 min	15.7	11.1	23.7	10.1	8.4	29.4
31-60 min	5.9	1.1	2.8	3.9	3.5	12.5
>60 min	12.1	8.4	24.3	1.7	2.5	11.4
Not asked[1]	44.3	23.7	2.1	35.4	31.3	0.0
No facility	12.1	50.2	15.3	42.0	40.7	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

Note: Figures are based on 2640 women (1861 rural, 779 urban).

[1]Time was not asked if hospitals, clinics or health centres were more than 30 kilometres away and if pharmacies or private doctors were more than 10 kilometres away. Clusters with missing information are included in this category.

Source: Community informants

Availability of Equipment and Medicines

Table 5.8 shows the proportion of married women within 30 kilometres of various types of equipment and drugs necessary for the provision of health care. Almost all rural women are within 30 kilometres of a facility having ferrous sulphate (iron) tablets, a refrigerator, and tetanus vaccine. Three-quarters of rural women are within 30 kilometres of health facilities with running water and a telephone. At least half of all rural women are within 30 kilometres of a health facility that has an upright scale, hemoglobinometer (used to detect if women are anaemic), a microscope, and electricity. Four in ten rural women are within 30 kilometres of a facility which has a shelter for waiting mothers (a place for pregnant

women to stay until they deliver), while one in four are within 30 kilometres of a facility with a generator. Less than 20 percent of rural women are within 30 kilometres of a health facility with an operating theatre or a blood bank, although this 30 kilometre criterion is stricter than the country goals.

As expected, more urban women live within 30 kilometres of a facility with every type of equipment or medicine than rural women. Almost all urban women are within 30 kilometres of a facility with running water, electricity, telephone, refrigerator, iron tablets, tetanus vaccine, hemoglobinometer, microscope, an operating theatre, and an upright scale. Smaller proportions of urban women are within 30 kilometres of a blood bank (88 percent), a generator (76 percent), and a shelter for waiting mothers (53 percent).

Table 5.8 EQUIPMENT AVAILABLE FOR WOMEN AT FACILITIES WITHIN 30 KILOMETRES: Percentage of currently married women 15-49 within 30 kilometres of facilities with certain types of equipment, by rural-urban residence, Zimbabwe, 1989-1990

Equipment[1]	Rural	Urban	Total
Running Water	77.0	100.0	83.8
Electricity	49.7	100.0	64.5
Generator	26.9	75.6	41.3
Telephone	76.7	100.0	83.5
Shelter for mothers	43.6	53.1	46.4
Blood bank	16.4	87.7	37.4
Refrigerator	90.2	100.0	93.1
Upright scale	61.8	91.1	70.5
Hemoglobinometer	56.5	97.8	68.7
Microscope	50.0	97.8	64.1
Operating theater	19.7	91.3	40.8
Ferrous sulphate tablets	98.2	100.0	98.8
Tetanus vaccine	89.5	100.0	92.6
Number of women	1861	779	2640

Note: The estimates are conservative because they are based on what is available at the nearest of each type of facility.

[1]Hospitals, clinics and health centres only.

Source: Facility informants

Overall, more than 90 percent of married women in Zimbabwe live within 30 kilometres of facilities with iron tablets, a refrigerator, and tetanus vaccine. More than half of all women are within 30 kilometres of a health facility with running water, a telephone, an upright scale, a hemoglobinometer, electricity, and a microscope. Less than half of all women are within 30 kilometres of a health facility with a shelter for waiting mothers, a generator, an operating theatre, and a blood bank.

Table 5.9 shows the percentage of children under age five within 30 kilometres of facilities with various types of equipment, medications, and vaccines necessary for preventive health care. In rural areas, over nine in ten children are within 30 kilometres of a facility with chloroquine, penicillin, and weighing scales. More than four in five rural children are within 30 kilometres of a facility with a refrigerator, measles vaccine, DPT vaccine, cotrimoxicillin, polio vaccine, and BCG vaccine, indicating that most rural children in Zimbabwe have good access to facilities with the major childhood vaccines. A diagnostic set used to examine ears, nose, and throat is within 30 kilometres of slightly more than 60 percent of rural children, while fansidar, the medication for chloroquine-resistant malaria, is only available to 36 percent of rural children.

Table 5.9 EQUIPMENT AVAILABLE FOR CHILDREN UNDER UNDER FIVE AT FACILITIES WITHIN 30 KILOMETRES: Percentage of children under five who are within 30 kilometres of a facility with certain types of equipment, by rural-urban residence, Zimbabwe, 1989-1990

Equipment[1]	Rural	Urban	Total
Refrigerator	89.0	100.0	91.8
Weighing scales	93.9	100.0	95.5
Diagnostic set	61.5	100.0	71.6
Chloroquine	97.9	100.0	98.5
Fansidar	36.4	96.7	52.2
Penicillin	95.7	100.0	96.8
Cotrimoxicillin	86.0	98.0	89.1
DPT vaccine	87.6	100.0	90.9
Polio vaccine	84.8	100.0	88.8
Measles vaccine	88.5	100.0	91.5
BCG vaccine	84.4	100.0	88.5
Number of children	2083	737	2820

Note: The estimates are conservative because they are based on what is available at the nearest of each type of facility.

[1]Equipment/medicine/vaccines present in hospitals, clinics and health centres only.

Source: Facility informants

Practically all urban children are within 30 kilometres of a health facility with all this equipment, medication, and vaccines. For most children in Zimbabwe, urban or rural, medication for the treatment of common childhood diseases, vaccines to prevent many diseases, and equipment needed to provide health care to children can be found within 30 kilometres. Diagnostic sets and fansidar were the two items somewhat less available to children.

Health Care Costs

Table 5.10 presents the range of fees charged for various health services as well as the most commonly cited, or modal, fee in Zimbabwe dollars. These data were collected only from the surveyed facilities and are not necessarily representative of all facilities in Zimbabwe. Because many facilities in Zimbabwe offer health services free to everyone or to those with incomes below a certain amount, the percentage of patients treated for free is presented whenever the data was collected. The outpatient fee varies for adults and children, so data on these fees are presented separately. Note, however, that the percentage of children not paying the outpatient fee was not specifically collected.

The median outpatient fee for adults varied from $0.20 in small hospitals and clinics/health centres to $5.00 in large and small hospitals. However, the most commonly charged adult outpatient fee was $1.00 in small hospitals and clinics/health centres and $3.00 in large hospitals. Small hospitals treated 83 percent of their patients for free, while 71 percent of patients seeking treatment at a clinic or health centre paid no outpatient fee. This compares with 56 percent of patients at large hospitals who

Table 5.10 COST OF HEALTH SERVICES AND MEDICATION: Cost ranges and modal costs (in Zimbabwe dollars) for health services and medication, and the percentage of patients being treated free, by type of provider, Zimbabwe, 1989-1990

Cost range (Cost mode) Number of clusters	Large hospital	Small hospital	Clinic, health centre	Pharmacy	Private doctor
Outpatient adult	1.00 - 5.00 (3.00) 84	0.20 - 5.00 (1.00) 42	0.20 - 3.00 (1.00) 148	NA	0.08 - 21.00[a] (10.00) 50
% treated free	56	83	71		7
Outpatient children	0.50 - 5.00 (1.00) 80	0.20 - 5.00 (0.50) 42	0.20 - 3.00 (0.50) 148	NA	NA
Antenatal, Delivery, Postnatal	1.50 -140.00 (15.00) 72	3.00 -15.00 (3.00) 40	1.00 -44.00 (3.00) 116	NA	NA
Medications	0.25 - 12.24 (0.50) 46	b	0.20 - 5.00 (2.50) 11	0.03 - 3.00[c] (3.00) 41	NA
% receiving free	82	100	99		

Notes: This table is not based on a representative sample of facilities, but reflects the nearest facilities by type to a sample of clusters.

NA = not available (or question not asked).

[a]Doctor's consultation fee (not specified whether for adult or child).
[b]No charge for medication in the small hospitals surveyed.
[c]Dispensing fee that accompanies any prescription.

Source: Facility informants

received treatment without paying the outpatient fee. The fee shown for the private doctor was the consultation fee, which ranged from $0.08 to $21.00, with $10.00 being most commonly cited. Further, only 7 percent of patients visiting private doctors received their care for free. The range of outpatient fees for children was roughly the same as for adults, but the most commonly cited child's outpatient fee was half ($0.50) that of an adult's in small hospitals and clinic/health centres and one-third ($1.00) as much in large hospitals.

The range of fees for health care related to childbearing (antenatal care, delivery, and postnatal care) varied greatly from $1.00 to $140.00, although the most common fee was $3.00 in small hospitals and clinics/health centres. The modal fee was five times higher at large hospitals, however. The cost of medications refers to any additional amount of money necessary for medicine above the outpatient fee. The cost of medicine ranged from $0.20 to over $12. The modal fee was $0.50 in large hospitals and $2.50 in clinics/health centres. However, every small hospital reported that medicines were free, and nearly all clinics/health centres give any needed medicines to patients for free. This compares with 82 percent of patients receiving their medicine for free at large hospitals. The pharmacy fee shown is the dispensing fee, which excludes the cost of the medicine itself. This ranged from $0.03 to $3.00, with $3.00 being the most commonly cited dispensing fee.

Shortages

Data on shortages of medicines and vaccines were obtained by asking at the facility if they had run out of any of certain medicines (chloroquine, fansidar, penicillin, cotrimoxicillin, or ferrous sulphate) or vaccines (DPT, polio, measles, BCG, or tetanus) in the last six months. The specific medication or vaccine in short supply was not ascertained.

Shortages of vaccines and especially of medicines appear to be a common problem throughout Zimbabwe (Table 5.11 and Figure 5.5). While large hospitals do not seem to have shortages of vaccines, shortages of medications appear to be a serious problem affecting over 60 percent of urban women. At small hospitals, vaccine shortages affect about 9 percent of women regardless of residence, and shortages of medicines affect 15 percent of rural women. Clinics/health centres, the most widely available type of health facility, also recorded the highest percentage of vaccine shortages in all areas and medication shortages in rural areas. The nearest clinic/health centre to fully 23 percent of rural women had run out of vaccines in the previous six months; nearly half of rural women also lived nearest to a clinic/health centre which reported shortages of medicines. In urban areas, the nearest clinic/health centre reported shortages of medicines affecting 55 percent of women and shortages of vaccine affecting 12 percent.

Table 5.11 SHORTAGES OF VACCINES AND MEDICATIONS AT FACILITIES WITHIN 30 KILOMETRES: Percentage of currently married women 15-49 within 30 kilometres of facilities with shortages of vaccines and medications in the last six months, by type of facility and rural-urban residence, Zimbabwe, 1989-1990

Facility/ Residence	Shortages of: Vaccines	Medications
Large hospital		
Rural	2.6	8.7
Urban	6.9	60.9
Total	3.9	24.1
Small hospital		
Rural	8.9	15.3
Urban	9.2	9.2
Total	9.0	13.4
Clinic, health centre		
Rural	23.5	45.8
Urban	12.0	55.1
Total	20.2	48.5
Number of women		
Rural	1827	
Urban	762	
Total	2590	

Note: Women who were not within 30 kilometres of any facility were excluded from this table.

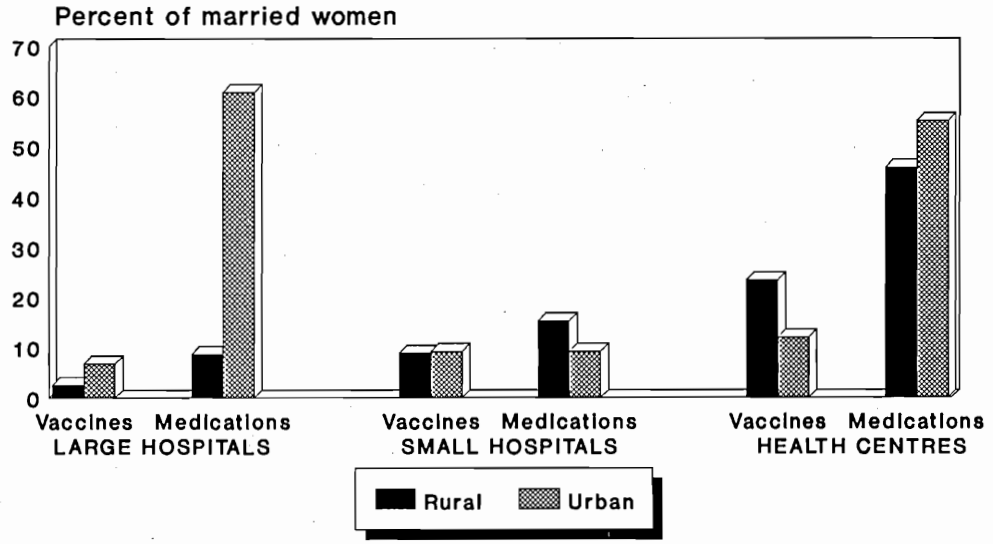
Source: Facility informants

Clearly, shortages of medicine pose more of a problem in Zimbabwe than shortages of vaccines. However, especially in clinics/health centres, shortages of all kinds are a major problem in both rural and urban areas, and they need to be analyzed in greater depth. A further step would be to determine if the shortages involve one or more medications.

After close examination of the availability of health services both in the community and through stationary facilities, it appears that, overall, the Zimbabwe population is fairly well served. Most of the population has access to necessary services with both the personnel and the equipment needed to deliver them. Urban women and children, however, are better served and have a greater choice of providers than rural women and children. Shortages of medicines everywhere and of vaccines in the rural areas were the greatest problem identified. This suggests that the resupply of facilities needs to be studied further.

While the information collected by the ZSAS shows good access to necessary services, personnel, and equipment, it does not in any way measure how well personnel use the equipment in supplying health care or how efficient the services are. Thus, this type of analysis is only a first step in examining the quality of health services in the country.

Figure 5.5
Percentage of Women within 30 km of Facilities with Shortages by Type



Note: Women without any facilities within 30 km are excluded.

Zimbabwe 1989/90

Chapter 6

KNOWLEDGE AND OPINION ABOUT STATIONARY FACILITIES

As part of the ZSAS survey, cluster informants were asked what services were available in each identified facility (large hospital, small hospital, and clinic/health centre) and their opinions about the facility. This was an attempt to collect some qualitative information about the facility from possible users. However, the respondents were selected initially because they were "knowledgeable" about health and family planning in their area; therefore, they are not representative of all cluster inhabitants.

6.1 KNOWLEDGE OF SERVICES AVAILABLE

The informants' responses about the services available at each facility were compared with the services actually offered by that facility (see Table 6.1). Overall, it appears that informants did have a good idea of what services were available at the facilities they were discussing. For large hospitals, there was very good agreement between cluster informants and the facility, with most of the discrepancy coming from cluster informants incorrectly thinking certain services were unavailable. Growth monitoring was the only exception: community informants thought it was more available in large hospitals than was true. There was also very good agreement for small hospitals between informants' perceptions and actual services available, although cluster informants thought family planning was more available than was actually the case.

The largest discrepancies were recorded for clinics/health centres, an interesting finding since it appears these are the closest and probably most frequently used facilities. Cluster informants were likely to believe, incorrectly, that clinics/health centres did not provide delivery, postnatal, or family planning services, when, in fact, they did.

Table 6.1 AVAILABILITY OF SPECIFIC SERVICES AS PERCEIVED BY COMMUNITY INFORMANTS AND AS REPORTED BY STAFF OF FACILITIES: Percent distribution of communities with specific facilities within 30 kilometres by availability of certain services as perceived by community informants and as reported by staff of facilities, according to type of facility, Zimbabwe, 1989-1990

Perceived availability of services	Actual availability of services: Large hospital		Small hospital		Clinic, health centre	
	Yes	No	Yes	No	Yes	No
Antenatal						
Yes	52.4	0.0	51.2	0.0	83.3	6.0
No	2.0	45.6	0.0	48.7	3.3	7.3
Delivery care						
Yes	53.7	0.0	51.2	0.0	66.7	2.0
No	0.7	45.6	0.0	48.7	20.0	11.3
Postnatal care						
Yes	50.3	0.0	50.0	0.0	78.7	5.3
No	4.1	45.6	1.3	48.7	8.0	8.0
Immunisation						
Yes	50.3	0.7	51.2	1.3	93.3	2.0
No	3.4	45.6	0.0	47.5	2.0	2.7
Growth monitoring						
Yes	42.2	8.2	51.2	1.3	94.7	1.3
No	3.4	46.3	1.3	46.2	1.3	2.7
Family planning						
Yes	50.3	0.0	42.5	5.0	89.3	2.0
No	4.1	45.6	1.3	51.2	6.7	2.0
Number of facilities	84		43		150	

6.2 OPINIONS ABOUT QUALITY OF SERVICES

When asked about four dimensions of service at facilities—long waiting times, courteousness of the staff to patients, ready availability of medicines, and whether the facility was too far away—community respondents generally cited poor service at every type of facility (see Table 6.2). Cluster informants declared that 82 percent of large hospitals, 52 percent of small hospitals, and 51 percent of clinics/health centres had long waiting times. Only ZNFPC clinics were not thought to have long waiting times, although these were also the facilities with which community informants were least familiar.

When the courtesy of staff was discussed, about half of all facilities identified, regardless of type, were regarded as having discourteous staff. As for availability of medicines, ZNFPC clinics were most often viewed as having adequate stocks, while clinics/health centres were identified as the least likely to have necessary medicines available. Finally, small hospitals and large hospitals were most likely to be cited as being too far away from the community in the opinion of informants.

Table 6.2 OPINIONS OF COMMUNITY INFORMANTS ABOUT CONDITIONS AT FACILITIES: Percentage of communities in which informants expressed specific opinions about the conditions at the nearest of several types of facilities within 30 kilometres, by type of facility, Zimbabwe, 1989-1990

Opinion	Large hospital	Small hospital	Clinic, health centre	ZNFPC clinic
Long waiting times	82.1	52.4	50.7	14.3
Staff courteous	50.0	61.9	59.6	52.4
Medications readily available	59.0	64.3	42.5	76.2
Facility too far away	67.9	71.4	40.4	33.3
Number of facilities	78	42	146	21

Source: Community informants

The informants' knowledge and opinions about service provision appear to be fairly accurate, based on earlier information about shortages and staffing. The opinions concerning distance imply that while hospitals are in fact fairly distant, clinics/health centres tend to be within 8 kilometres for most people. Informants may still believe this to be too far, or, alternatively, those communities which thought these facilities were too far may, in fact, have been more than 8 kilometres from the nearest clinic/health centre.

Chapter 7

CONCLUSIONS

The results of the ZSAS indicate that most people in Zimbabwe have health services and family planning available to them. However, there are shortages of contraceptives in some types of facilities, and some contraceptive methods (particularly clinical methods, such as the IUD and female sterilisation), are practically unavailable to most rural women. Either the contraceptive supplies are not available, the equipment to provide the contraceptive methods is not available, or the staff is not trained to offer these types of contraception. Anecdotal information and comments from staff in facilities suggest that providers do not believe that Zimbabwe women want clinical methods of contraception, because they believe women use contraception only to space births. However, data from the ZDHS reveal that fully one-third of married women in Zimbabwe say that they do not want any more children (CSO and IRD, 1989). Providers may be unaware that women might accept contraceptive methods that limit births. For these women, clinical methods would be appropriate.

The availability of health services as found in the Zimbabwe Service Availability Survey corresponds well to the findings of the Zimbabwe Demographic and Health Survey. Among women having births in the last five years, nearly all had some antenatal care with nearly 80 percent having received a tetanus injection. Almost 70 percent of births in the last five years were attended by either a doctor or a trained nurse. Nearly all children under five either had a card with immunisations recorded on it or had immunisations reported by their mother, indicating that immunisation services are both widely available and widely utilized (CSO and IRD, 1989). The results of the ZSAS indicate that important preventive health care is available and accessible to the entire population and, according to the results of the Zimbabwe Demographic and Health Survey, widely utilized. The main problem with the health delivery system as identified by the ZSAS is shortages that appear to affect vaccines and necessary medications. Complaints were also registered about long waiting times and a lack of courtesy by staff members at service facilities.

In conclusion, health care provision in Zimbabwe is extensive and available throughout most of the country. There are still some underserved rural areas; however, outreach and stationary facilities exist for the vast majority of people. While the ZSAS was able to examine the availability of health and family planning services in Zimbabwe, it did not collect information about how well these services are being delivered. This area warrants further examination in the future.

REFERENCES

Central Statistical Office (CSO) [Zimbabwe] and Institute for Resource Development/Macro Systems, Inc. (IRD). 1989. *Zimbabwe Demographic and Health Survey 1988.* Columbia, Maryland: CSO and IRD.

World Bank. 1989. *Zimbabwe Population Sector Report.* Volume II: Main Report. Washington, D.C.: World Bank.

APPENDIX

ZIMBABWE
SERVICE AVAILABILITY SURVEY
QUESTIONNAIRE

ZIMBABWE SERVICE AVAILABILITY SURVEY

IDENTIFICATION	
PROVINCE/URBAN AREA _____	
NAME OF DIVISION _____	
CLUSTER NUMBER	CLUSTER NUMBER [ ][ ][ ]
CLUSTER VISIT START DATE _____	DAY [ ][ ] MONTH [ ][ ]
CLUSTER VISIT END DATE _____	DAY [ ][ ] MONTH [ ][ ]
NUMBER OF QUESTIONNAIRES USED FOR CLUSTER.....	NUMBER QUESTIONNAIRES [ ]

INTERVIEWER _____	INTERVIEWER [ ]
DATA ENTRY CLERK _____	DATA ENTRY CLERK [ ]

ZIMBABWE SERVICE AVAILABILITY SURVEY

CLUSTER INFORMATION	
PROVINCE/URBAN AREA _____	
NAME OF DIVISION _____	
CLUSTER NUMBER	CLUSTER NUMBER [ ][ ][ ]
NO. OF HOUSEHOLDS IN CLUSTER.....	CLUSTER POPULATION [ ][ ][ ][ ]
	AREA OF CLUSTER
TYPE OF LOCALITY/STRATA: TOWN/CITY..... 1 COMMUNAL LANDS ..... 2 RESETTLEMENT SCHEMES..... 3 COMMERCIAL FARM..... 4	TYPE OF LOCALITY [ ]
QUESTIONNAIRE NO.	QUESTIONNAIRE NO. [ ]

SECTION 1A. COMMUNITY CHARACTERISTICS DATE:_____

QUESTIONS 100-102 ARE TO BE COMPLETED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
100	TIME COMMUNITY INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
101	TYPE OF LOCALITY (See cover page)	TOWN/CITY.....1 COMMUNAL LANDS.....2 RESETTLEMENT SCHEME.....3 COMMERCIAL FARMS.....4	 > 103 > 103
102	TYPE OF SETTLEMENT	NUCLEAR.....1 DISPERSE.....2	

QUESTIONS 103-138 ARE TO BE ASKED OF KNOWLEDGEABLE RURAL INFORMANTS FROM THE CLUSTER.

103	What is the name of the nearest town with a population of 10 000?	NEAREST TOWN WITH 10 000 [ ][ ] _____	
104	How far is it in kilometers to the (NEAREST TOWN WITH A POPULATION OF 10 000)?	KILOMETERS..... [ ][ ][ ]	
105	What are the most commonly used types of public transport to go to the (NEAREST TOWN WITH A POPULATION OF 10 000)? PROBE: Any other? (CIRCLE ALL APPLICABLE)	BUS.....1 HITCHHIKING.....1 TAXI.....1 TRAIN.....1 BOAT.....1 NONE.....1	
106	Is (NEAREST TOWN WITH A POPULATION OF 10 000) also the nearest district center?	YES.....1 NO.....2	> 110
107	What is the name of the nearest district center?	NEAREST DISTRICT CENTER [ ][ ] _____	
108	How far is it in kilometers to the (NEAREST DISTRICT CENTER)?	KILOMETERS..... [ ][ ][ ]	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
109	What are the most commonly used types of public transport to go to the (NEAREST DISTRICT CENTER)? PROBE: Any other? (CIRCLE ALL APPLICABLE)	BUS.....1 HITCHHIKING.....1 TAXI.....1 TRAIN.....1 BOAT.....1 NONE.....1	
110	What is the type of the main access road into this (LOCALITY/ ANSWER TO QUESTION 101)?	PAVED: ASPHALT OR CEMENT.....1 PAVED: STONE (GOOD).....2 PAVED: STONE (BAD).....3 UNPAVED.....4 NO ROAD.....5	
111	What is the main source of drinking water in the (LOCALITY)?	PIPED TO HOUSE.....01 PRIVATE TAP IN YARD/PLOT.....02 COMMUNAL TAP.....03 PROTECTED WELL.....04 UNPROTECTED WELL.....05 BOREHOLE.....06 PROTECTED SPRING.....07 UNPROTECTED SPRING.....08 RIVER/STREAM.....09 MUFUKU.....10 TANKER TRUCK/VENDOR.....11 RAINWATER TANKS.....12 OTHER_____..13	
112	Is there electricity in this (LOCALITY)?	YES.....1 NO.....2	
113	What type of toilet facilities are used by most households in this (LOCALITY)?	FLUSH TOILET.....1 BLAIR TOILET.....2 PIT LATRINE.....3 OTHER_____...4 NO FACILITIES.....5	
114	What are the major economic activities of the (LOCALITY) inhabitants? (CIRCLE ALL APPLICABLE)	AGRICULTURAL.....1 COMMERCIAL.....1 LIGHT INDUSTRIAL.....1 HEAVY INDUSTRIAL.....1 MINING.....1 OTHER_____..1	
115	Where do mothers in this (LOCALITY) usually obtain baby formula?	SHOP IN/NEAR LOCALITY.....1 SHOP IN DISTRICT CENTER.....2 SHOP IN URBAN CENTER.....3 OTHER _____.4	
116	What is the average cost of a small tin (500g) of formula?	COST OF BABY FORMULA..... [ ] . [ ][ ]	

COMMENTS:

1-2

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

	117 DISTANCE IN KM. [a]	118 MOST COMMON TRANSPORT [b]	119 TRAVEL TIME TO GET THERE (MINUTES)
A. EDUCATION			
1 Government Primary School			
	IF '00' OR '98'		
2 Mission Primary School			
	IF '00' OR '98'		
3 Private Primary School			
	IF '00' OR '98'		
4 Govt. Secondary School			
	IF '00' OR '98'		
5 Mission Secondary School			
	IF '00' OR '98'		
6 Private Secondary School			
	IF '00' OR '98'		
7 Technical College			
	IF '00' OR '98'		
B. GENERAL SERVICES			
1 Post Office/Postal Service			
	IF '00' OR '98'		
2 Shops			
	IF '00' OR '98'		
3 Recreational Center for Adults			
	IF '00' OR '98'		
4 Public Transportation			
	IF '00' OR '98' 120		

CODES: [a] 00 = LESS THAN 1 KM/IN LOCALITY
01 TO 96 = RECORD EXACT DISTANCE
97 = 97 KM OR MORE
98 = NO KNOWN SCHOOL/SERVICE

[b] MOTORIZED.....1
HITCHHIKING.....2
WALKING.....3
OTHER.....4

1-3

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

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
120	Does a community based distributor (CBD) from the Zimbabwe National Family Planning Council cover this (LOCALITY)?	YES.....1 NO.....2	——>125
121	What is the CBD's name?	CBD'S NAME_____ _____	
122	What sex is this CBD?	MALE.....1 FEMALE.....2	
123	How often does the CBD visit in this area?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
124	How many CBD workers do you know of who work in this area?	NO. OF CBD WORKERS.... [ ][ ]	
125	Is this area visited regularly by a mobile family planning clinic?	YES.....1 NO.....2	——>127
126	How often does the mobile family planning clinic visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
127	Have there been any family planning education campaigns in the (LOCALITY) in the last year?	YES.....1 NO.....2	——>129
128	What specifically was this campaign promoting?	_____ [ ] _____	
129	Is there a traditional midwife available to women here who regularly assists during delivery?	YES.....1 NO.....2	——>131
130	Has the traditional midwife had any special training from the MOH or other organization?	YES.....1 NO.....2	
131	Is the area covered by a village health worker (for example, a village community worker, farm health worker or city health worker)?	YES.....1 NO.....2	——>134
132	What specifically does the local health worker do in this community? PROBE: Anything else? (CIRCLE ALL APPLICABLE)	HEALTH MOTIVATION.....1 LECTURES/PROVIDES HEALTH INFO...1 DISTRIBUTES MINOR DRUGS.....1 ANTENATAL CARE.....1 OTHER_____.1	

COMMENTS:

1-4

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
133	How often does the local health worker visit households in this community?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
134	RURAL CLUSTERS: Is this area visited regularly by an immunisation mobile clinic?	YES.....1 NO.....2	——>137
135	How often does the immunisation mobile clinic visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
136	What services does the immunisation mobile clinic provide? PROBE: Any other? (CIRCLE ALL APPLICABLE)	GROWTH MONITORING.....1 IMMUNISATION.....1 ANTENATAL SERVICES.....1 POSTNATAL SERVICES.....1 FAMILY PLANNING SERVICES.....1 OTHER OUTPATIENT SERVICES.....1	
137	Have there been any intensive or special health education efforts in the (LOCALITY) in the last year?	YES.....1 NO.....2	——>201
138	What was/were the topics? PROBE: Any other topic? (CIRCLE ALL APPLICABLE)	AIDS.....1 IMMUNISATION.....1 ORS.....1 SANITATION.....1 NUTRITION.....1 OTHER_____..1	

CLUSTER INFORMANTS

	NAME	POSITION/TITLE/OCCUPATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... [ ][ ]

END OF SECTION 1.

SECTION 2. FACILITY IDENTIFICATION FORM

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

A. GENERAL/DISTRICT/INDUSTRIAL HOSPITALS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
201	What is the name of the nearest general/district/industrial hospital which provides health services such as immunisation and antenatal care to this (LOCALITY)?	GENERAL/DISTRICT/INDUSTRIAL HOSPITAL NAME_____ _____ NONE KNOWN.....98	——>218
202	Where is it located?	ADDRESS_____ _____	[[1]]
203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... [ ][ ] IF MORE THAN 30 KM	——>218
204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	——>205
204a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... [ ][ ]	
205	How long does it take to get from here to (HOSPITAL NAME) using the most common type of transport?	HOURS.....1 [ ] MINUTES.....2 [ ][ ]	
206	Does this hospital provide: antenatal services? delivery services? postnatal services? immunisation? growth monitoring?	YES NO ANTENATAL SERVICES..... 1 2 DELIVERY SERVICES..... 1 2 POSTNATAL SERVICES.....1 2 IMMUNISATION.....1 2 GROWTH MONITORING.....1 2	
207	Generally do people in this community think: there are long waiting times at (HOSPITAL NAME)? the staff is courteous? medicines are readily available? (HOSPITAL NAME) is too far away?	YES NO LONG WAITING TIMES..... 1 2 STAFF COURTEOUS..... 1 2 MEDICINES READILY AVAILABLE..1 2 TOO FAR AWAY.....1 2	
208	Can you name any other problems which people in this community have with (HOSPITAL NAME)?	PROBLEMS_____ [ ] _____	

COMMENTS:

2-1

Now I am going to ask some questions about family planning services.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
209	Does (HOSPITAL NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....9	——>215
210	What is the name of the nearest general/district/industrial hospital which provides family planning services to this (LOCALITY)?	GENERAL/DISTRICT/INDUSTRIAL HOSPITAL PROVIDING FP NAME_____ _____ NONE KNOWN.....98	——>216
211	Where is it located?	ADDRESS_____ _____	[[2]]
212	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... [ ][ ] IF MORE THAN 30 KM	——>216
213	What is the most common type of transport to the hospital?	MOTORIZED (E.G.BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	——>214
213a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... [ ][ ]	
214	How long does it take to get to (HOSPITAL NAME) using the most common type of transport?	HOURS.....1 [ ] MINUTES.....2 [ ][ ]	

Now I am going to ask you about all of the General/District/Industrial Hospitals within 30 kms/in your area, including the hospital(s) we have just talked about. Remember that we are talking about hospitals other than Rural or Mission Hospitals.

215	How many general, district or industrial hospitals in total do you know about within 30 kilometers (in this area) which provide family planning services?	NO. GENERAL/DISTRICT/INDUS. HOSPITALS PROVIDING FP..... [ ][ ]	
216	How many general, district or industrial hospitals in total do you know about within 30 kilometers (in this area)?	TOTAL GENERAL/DISTRICT/ INDUSTRIAL HOSPITALS..... [ ][ ]	
217	Do you know of any general/district/industrial hospitals that stopped functioning since December 31, 1988? IF YES, how many?	YES..... [ ][ ] NO.....99	

COMMENTS:

2-2

B. RURAL HOSPITALS AND MISSION/CHURCH HOSPITALS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
218	What is the name of the nearest hospital other than a general, district or industrial hospital which provides health services such as immunisation and antenatal care to this (LOCALITY)?	RURAL/MISSION/INDUSTRIAL HOSPITAL NAME_____ _____ NONE KNOWN.....98	>235
219	Where is it located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... [ ] LESS THAN OR EQUAL TO 30 KM MORE THAN 30 KILOMETERS AWAY	[[3]] >223 >235
220	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... [ ][ ] IF MORE THAN 30 KM	>235
221	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>222
221a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... [ ][ ]	
222	How long does it take to get to (HOSPITAL NAME) using the most common type of transport?	HOURS.....1 [ ] MINUTES.....2 [ ][ ]	
223	Does this hospital provide: antenatal services? delivery services? postnatal services? immunisation? growth monitoring?	YES NO ANTENATAL SERVICES..... 1 2 DELIVERY SERVICES..... 1 2 POSTNATAL SERVICES.....1 2 IMMUNISATION.....1 2 GROWTH MONITORING.....1 2	
224	Generally do people in this community think: there are long waiting times at (HOSPITAL NAME)? the staff is courteous? medicines are readily available? (HOSPITAL NAME) is too far away?	YES NO LONG WAITING TIMES..... 1 2 STAFF COURTEOUS..... 1 2 MEDICINES READILY AVAILABLE..1 2 TOO FAR AWAY.....1 2	
225	Can you name any other problems which people in this community have had with (HOSPITAL NAME)?	PROBLEMS_____ [ ] _____	

COMMENTS:

2-3

Now I am going to ask some questions about family planning services.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
226	Does (HOSPITAL NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....9	>232
227	What is the name of the hospital other than a general, district or industrial hospital which provides family planning services to this (LOCALITY)?	RURAL/MISSION HOSPITAL NAME_____ _____ NONE KNOWN.....98	>233
228	Where is it located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... ☐ LESS THAN OR EQUAL TO 30 KM MORE THAN 30 KILOMETERS AWAY	[[4]] >232 >233
229	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WTIRE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐ IF MORE THAN 30 KM	>233
230	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>231
230a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... ☐☐	
231	How long does it take to get to (HOSPITAL NAME) using the most common type of transport?	HOURS.....1 ☐ MINUTES.....2 ☐☐	

Now I am going to ask you about all of the Rural/Mission Hospitals within 30 kms/in your area, including the hospital(s) which we have just talked about. Remember that we are not talking about General/District/Industrial Hospitals.

232	How many rural or mission hospitals in total do you know about within 30 kilometers (in your area) which provide family planning services?	NO. RURAL/MISSION HOSPITALS PROVIDING FP..... ☐☐	
233	How many rural or mission hospitals in total do you know about within 30 kilometers (in your area)?	TOTAL RURAL/MISSION HOSPITALS..... ☐☐	
234	Do you know of any rural or mission hospitals that stopped functioning since December 31, 1988? IF YES, how many?	YES..... ☐☐ NO.....99	

COMMENTS:

2-4

C. POLYCLINICS/CLINICS/HEALTH CENTRES

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
235	What is the name of the nearest clinic/health centre which provides health services such as immunisation or antenatal care to this (LOCALITY)?	CLINIC/HEALTH CENTRE NAME_____ _____ NONE KNOWN.....98	——>252
236	Where is it located?	ADDRESS_____ _____ [ ] IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... LESS THAN OR EQUAL TO 30 KM MORE THAN 30 KILOMETERS AWAY	[[5]] ——>240 ——>252
237	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... [ ][ ] IF MORE THAN 30 KM	——>252
238	What is the most common type of transport to (CLINIC NAME)?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	——>239
238a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... [ ][ ]	
239	How long does it take to get to (CLINIC NAME) using the most common type of transport?	HOURS.....1 [ ] MINUTES.....2 [ ][ ]	
240	Does (CLINIC NAME) provide: antenatal services? delivery services? postnatal services? immunisation? growth monitoring?	YES NO ANTENATAL SERVICES..... 1 2 DELIVERY SERVICES..... 1 2 POSTNATAL SERVICES.....1 2 IMMUNISATION.....1 2 GROWTH MONITORING.....1 2	
241	Generally do people in this community think: there are long waiting times at (CLINIC NAME)? the staff is courteous? medicines are readily available? (CLINIC NAME) is too far away?	YES NO LONG WAITING TIMES..... 1 2 STAFF COURTEOUS..... 1 2 MEDICINES READILY AVAILABLE..1 2 TOO FAR AWAY.....1 2	
242	Can you name any other problems which people in this community have had with (CLINIC NAME)?	PROBLEMS_____ [ ] _____	

COMMENTS:

2-5

Now I am going to ask some questions about family planning services.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
243	Does (CLINIC NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....9	>249
244	What is the name of the nearest clinic/health centre which provides family planning services to this (LOCALITY)?	CLINIC/HEALTH CENTRE PROVIDING FP NAME_____ _____ NONE KNOWN.....98	>250
245	Where is it located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... ☐ LESS THAN OR EQUAL TO 30 KM MORE THAN 30 KILOMETERS AWAY	[[6]] >249 >250
246	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐ IF MORE THAN 30 KM	>250
247	What is the most common type of transport to (CLINIC NAME)?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>248
247a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... ☐☐	
248	How long does it take to get to (CLINIC NAME) using the most common type of transport?	HOURS.....1 ☐ MINUTES.....2 ☐☐	

Now I am going to ask you about all of the clinics or health centres within 30 kms/in your area, including the one(s) which we have just talked about.

249	How many clinics/health centres in total do you know about within 30 kilometers (in your area) which provide family planning services?	NO. CLINICS PROVIDING FP..... ☐☐	
250	How many clinics/health centres in total do you know about within 30 kilometers (in your area)?	TOTAL CLINICS..... ☐☐	
251	Do you know of any clinics or health centers that stopped functioning since December 31, 1988? IF YES, how many?	YES..... ☐☐ NO.....99	

COMMENTS:

2-6

D. ZNFPC CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
252	What is the name of the nearest clinic operated by the Zimbabwe National Family Planning Council?	ZNFPC CLINIC NAME_____ _____ NONE KNOWN.....98	>261
253	Where is it located?	ADDRESS_____ _____ [[7]] IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... LESS THAN OR EQUAL TO 30 KM MORE THAN 30 KILOMETERS AWAY	>257 >261
254	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... IF MORE THAN 30 KM	>261
255	What is the most common type of transport to (CLINIC NAME)?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>256
255a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK.....	
256	How long does it take to get to (CLINIC NAME) using the most common type of transport?	HOURS.....1 MINUTES.....2	
257	Generally do people in this community think: there are long waiting times at (CLINIC NAME)? the staff is courteous? medicines are readily available? (CLINIC NAME) is too far away?	YES NO LONG WAITING TIMES..... 1 2 STAFF COURTEOUS..... 1 2 MEDICINES READILY AVAILABLE..1 2 TOO FAR AWAY.....1 2	
258	Can you name any other problems which people in this community have had with (CLINIC NAME)?	PROBLEMS_____ _____	
259	How many clinics operated by ZNFPC in total do you know about within 30 kilometers (in your area)?	TOTAL ZNFPC CLINICS.....	
260	Do you know of any clinics operated by ZNFPC that stopped functioning since December 31, 1988? IF YES, how many?	YES..... NO.....99	

COMMENTS:

2-7

E. PHARMACY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
261	What is the name of the nearest private pharmacy (chemist shop) to this (LOCALITY)?	PHARMACY NAME_____ NONE KNOWN.....98	>276
262	Where is it located?	ADDRESS_____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... LESS THAN OR EQUAL TO 10 KM MORE THAN 10 KILOMETERS AWAY	[[8]] >266 >276
263	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... IF MORE THAN 10 KM	>276
264	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>265
264a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK.....	
265	How long does it take to get to the pharmacy using the most common type of transport?	HOURS.....1 MINUTES.....2	
266	Can you name any problems which people in the community have with the pharmacy?	PROBLEMS_____	

COMMENTS:

2-8

Now I am going to ask some questions about family planning services.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
267	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....9	——>273
268	What is the name of the nearest pharmacy which sells family planning supplies?	PHARMACY SELLING FP SUPPLIES NAME_____ _____ NONE KNOWN.....98	——>274
269	Where is it located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... ☐ LESS THAN OR EQUAL TO 10 KM MORE THAN 10 KILOMETERS AWAY	[[9]] ——>273 ——>274
270	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐ IF MORE THAN 10 KM	——>274
271	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	——>272
271a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... ☐☐	
272	How long does it take to get to the pharmacy using the most common type of transport?	HOURS.....1 ☐ MINUTES.....2 ☐☐	

Now I am going to ask you about all of the pharmacies within 10 kilometers/in your area, including the one(s) which we have just talked about.

273	How many pharmacies in total do you know about within 10 kilometers (in your area) which sell family planning supplies?	NO. PHARMACIES SELLING FP SUPPLIES..... ☐☐	
274	How many pharmacies in total do you know about within 10 kilometers (in your area)?	TOTAL PHARMACIES..... ☐☐	
275	Do you know of any pharmacies within 10 kilometers (in this area) that stopped functioning since December 31, 1988? IF YES, how many?	YES..... ☐☐ NO.....99	

COMMENTS:

2-9

F. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
276	Who is the nearest doctor with a private practice to this (LOCALITY)?	PRIVATE DOCTOR'S NAME_____ _____ NONE KNOWN.....98	>291
277	Where is the (DOCTOR'S NAME)'s practice located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... [ ] LESS THAN OR EQUAL TO 10 KM MORE THAN 10 KILOMETERS AWAY	[[0]] >281 >291
278	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... [ ][ ] IF MORE THAN 10 KM	>291
279	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	>280
279a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... [ ][ ]	
280	How long does it take to get to the doctor's practice using the most common type of transport?	HOURS.....1 [ ] MINUTES.....2 [ ][ ]	
281	Can you name any problems which people in the community have with the doctor?	PROBLEMS_____ [ ] _____	
282	Does this private doctor provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....9	>288

COMMENTS:

2-10

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
283	Who is the nearest doctor with a private practice who provides family planning services to this (LOCALITY)?	PRIVATE DOCTOR'S NAME_____ _____ NONE KNOWN.....98	——>289
284	Where is his/her practice located?	ADDRESS_____ _____ IF SAME PLACE AS ALREADY MENTIONED, CODE BOX..... ☐ LESS THAN OR EQUAL TO 10 KM MORE THAN 10 KILOMETERS AWAY	——>288 ——>289
285	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... ☐☐ IF MORE THAN 10 KM	——>289
286	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 HITCHHIKING.....2 WALKING.....3 OTHER_____4	——>287
286a	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to residents to go to the facility? (WRITE '00' IF LESS THAN ONCE PER WEEK).	NO. TIMES PER WEEK..... ☐☐	
287	How long does it take to get to the doctor's practice using the most common type of transport?	HOURS.....1 ☐ MINUTES.....2 ☐☐	

Now I am going to ask you about all of the private doctor practices within 10 kms/in your area, including the one(s) which we have just talked about.

288	How many private doctor practices in total do you know about within 10 kilometers (in your area) which offer family planning services?	NO. PRIVATE DOCTORS OFFERING FP SERVICES..... ☐☐	
289	How many private doctor practices in total do you know about within 10 kilometers (in your area)?	TOTAL NO. PRIVATE DOCTORS.. ☐☐	
290	Do you know of any private doctor practices within 10 kilometers (in this area) that stopped functioning since December 31, 1988? IF YES, how many?	YES..... ☐☐ NO.....99	
291	TIME COMMUNITY INTERVIEW ENDED	ENDING TIME.... ☐☐ : ☐☐	

END OF SECTION 2.

2-11

DATE:_____ SECTION 3. GENERAL/DISTRICT/INDUSTRIAL HOSPITAL NAME: _____

IF THE HOSPITAL IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 300-303 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

300	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
301	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
302	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
303	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

THE FOLLOWING QUESTIONS ARE TO BE ASKED OF APPROPRIATE STAFF AT THE FACILITY.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
304	In what year did this facility first open? PROBE: How long has this facility been open?	YEAR OPENED.....19[ ][ ] DON'T KNOW.....98	
305	Under what authority is this facility operated?	MOH .....1 DISTRICT COUNCIL/TOWN COUNCIL.....2 RURAL COUNCIL.....3 COMMERCE/INDUSTRY .....4 OTHER_____.5	->307
306	Does this facility receive any government funding?	YES.....1 NO.....2	
307	Does this facility receive funding to pay for general health services from any source other than the government? IF YES: What source(s)?	YES.....1 _____ _____ NO OTHER SOURCES.....2 DON'T KNOW.....9	

COMMENTS:

3-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
308	Are there any restrictions other than financial on people who can use this facility? IF YES: What restrictions?	YES .....1 _____ NO OTHER RESTRICTION.....2	
309	How many beds for patients does this facility have including maternity beds and beds in all departments?	NO. OF BEDS..... [ ][ ][ ][ ]	
310	On average, how many patients stay overnight in this facility?	NO. OVERNIGHT PATIENTS..... [ ][ ][ ][ ]	
311	Approximately how many outpatients are seen monthly?	MONTHLY NO. OF OUTPATIENTS... [ ][ ][ ][ ][ ]	
312	What is the fee for outpatient services for: (IF NO FEE, WRITE IN '00.00') Adults? Children?	FEE FOR ADULTS....$ [ ][ ] . [ ][ ] FEE FOR CHILDREN..$ [ ][ ] . [ ][ ]	
313	What proportion of outpatients pay this fee?	PROPORTION OF PAYING OUTPATIENTS..... [ ][ ]	
314	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	——> 316
315	In how many different points do you have mobile clinic/outreach services?	NUMBER OF OUTREACH POINTS. [ ][ ]	
316	Is there a dispensary/pharmacy affiliated with this hospital?	YES.....1 NO.....2	
317	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	——> 319
318	Has this facility run out of its supply of disposable needles at any time in the last six months?	YES.....1 NO.....2	
319	What is the method most frequently used for the sterilisation of medical instruments? (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 CHEMICAL STERILISER.....4 OTHER_____5	

COMMENTS:

3-2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
320	Has the (TYPE OF STERILISATION EQUIPMENT) been out of working order at any time in the last six months?	YES.....1 NO.....2	
321	Does the facility have the following items:	YES NO	
	Running water?	RUNNING WATER.....1 2	
	Electricity?	ELECTRICITY.....1 2	
	Standby generator for electricity?	STANDBY GENERATOR.....1 2	
	Telephone or radio transmitter?	TELEPHONE/RADIO TRANSMTR...1 2	
	Shelter for waiting mothers?	SHELTER WAITING MOTHERS....1 2	
	Blood bank?	BLOOD BANK.....1 2	
	Refrigerator?	REFRIGERATOR.....1 2	
	Table for gynecological examinations?	TABLE-GYN EXAMS..... ....1 2	
	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1 2	
	IUD insertion kit?	IUD INSERTION KIT.....1 2	
	Weighing scales for children?	WEIGHING SCALE-CHILD.....1 2	
	Upright scale (not bathroom scale)?	URIGHT SCALE.....1 2	
	Blood pressure apparatus?	BLOOD PRESSURE APPARATUS...1 2	
	Hemoglobinometer for diagnosis of anemia?	HEMOGLOBINOMETER.....1 2	
	Microscope?	MICROSCOPE.....1 2	
	Diagnostic set (for ears, nose and throat)?	DIAGNOSTIC SET.....1 2	
	Operating theatre in working order?	OPERATING THEATRE.....1 2	
322	Does this facility offer antenatal, delivery or postnatal care?	YES.....1 NO.....2	 —> 327
323	Is there a single standard fee charged for antenatal, delivery and postnatal services at this facility?	YES, SINGLE FEE.....1 NO, SEPARATE FEES.....2 SERVICES FREE OF CHARGE.....3	 —> 325 —> 326
324	What is that fee?	STANDARD FEE.....$ [ ][ ] . [ ][ ]	—> 326
325	On average, how much would a woman pay for antenatal, delivery and postnatal services?	AVERAGE FEE.....$ [ ][ ] . [ ][ ]	
326	In what year did prenatal, delivery and postnatal care become available? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
327	Are the following services available at this facility:	YES NO	
	Child immunisation sessions?	IMMUNISATIONS.....1 2	
	Child growth monitoring sessions?	GROWTH MONITORING.....1 2	
328	Are they available in this facility on demand (or on the super-market approach)?	YES.....1 NO.....2	—> 330
329	How many half days per week are these services available?	HALF DAYS AVAILABLE..... [ ][ ]	

COMMENTS:

3-3

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
330	In what year were these services first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
331	Are Caesarian deliveries regularly performed at this facility?	YES.....1 NO.....2	——> 333
332	Why not?	LACK TRAINED STAFF.....1 THEATRE NOT ADEQUATE.....2 CANNOT STERILISE INSTRUMENTS.....3 ANAESTICIST NOT AVAILABLE.....4 OTHER _____.5	
333	Does the facility have the following medications in stock: Chloroquine? Fansidar? Penicillin? Cotrimoxicillin? Ferrous sulphate tablets?	YES NO CHLOROQUINE.....1 2 FANSIDAR.....1 2 PENICILLIN.....1 2 COTRIMOXICILLIN.....1 2 FERROUS SULPHATE TABLETS...1 2	
334	Did the facility run out of any of these medications during the last six months?	YES.....1 NO.....2	
335	Are patients charged for these medications on top of the outpatient fee?	YES.....1 NO.....2	——>338
336	What proportion of patients are charged for the medications?	PROPORTION CHARGED..... [ ][ ]	
337	On average, how much do patients pay for these medications?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	
338	Does the facility have the following vaccines in stock: DPT? Polio? Measles? BCG? Tetanus?	YES NO DPT.....1 2 POLIO.....1 2 MEASLES.....1 2 BCG.....1 2 TETANUS.....1 2	
339	Did the facility run out of any of these vaccines during the last six months?	YES.....1 NO.....2	
340	Are patients charged for immunisations?	YES.....1 NO.....2	——>343
341	What proportion of patients are charged for the immunisations?	PROPORTION CHARGED..... [ ][ ]	
342	On average, how much do patients pay for an immunisation?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	

COMMENTS:

STAFFING AT FACILITY:
Now I would like to ask you about the number of staff who work at this facility and about special training that may have received. In providing information on the staff currently working at this facility, please do not include any staff who are away for long-term training or on an extended leave of absence if they have or will be away for 6 months or longer. Also please do not include any trainees working at the facility.
WHENEVER POSSIBLE, VERIFY INFORMATION RECEIVED ABOUT THE STAFFING BY LOOKING AT THE STAFF ROSTER.

TYPE OF STAFF	343 How many establishments does the facility have for (TYPE OF STAFF)?	344 How many (TYPE OF STAFF) are currently in place (post)?	345 How many (TYPE OF STAFF) have special training in midwifery?	346 How many (TYPE OF STAFF) work in EPI? (Expanded Program in Immunisation)	347 How many (TYPE OF STAFF) work in family planning?
01 Staff doctors	[ ][ ]	[ ][ ] IF '00'		[ ][ ]	[ ][ ]
02 Consultants/ Specialists	[ ][ ]	[ ][ ] IF '00'			
03 State Registered Nurses (SRNs)	[ ][ ]	[ ][ ] IF '00'	[ ][ ]	[ ][ ]	[ ][ ]
04 State Certified Nurses (SCNs)	[ ][ ]	[ ][ ] IF '00'—> 348	[ ][ ]	[ ][ ]	[ ][ ]

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
348	What proportion of medical staff (doctors, SRNs and SCNs) have worked at this facility for more than one year?	PROPORTION WORKING MORE THAN ONE YEAR..... [ ][ ]	
349	Does this facility provide family planning services?	YES.....1 NO.....2	>375
350	IF THERE ARE DOCTORS AT THE FACILITY: Are any doctors trained in tubal ligation procedures?	YES.....1 NO.....2	
351	Are tubal ligations regularly performed at this facility by staff or visiting doctors?	YES.....1 NO.....2	>356
352	How many half days per week are tubal ligations performed at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	

COMMENTS:

3-5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
353	On average, what proportion of patients pay for a tubal ligation? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	>355
354	What is the average cost of a tubal ligation? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE TUBAL LIGATION.....$ [ ][ ] . [ ][ ]	
355	In what year were tubal ligations first performed regularly at this facility? PROBE: How long have tubal ligations been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
356	IF THERE ARE DOCTORS IN THE FACILITY: Are any doctors trained in IUD insertion procedures?	YES.....1 NO.....2	
357	Are any nurses trained in IUD insertion procedures?	YES.....1 NO.....2	
358	Are IUDs regularly inserted at this facility?	YES.....1 NO.....2	>360
359	Why not?	LACK TRAINED STAFF.....1 LACK INSERTION KITS.....2 CANNOT STERILISE INSERTION INSTRUMENTS.....3 NO INTEREST FROM WOMEN.....4 OTHER _____.5	>365
360	How many half days per week are IUDs inserted at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
361	Have you ever run out of IUDs during the past six months?	YES.....1 NO.....2	
362	On average, what proportion of patients pay for an IUD insertion? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	>364
363	What is the average cost of an IUD insertion (including the IUD)? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE IUD INSERTION.....$ [ ][ ] . [ ][ ]	
364	In what year did this facility begin to regularly perform IUD insertions? PROBE: How long have IUD insertions been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	

COMMENTS:

3-6

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
365	Does the facility have the following contraceptives in stock: Pill: Progestin-Only (e.g. Ovrette)? Pill: Combination (e.g. Lo Femenal)? Condom? Other methods (specify_____)?	YES NO PILL: PROGESTIN-ONLY.....1 2 PILL: CONBINATION.....1 2 CONDOM.....1 2 OTHER.....1 2	
366	Did the facility run out of any of these methods in the last six months?	YES.....1 NO.....2	—> 368
367	Which method did you run out of? (CIRCLE ALL APPLICABLE)	PILL: PROGESTIN-ONLY.....1 PILL: CONBINATION.....1 CONDOM.....1 OTHER.....1	
368	Are these contraceptives available in the facility on demand (or on the supermarket approach)?	YES.....1 NO.....2	—> 370
369	How many half days per week are these contraceptives dispensed?	HALF DAYS AVAILABLE..... [ ][ ]	
370	In what year were these contraceptives first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
371	On average, what proportion of clients pay for their family planning supplies? (WRITE IN '99' IF AT ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ]	
372	What is the cost of one cycle (one packet) of your progestin-only pill (e.g. Ovrette)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE PROGESTIN PILL.....$ [ ] . [ ][ ]	
373	What is the cost of one cycle (one packet) of your combination pill (e.g. Lo Femenal)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE COMBINATION PILL.....$ [ ] . [ ][ ]	
374	Do you have family planning motivational sessions?	YES.....1 NO.....2	—> 376
375	How often?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2 YEAR...3	

COMMENTS:

3-7

376 I would like to get some information about the numbers of patients who use this facility for family planning each month. Could I please see the Child Spacing form for the most recent month? IF THE CHILD SPACING FORM IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE INFORMATION BELOW.

CHILD SPACING

Province ..... Clinic ..... Month [ ][ ] Year [ ][ ] Closing Date .....

Total number of new clients seen in months was [ ][ ][ ][ ][ ]

Total number of revisits by old clients was [ ][ ][ ][ ][ ]

CONTRACEPTIVES	Column (A) Balance of stock on last day of previous month	Column (B) Stock received in current month	Column (C) Add Columns (A) and (B)	Column (D) Issues during current month	Column (E) Balance of stock on last day of current month subtract column (D) from column (C)
1. Minovular (28)					
2. Femenal (28)					
3. Lo Femenal (28)				[ ][ ][ ][ ][ ]	
4. Ovrette (28)				[ ][ ][ ][ ][ ]	
5. Micronovum (28)					
6. Other Pills/					
8. Condoms(By strips)				[ ][ ][ ][ ][ ]	
9. Injectables Number of Vials				[ ][ ][ ][ ][ ]	
10. Intra Uterine Devices				[ ][ ][ ][ ][ ]	
11. Total Sterilizations/Current month Column(D)				[ ][ ][ ][ ][ ]	

IF AVAILABLE:
Total Revenue from Family Planning for the month: $ [ ][ ][ ][ ][ ] . [ ][ ]

3-8

377 I would also like to get some information about the numbers of patients who use this facility each month. Could I please see the most recent monthly return form. IF THE MONTHLY RETURN FORM (OR T-5) IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE NUMBERS OF PATIENTS SEEN DURING THE PAST MONTH FOR EACH OF THE SERVICES BELOW.

MONTHLY RETURN FORM MINISTRY OF HEALTH Month ☐☐ Year ☐☐

IMMUNISATIONS		
Vaccine and Dose	Under One Year	One Year Over
Total Attendance	☐☐☐☐☐	☐☐☐☐☐
BCG Initial		
BCG Booster		
Polio 1		
Polio 2		
Polio 3		
Polio Booster 1		
Polio Booster 2		
DPT 1		
DPT 2		
Measles		
Primary Course Completed		

ANTENATAL AND POSTNATAL	
First Antenatal Visits	☐☐☐☐☐
Repeat Antenatal Visits	☐☐☐☐☐
Antenatal Referrals	☐☐☐
Postnatal Visits up to 6 weeks	☐☐☐☐☐

MATERNITY	
Total Live Deliveries	☐☐☐☐
Live Births under 2.5kg	
Birth Records Issued	

TETANUS TOXOID		
Child bearing women	1st Dose	☐☐☐☐
	2nd Dose	☐☐☐☐
	Booster: Subsequent Pregnancies	☐☐☐☐
CASUALITIES		

MASTER CARD SUMMARY			
Age in Months	Total Children Weighed	Children below the line	
		Number	%
0 - 5	☐☐☐☐	☐☐☐☐	☐☐,☐
6 -11	☐☐☐☐	☐☐☐☐	☐☐,☐
12 -23	☐☐☐☐	☐☐☐☐	☐☐,☐
24 -48	☐☐☐☐	☐☐☐☐	☐☐,☐

3-9

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
378	What is your position or title here?	_____	
379	TIME INTERVIEW ENDED	ENDING TIME.... [ ][ ] : [ ][ ]	

QUESTIONS 380 TO 382 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

380	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
381	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
382	ADDITIONAL COMMENTS:		

END OF SECTION 3.

DATE:_____ SECTION 4 RURAL/MISSION HOSPITAL NAME: _____

IF THE HOSPITAL IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 400-403 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

400	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
401	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
402	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
403	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

THE FOLLOWING QUESTIONS ARE TO BE ASKED OF APPROPRIATE STAFF AT THE FACILITY.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
404	In what year did this facility first open? PROBE: How long has this facility been open?	YEAR OPENED.....19[ ][ ] DON'T KNOW.....98	
405	Under what authority is this facility operated?	MOH .....1 DISTRICT COUNCIL/TOWN COUNCIL.....2 RURAL COUNCIL.....3 MISSION/CHURCH.....4 OTHER_____.5	->407
406	Does this facility receive any government funding?	YES.....1 NO.....2	
407	Does this facility receive funding to pay for general health services from any source other than the government? IF YES: What source(s)?	YES.....1 _____ _____ NO OTHER SOURCES.....2 DON'T KNOW.....9	

COMMENTS:

4-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
408	Are there any restrictions other than financial on people who can use this facility? IF YES: What restrictions?	YES.....1 _____ NO OTHER RESTRICTIONS.....2	
409	How many beds for patients does this facility have including maternity beds and beds in all departments?	NO. OF BEDS..... [ ][ ][ ][ ]	
410	On average, how many patients stay overnight in this facility?	NO. OVERNIGHT PATIENTS..... [ ][ ][ ][ ]	
411	Approximately how many outpatients are seen monthly?	MONTHLY NO. OF OUTPATIENTS... [ ][ ][ ][ ][ ]	
412	What is the fee for outpatient services for: (IF NO FEE, WRITE IN '00.00') Adults? Children?	FEE FOR ADULTS....$ [ ][ ] . [ ][ ] FEE FOR CHILDREN..$ [ ][ ] . [ ][ ]	
413	What proportion of outpatients pay this fee?	PROPORTION OF PAYING OUTPATIENTS..... [ ][ ]	
414	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2 ——> 416	
415	In how many different points do you have mobile clinic/outreach services?	NUMBER OF OUTREACH POINTS. [ ][ ]	
416	Is there a dispensary/pharmacy affiliated with this hospital?	YES.....1 NO.....2	
417	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2 ——> 419	
418	Has this facility run out of its supply of disposable needles at any time in the last six months?	YES.....1 NO.....2	
419	What is the method most frequently used for the sterilisation of medical instruments? (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 CHEMICAL STERILISER.....4 OTHER_____5	

COMMENTS:

4-2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
420	Has the (TYPE OF STERILISATION EQUIPMENT) been out of working order at any time in the last six months?	YES.....1 NO.....2	
421	Does the facility have the following items: Running water? Electricity? Standby generator for electricity? Telephone or radio transmitter? Shelter for waiting mothers? Refrigerator? Table for gynecological examinations? Examination light for gynecological examination? IUD insertion kit? Weighing scales for children? Upright scale (not bathroom scale)? Blood pressure apparatus? Hemoglobinometer for diagnosis of anemia? Microscope? Diagnostic set (for ears, nose and throat)?	YES NO RUNNING WATER.....1 2 ELECTRICITY.....1 2 STANDBY GENERATOR.....1 2 TELEPHONE/RADIO TRANSMTR...1 2 SHELTER WAITING MOTHERS....1 2 REFRIGERATOR.....1 2 TABLE-GYN EXAMS..... ....1 2 LIGHT-GYN EXAMS.....1 2 IUD INSERTION KIT.....1 2 WEIGHING SCALE-CHILD.....1 2 URIGHT SCALE.....1 2 BLOOD PRESSURE APPARATUS...1 2 HEMOGLOBINOMETER.....1 2 MICROSCOPE.....1 2 DIAGNOSTIC SET.....1 2	
422	Does this facility offer antenatal, delivery or postnatal care?	YES.....1 NO.....2	—> 427
423	Is there a single standard fee charged for antenatal, delivery and postnatal services at this facility?	YES, SINGLE FEE.....1 NO, SEPARATE FEES.....2 SERVICES FREE OF CHARGE.....3	—> 425 —> 426
424	What is that fee?	STANDARD FEE.....$ [ ][ ] . [ ][ ]	—> 426
425	On average, how much would a woman pay for antenatal, delivery and postnatal services?	AVERAGE FEE.....$ [ ][ ] . [ ][ ]	
426	In what year did prenatal, delivery and postnatal care become available? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
427	Are the following services available at this facility: Child immunisation sessions? Child growth monitoring sessions?	YES NO IMMUNISATIONS.....1 2 GROWTH MONITORING.....1 2	
428	Are they available in this facility on demand (or on the supermarket approach)?	YES.....1 NO.....2	—> 430
429	How many half days per week are these services available?	HALF DAYS AVAILABLE..... [ ][ ]	
430	In what year were these services first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	

COMMENTS:

4-3

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
431	Are Caesarian deliveries regularly performed at this facility?	YES.....1 NO.....2	—> 433
432	Why not?	LACK TRAINED STAFF.....1 THEATRE NOT ADEQUATE.....2 CANNOT STERILISE INSTRUMENTS.....3 ANAESTICIST NOT AVAILABLE.....4 OTHER _____.5	
433	Does the facility have the following medications in stock: Chloroquine? Fansidar? Penicillin? Cotrimoxicillin? Ferrous sulphate tablets?	YES NO CHLOROQUINE.....1 2 FANSIDAR.....1 2 PENICILLIN.....1 2 COTRIMOXICILLIN.....1 2 FERROUS SULPHATE TABLETS...1 2	
434	Did the facility run out of any of these medications during the last six months?	YES.....1 NO.....2	
435	Are patients charged for these medications on top of the outpatient fee?	YES.....1 NO.....2	—>438
436	What proportion of patients are charged for the medications?	PROPORTION CHARGED..... [ ][ ]	
437	On average, how much do patients pay for these medications?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	
438	Does the facility have the following vaccines in stock: DPT? Polio? Measles? BCG? Tetanus?	YES NO DPT.....1 2 POLIO.....1 2 MEASLES.....1 2 BCG.....1 2 TETANUS.....1 2	
439	Did the facility run out of any of these vaccines during the last six months?	YES.....1 NO.....2	
440	Are patients charged for immunisations?	YES.....1 NO.....2	—>443
441	What proportion of patients are charged for the immunisations?	PROPORTION CHARGED..... [ ][ ]	
442	On average, how much do patients pay for an immunisation?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	

COMMENTS:

4-4

STAFFING AT FACILITY:
Now I would like to ask you about the number of staff who work at this facility and about special training that may have received. In providing information on the staff currently working at this facility, please do not include any staff who are away for long-term training or on an extended leave of absence if they have or will be away for 6 months or longer. Also please do not include any trainees working at the facility.
WHENEVER POSSIBLE, VERIFY INFORMATION RECEIVED ABOUT THE STAFFING BY LOOKING AT THE STAFF ROSTER.

TYPE OF STAFF	443 How many establishments does the facility have for (TYPE OF STAFF)?	444 How many (TYPE OF STAFF) are currently in place (post)?	445 How many (TYPE OF STAFF) have special training in midwifery?	446 How many (TYPE OF STAFF) work in EPI? (Expanded Program in Immunisation)	447 How many (TYPE OF STAFF) work in family planning?
01 State Registered Nurses (SRNs)	[ ][ ]	[ ][ ] IF '00'	[ ][ ]	[ ][ ]	[ ][ ]
02 State Certified Nurses (SCNs)	[ ][ ]	[ ][ ] IF '00'—> 448	[ ][ ]	[ ][ ]	[ ][ ]

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
448	Do you have visiting doctors?	YES.....1 NO.....2	—>450
449	How often do they visit?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2	
450	What proportion of medical staff (doctors, SRNs and SCNs) have worked at this facility for more than one year?	PROPORTION WORKING MORE THAN ONE YEAR..... [ ][ ]	
451	Does this facility provide family planning services?	YES.....1 NO.....2	—>475
452	Are tubal ligations regularly performed at this facility by staff or visiting doctors?	YES.....1 NO.....2	—>457
453	How many half days per week are tubal ligations performed at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
454	On average, what proportion of patients pay for a tubal ligation? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	—>456

COMMENTS:

4-5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
455	What is the average cost of a tubal ligation? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE TUBAL LIGATION.....$ [ ][ ] . [ ][ ]	
456	In what year were tubal ligations first performed regularly at this facility? PROBE: How long have tubal ligations been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
457	Are any nurses trained in IUD insertion procedures?	YES.....1 NO.....2	
458	Are IUDs regularly inserted at this facility?	YES.....1 NO.....2	1 ——>460
459	Why not?	LACK TRAINED STAFF.....1 LACK INSERTION KITS.....2 CANNOT STERILISE INSERTION INSTRUMENTS.....3 NO INTEREST FROM WOMEN.....4 OTHER _____.5	1,2,3,4,5 ——>465
460	How many half days per week are IUDs inserted at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
461	Have you ever run out of IUDs during the past six months?	YES.....1 NO.....2	
462	On average, what proportion of patients pay for an IUD insertion? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	IF '00' ——>464
463	What is the average cost of an IUD insertion (including the IUD)? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE IUD INSERTION.....$ [ ][ ] . [ ][ ]	
464	In what year did this facility begin to regularly perform IUD insertions? PROBE: How long have IUD insertions been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
465	Does the facility have the following contraceptives in stock: Pill: Progestin-Only (e.g. Ovrette)? Pill: Combination (e.g. Lo Femenal)? Condom? Other methods (specify_____)?	YES NO PILL: PROGESTIN-ONLY.....1 2 PILL: CONBINATION.....1 2 CONDOM.....1 2 OTHER.....1 2	
466	Did the facility run out of any of these methods in the last six months?	YES.....1 NO.....2	2 ——> 468

COMMENTS:

4-6

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
467	Which method did you run out of? (CIRCLE ALL APPLICABLE)	PILL: PROGESTIN-ONLY.....1 PILL: CONBINATION.....1 CONDOM.....1 OTHER.....1	
468	Are these contraceptives available in the facility on demand (or on the supermarket approach)?	YES.....1 NO.....2	—> 470
469	How many half days per week are these contraceptives dispensed?	HALF DAYS AVAILABLE..... [ ][ ]	
470	In what year were these contraceptives first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
471	On average, what proportion of clients pay for their family planning supplies? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ]	
472	What is the cost of one cycle (one packet) of your progestin-only pill (e.g. Ovrette)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE PROGESTIN PILL.....$ [ ] . [ ][ ]	
473	What is the cost of one cycle (one packet) of your combination pill (e.g. Lo Femenal)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE COMBINATION PILL.....$ [ ] . [ ][ ]	
474	Do you have family planning motivational sessions?	YES.....1 NO.....2	—> 476
475	How often?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2 YEAR...3	

COMMENTS:

4-7

476 I would like to get some information about the numbers of patients who use this facility for family planning each month. Could I please see the Child Spacing form for the most recent month? IF THE CHILD SPACING FORM IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE INFORMATION BELOW.

CHILD SPACING

Province ..... Clinic ..... Month [ ][ ] Year [ ][ ] Closing Date .....

Total number of new clients seen in months was [ ][ ][ ][ ][ ]

Total number of revisits by old clients was [ ][ ][ ][ ][ ]

CONTRACEPTIVES	Column (A) Balance of stock on last day of previous month	Column (B) Stock received in current month	Column (C) Add Columns (A) and (B)	Column (D) Issues during current month	Column (E) Balance of stock on last day of current month subtract column (D) from column (C)
1. Minovular (28)					
2. Femenal (28)					
3. Lo Femenal (28)				[ ][ ][ ][ ][ ]	
4. Ovrette (28)				[ ][ ][ ][ ][ ]	
5. Micronovum (28)					
6. Other Pills/					
8. Condoms(By strips)				[ ][ ][ ][ ][ ]	
9. Injectables Number of Vials				[ ][ ][ ][ ][ ]	
10. Intra Uterine Devices				[ ][ ][ ][ ][ ]	
11. Total Sterilizations/Current month Column(D)				[ ][ ][ ][ ][ ]	

IF AVAILABLE:
Total Revenue from Family Planning for the month: $ [ ][ ][ ][ ][ ] . [ ][ ]

4-8

477 I would also like to get some information about the numbers of patients who use this facility each month. Could I please see the most recent monthly return form. IF THE MONTHLY RETURN FORM (OR T-5) IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE NUMBERS OF PATIENTS SEEN DURING THE PAST MONTH FOR EACH OF THE SERVICES BELOW.

MONTHLY RETURN FORM MINISTRY OF HEALTH Month ☐☐ Year ☐☐

IMMUNISATIONS		
Vaccine and Dose	Under One Year	One Year Over
Total Attendance	☐☐☐☐☐	☐☐☐☐☐
BCG Initial		
BCG Booster		
Polio 1		
Polio 2		
Polio 3		
Polio Booster 1		
Polio Booster 2		
DPT 1		
DPT 2		
Measles		
Primary Course Completed		

ANTENATAL AND POSTNATAL	
First Antenatal Visits	☐☐☐☐☐
Repeat Antenatal Visits	☐☐☐☐☐
Antenatal Referrals	☐☐☐
Postnatal Visits up to 6 weeks	☐☐☐☐☐

MATERNITY	
Total Live Deliveries	☐☐☐☐
Live Births under 2.5kg	
Birth Records Issued	

TETANUS TOXOID		
Child bearing women	1st Dose	☐☐☐☐
	2nd Dose	☐☐☐☐
	Booster: Subsequent Pregnancies	☐☐☐☐
CASUALITIES		

MASTER CARD SUMMARY			
Age in Months	Total Children Weighed	Children below the line	
		Number	%
0 - 5	☐☐☐☐	☐☐☐☐	☐☐,☐
6 -11	☐☐☐☐	☐☐☐☐	☐☐,☐
12 -23	☐☐☐☐	☐☐☐☐	☐☐,☐
24 -48	☐☐☐☐	☐☐☐☐	☐☐,☐

4-9

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
478	What is your position or title here?	_____	
479	TIME INTERVIEW ENDED	ENDING TIME.... [ ][ ] : [ ][ ]	

QUESTIONS 480 TO 482 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

480	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
481	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
482	ADDITIONAL COMMENTS:		

END OF SECTION 4.

DATE:_____ SECTION 5 CLINIC/HEALTH CENTER NAME: _____

IF THE CLINIC/HEALTH CENTER IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 500-503 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

500	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
501	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
502	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
503	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

THE FOLLOWING QUESTIONS ARE TO BE ASKED OF APPROPRIATE STAFF AT THE FACILITY.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
504	In what year did this facility first open? PROBE: How long has this facility been open?	YEAR OPENED.....19[ ][ ] DON'T KNOW.....98	
505	Under what authority is this facility operated?	MOH .....1 DISTRICT COUNCIL/TOWN COUNCIL.....2 RURAL COUNCIL.....3 MISSION/CHURCH.....4 COMMERCE/INDUSTRY.....5 OTHER_____.6	->507
506	Does this facility receive any government funding?	YES.....1 NO.....2	
507	Does this facility receive funding to pay for general health services from any source other than the government? IF YES: What source(s)?	YES.....1 _____ _____ NO OTHER SOURCES.....2 DON'T KNOW.....9	

COMMENTS:

5-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
508	Are there any restrictions other than financial on people who can use this facility? IF YES: What restrictions?	YES.....1 _____ NO OTHER RESTRICTIONS.....2	
509	How many beds for patients does this facility have including maternity beds and beds in all departments?	NO. OF BEDS..... [ ][ ][ ][ ]	
510	On average, how many patients stay overnight in this facility?	NO. OVERNIGHT PATIENTS..... [ ][ ][ ][ ]	
511	Approximately how many outpatients are seen monthly?	MONTHLY NO. OF OUTPATIENTS... [ ][ ][ ][ ][ ]	
512	What is the fee for outpatient services for: (IF NO FEE, WRITE IN '00.00') Adults? Children?	FEE FOR ADULTS....$ [ ][ ] . [ ][ ] FEE FOR CHILDREN..$ [ ][ ] . [ ][ ]	
513	What proportion of outpatients pay this fee?	PROPORTION OF PAYING OUTPATIENTS..... [ ][ ]	
514	Do you have mobile clinic/outreach services in your catchment area?	YES.....1 NO.....2	→ 516
515	In how many different points do you have mobile clinic/outreach services?	NUMBER OF OUTREACH POINTS. [ ][ ]	
516	Is there a dispensary/pharmacy affiliated with this clinic?	YES.....1 NO.....2	
517	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→ 519
518	Has this facility run out of its supply of disposable needles at any time in the last six months?	YES.....1 NO.....2	
519	What is the method most frequently used for the sterilisation of medical instruments? (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 CHEMICAL STERILISER.....4 OTHER_____5	

COMMENTS:

5-2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
520	Has the (TYPE OF STERILISATION EQUIPMENT) been out of working order at any time in the last six months?	YES.....1 NO.....2	
521	Does the facility have the following items: Running water? Electricity? Standby generator for electricity? Telephone or radio transmitter? Shelter for waiting mothers? Refrigerator? Table for gynecological examinations? Examination light for gynecological examination? IUD insertion kit? Weighing scales for children? Upright scale (not bathroom scale)? Blood pressure apparatus? Hemoglobinometer for diagnosis of anemia? Microscope? Diagnostic set (for ears, nose and throat)?	YES NO RUNNING WATER.....1 2 ELECTRICITY.....1 2 STANDBY GENERATOR.....1 2 TELEPHONE/RADIO TRANSMTR...1 2 SHELTER WAITING MOTHERS....1 2 REFRIGERATOR.....1 2 TABLE-GYN EXAMS..... ....1 2 LIGHT-GYN EXAMS.....1 2 IUD INSERTION KIT.....1 2 WEIGHING SCALE-CHILD.....1 2 URIGHT SCALE.....1 2 BLOOD PRESSURE APPARATUS...1 2 HEMOGLOBINOMETER.....1 2 MICROSCOPE.....1 2 DIAGNOSTIC SET.....1 2	
522	Does this facility offer antenatal, delivery or postnatal care?	YES.....1 NO.....2 ——> 527	
523	Is there a single standard fee charged for antenatal, delivery and postnatal services at this facility?	YES, SINGLE FEE.....1 NO, SEPARATE FEES.....2 ——> 525 SERVICES FREE OF CHARGE.....3 ——> 526	
524	What is that fee?	STANDARD FEE.....$ [ ][ ] . [ ][ ] ——> 526	
525	On average, how much would a woman pay for antenatal, delivery and postnatal services?	AVERAGE FEE.....$ [ ][ ] . [ ][ ]	
526	In what year did prenatal, delivery and postnatal care become available? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
527	Are the following services available at this facility: Child immunisation sessions? Child growth monitoring sessions?	YES NO IMMUNISATIONS.....1 2 GROWTH MONITORING.....1 2	
528	Are they available in this facility on demand (or on the super-market approach)?	YES.....1 ——> 530 NO.....2	
529	How many half days per week are these services available?	HALF DAYS AVAILABLE..... [ ][ ]	
530	In what year were these services first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	

COMMENTS:

5-3

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
531	Does the facility have the following medications in stock: Chloroquine? Fansidar? Penicillin? Cotrimoxicillin? Ferrous sulphate tablets?	YES NO CHLOROQUINE.....1 2 FANSIDAR.....1 2 PENICILLIN.....1 2 COTRIMOXICILLIN.....1 2 FERROUS SULPHATE TABLETS...1 2	
532	Did the facility run out of any of these medications during the last six months?	YES.....1 NO.....2	
533	Are patients charged for these medications on top of the outpatient fee?	YES.....1 NO.....2	——>536
534	What proportion of patients are charged for the medications?	PROPORTION CHARGED..... [ ][ ]	
535	On average, how much do patients pay for these medications?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	
536	Does the facility have the following vaccines in stock: DPT? Polio? Measles? BCG? Tetanus?	YES NO DPT.....1 2 POLIO.....1 2 MEASLES.....1 2 BCG.....1 2 TETANUS.....1 2	
537	Did the facility run out of any of these vaccines during the last six months?	YES.....1 NO.....2	
538	Are patients charged for immunisations?	YES.....1 NO.....2	——>541
539	What proportion of patients are charged for the immunisations?	PROPORTION CHARGED..... [ ][ ]	
540	On average, how much do patients pay for an immunisation?	AVERAGE CHARGE....$ [ ][ ] . [ ][ ]	
541	What proportion of medical staff (doctors, SRNs and SCNs) have worked at this facility for more than one year?	PROPORTION WORKING MORE THAN ONE YEAR..... [ ][ ]	

COMMENTS:

5-4

STAFFING AT FACILITY:
Now I would like to ask you about the number of staff who work at this facility and about special training that may have received. In providing information on the staff currently working at this facility, please do not include any staff who are away for long-term training or on an extended leave of absence if they have or will be away for 6 months or longer. Also please do not include any trainees working at the facility.
WHENEVER POSSIBLE, VERIFY INFORMATION RECEIVED ABOUT THE STAFFING BY LOOKING AT THE STAFF ROSTER.

TYPE OF STAFF	542 How many establishments does the facility have for (TYPE OF STAFF)?	543 How many (TYPE OF STAFF) are currently in place (post)?	544 How many (TYPE OF STAFF) have special training in midwifery?	545 How many (TYPE OF STAFF) work in EPI? (Expanded Program in Immunisation)	546 How many (TYPE OF STAFF) work in family planning?
01 Staff doctors	[ ][ ]	[ ][ ] IF '00'		[ ][ ]	[ ][ ]
02 State Registered Nurses (SRNs)	[ ][ ]	[ ][ ] IF '00'	[ ][ ]	[ ][ ]	[ ][ ]
03 State Certified Nurses (SCNs)	[ ][ ]	[ ][ ] IF '00'—> 547	[ ][ ]	[ ][ ]	[ ][ ]

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
547	IF THE CLINIC/HEALTH CENTER HAS NO STAFF DOCTORS ASK: Do you have visiting doctors?	YES.....1 NO.....2	——>549
548	How often do they visit?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2	
549	Does this facility provide family planning services?	YES.....1 NO.....2	——>568
550	Are any nurses trained in IUD insertion procedures?	YES.....1 NO.....2	
551	Are IUDs regularly inserted at this facility?	YES.....1 NO.....2	——>553
552	Why not?	LACK TRAINED STAFF.....1 LACK INSERTION KITS.....2 CANNOT STERILISE INSERTION INSTRUMENTS.....3 NO INTEREST FROM WOMEN.....4 OTHER _____.5	->558
553	How many half days per week are IUDs inserted at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	

5-5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
554	Have you ever run out of IUDs during the past six months?	YES.....1 NO.....2	
555	On average, what proportion of patients pay for an IUD insertion? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	——>557
556	What is the average cost of an IUD insertion (including the IUD)? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE IUD INSERTION.....$ [ ][ ] . [ ][ ]	
557	In what year did this facility begin to regularly perform IUD insertions? PROBE: How long have IUD insertions been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
558	Does the facility have the following contraceptives in stock: Pill: Progestin-Only (e.g. Ovrette)? Pill: Combination (e.g. Lo Femenal)? Condom? Other methods (specify_____)?	YES NO PILL: PROGESTIN-ONLY.....1 2 PILL: CONBINATION.....1 2 CONDOM.....1 2 OTHER.....1 2	
559	Did the facility run out of any of these methods in the last six months?	YES.....1 NO.....2	——> 561
560	Which method did you run out of? (CIRCLE ALL APPLICABLE)	PILL: PROGESTIN-ONLY.....1 PILL: CONBINATION.....1 CONDOM.....1 OTHER.....1	
561	Are these contraceptives available in the facility on demand (or on the supermarket approach)?	YES.....1 NO.....2	——> 563
562	How many half days per week are these contraceptives dispensed?	HALF DAYS AVAILABLE..... [ ][ ]	
563	In what year were these contraceptives first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
564	On average, what proportion of clients pay for their family planning supplies? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ]	
565	What is the cost of one cycle (one packet) of your progestin-only pill (e.g. Ovrette)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE PROGESTIN PILL.....$ [ ] . [ ][ ]	
566	What is the cost of one cycle (one packet) of your combination pill (e.g. Lo Femenal)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE COMBINATION PILL.....$ [ ] . [ ][ ]	

5-6

567 I would like to get some information about the numbers of patients who use this facility for family planning each month. Could I please see the Child Spacing form for the most recent month? IF THE CHILD SPACING FORM IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE INFORMATION BELOW.

CHILD SPACING

Province ..... Clinic ..... Month [ ][ ] Year [ ][ ] Closing Date .....

Total number of new clients seen in months was [ ][ ][ ][ ][ ]

Total number of revisits by old clients was [ ][ ][ ][ ][ ]

CONTRACEPTIVES	Column (A) Balance of stock on last day of previous month	Column (B) Stock received in current month	Column (C) Add Columns (A) and (B)	Column (D) Issues during current month	Column (E) Balance of stock on last day of current month subtract column (D) from column (C)
1. Minovular (28)					
2. Femenal (28)					
3. Lo Femenal (28)					
4. Ovrette (28)					
5. Micronovum (28)					
6. Other Pills/					
8. Condoms(By strips)					
9. Injectables Number of Vials					
10. Intra Uterine Devices					
11. Total Sterilizations/Current month Column(D)					

IF AVAILABLE:
Total Revenue from Family Planning for the month: $ [ ][ ][ ][ ][ ] . [ ][ ]

5-7

568 I would also like to get some information about the numbers of patients who use this facility each month. Could I please see the most recent monthly return form. IF THE MONTHLY RETURN FORM (OR T-5) IS NOT AVAILABLE, PLEASE OBTAIN AN ESTIMATE OF THE NUMBERS OF PATIENTS SEEN DURING THE PAST MONTH FOR EACH OF THE SERVICES BELOW.

MONTHLY RETURN FORM MINISTRY OF HEALTH Month [ ][ ] Year [ ][ ]

IMMUNISATIONS		
Vaccine and Dose	Under One Year	One Year Over
Total Attendance	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
BCG Initial		
BCG Booster		
Polio 1		
Polio 2		
Polio 3		
Polio Booster 1		
Polio Booster 2		
DPT 1		
DPT 2		
Measles		
Primary Course Completed		

ANTENATAL AND POSTNATAL	
First Antenatal Visits	[ ][ ][ ][ ][ ]
Repeat Antenatal Visits	[ ][ ][ ][ ][ ]
Antenatal Referrals	[ ][ ][ ]
Postnatal Visits up to 6 weeks	[ ][ ][ ][ ][ ]

MATERNITY	
Total Live Deliveries	[ ][ ][ ][ ]
Live Births under 2.5kg	
Birth Records Issued	

TETANUS TOXOID		
Child bearing women	1st Dose	[ ][ ][ ][ ]
	2nd Dose	[ ][ ][ ][ ]
	Booster: Subsequent Pregnancies	[ ][ ][ ][ ]
CASUALITIES		

MASTER CARD SUMMARY			
Age in Months	Total Children Weighed	Children below the line	
		Number	%
0 - 5	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ] , [ ]
6 -11	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ] , [ ]
12 -23	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ] , [ ]
24 -48	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ] , [ ]

5-8

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
569	What is your position or title here?	_____	
570	TIME INTERVIEW ENDED	ENDING TIME.... [ ][ ] : [ ][ ]	

QUESTIONS 571 TO 573 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

571	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
572	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
573	ADDITIONAL COMMENTS:		

END OF SECTION 5.

DATE:_____ SECTION 6 ZNFPC CLINIC VISIT NAME _____

IF THE ZNFPC CLINIC IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 600 TO 603 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

600	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
601	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
602	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
603	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

THE FOLLOWING QUESTIONS ARE TO BE ASKED OF APPROPRIATE STAFF AT THE FACILITY.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
604	In what year did this facility first open? PROBE: How long has this facility been open?	YEAR OPENED.....19 [ ][ ] DON'T KNOW.....98	
605	Approximately how many outpatients are seen monthly?	MONTHLY NO. OF OUTPATIENTS... [ ][ ][ ][ ][ ]	
606	Does the facility have the following items:	YES NO	
	Running water?	RUNNING WATER.....1 2	
	Electricity?	ELECTRICITY.....1 2	
	Standby generator for electricity?	STANDBY GENERATOR.....1 2	
	Telephone or radio transmitter?	TELEPHONE/RADIO TRANSMTR...1 2	
	Table for gynecological examinations?	TABLE-GYN EXAMS..... ....1 2	
	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1 2	
	IUD insertion kit?	IUD INSERTION KIT.....1 2	
	Blood pressure apparatus?	BLOOD PRESSURE APPARATUS...1 2	
607	What proportion of medical staff (doctors, SRNs and SCNs) have worked at this facility for more than one year?	PROPORTION WORKING MORE THAN ONE YEAR..... [ ][ ]	

COMMENTS:

6-1

STAFFING AT FACILITY:
Now I would like to ask you about the number of staff who work at this facility. In providing information on the staff currently working at this facility, please do not include any staff who are away for long-term training or on an extended leave of absence if this will be for 6 months or longer. Also please do not include any trainees working at the facility. WHENEVER POSSIBLE, VERIFY ABOUT THE STAFFING INFORMATION BY LOOKING AT THE STAFF ROSTER.

TYPE OF STAFF	608 How many establishments does the facility have for (TYPE OF STAFF)?	609 How many (TYPE OF STAFF) are currently in place (post)?
01 Staff doctors	[ ][ ]	[ ][ ]
02 State Registered Nurses (SRNs)	[ ][ ]	[ ][ ]
03 State Certified Nurses (SCNs)	[ ][ ]	[ ][ ]

No:	QUESTIONS	CODING CATEGORIES	SKIP TO
610	Do you have visiting doctors?	YES.....1 NO.....2	>612
611	How often do they visit?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2	
612	Are tubal ligations regularly performed at this facility by staff or visiting doctors?	YES.....1 NO.....2	>617
613	How many half days per week are tubal ligations performed at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
614	On average, what proportion of patients pay for a tubal ligation? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	>616
615	What is the average cost of a tubal ligation? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE TUBAL LIGATION.....$ [ ][ ] . [ ][ ]	
616	In what year were tubal ligations first performed regularly at this facility? PROBE: How long have tubal ligations been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	

COMMENTS:

6-2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
617	Are any nurses trained in IUD insertion procedures?	YES.....1 NO.....2	
618	Are IUDs regularly inserted at this facility?	YES.....1 NO.....2	——>620
619	Why not?	LACK TRAINED STAFF.....1 LACK INSERTION KITS.....2 CANNOT STERILISE INSERTION INSTRUMENTS.....3 NO INTEREST FROM WOMEN.....4 OTHER _____.5	——>624
620	How many half days per week are IUDs inserted at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
621	Have you ever run out of IUDs during the past six months?	YES.....1 NO.....2	
622	On average, what proportion of patients pay for an IUD insertion? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ]	
623	In what year did this facility begin to regularly perform IUD insertions? PROBE: How long have IUD insertions been performed regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
624	Is Depo (the injection) available at this facility?	YES.....1 NO.....2	——>629
625	How many half days per week is Depo available at this facility? (WRITE IN '99' IF AT ALL TIMES. WRITE IN '00' IF LESS THAN ONE HALF DAY PER WEEK).	NUMBER HALF DAYS..... [ ][ ]	
626	On average, what proportion of patients pay for Depo? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ] IF '00'	——>628

COMMENTS:

6-3

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
627	What is the average cost of an injection of Depo? (WRITE IN '00.00' IF THERE IS NO CHARGE)	FEE FOR ONE DEPO INJECTION....$ [ ][ ] . [ ][ ]	
628	In what year did you first begin to dispense Depo at this facility? PROBE: How long has Depo been available regularly at this facility?	YEAR.....19 [ ][ ] DON'T KNOW.....98	
629	Does the facility have the following contraceptives in stock: Pill: Progestin-Only (e.g. Ovrette)? Pill: Combination (e.g. Lo Femenal)? Condom? Other methods (specify_____)?	YES NO PILL: PROGESTIN-ONLY.....1 2 PILL: CONBINATION.....1 2 CONDOM.....1 2 OTHER.....1 2	
630	Did the facility run out of any of these methods in the last six months?	YES.....1 NO.....2	——> 632
631	Which method did you run out of? (CIRCLE ALL APPLICABLE)	PILL: PROGESTIN-ONLY.....1 PILL: CONBINATION.....1 CONDOM.....1 OTHER.....1	
632	In what year were these contraceptives first offered at this facility? (WRITE '98' IF UNKNOWN)	YEAR BECAME AVAILABLE...19 [ ][ ]	
633	On average, what proportion of clients pay for their family planning supplies? (WRITE IN '99' IF ALL PAY. WRITE IN '00' IF NO ONE PAYS.)	PROPORTION PAYING..... [ ][ ]	
634	What is the cost of one cycle (one packet) of your progestin-only pill (e.g. Ovrette)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE PROGESTIN PILL.....$ [ ] . [ ][ ]	
635	What is the cost of one cycle (one packet) of your combination pill (e.g. Lo Femenal)? (WRITE IN '0.00' IF THERE IS NO CHARGE)	COST ONE CYCLE COMBINATION PILL.....$ [ ] . [ ][ ]	
636	Do you have family planning motivational sessions?	YES.....1 NO.....2	——> 638
637	How often?	NO. OF TIMES [ ][ ] PER WEEK...1 MONTH..2 YEAR...3	

COMMENTS:

6-4

638 I would like to get some information about the numbers of patients who use this facility, could I please see your most recent Medical Clinical Unit Monthly Retrun Form. IF THIS FORM IS NOT AVAILABLE, PLEASE ASD FOR AN ESTIMATE OF THE NUMBERS OF PATIENTS WHO VISITED THE FACILITY FOR SERVICE BY TYPE OF CONTRACEPTIVE.

DRU/C/5/88

ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL

MEDICAL CLINICAL UNIT MONTHLY REPORT

PROVINCE NAME :..... CLINIC NAME :.....

PERIOD COVERED :Month [ ][ ] Year [ ][ ]

CONTRACEPTIVE INFORMATION ONLY

METHOD	NEW ACCEPTORS	REVISITS	CONTRACEPTIVES DISPENSED	STOCK	COMPLICATIONS
P.O.P.	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
LOW DOSE C.O.C.	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
HIGH DOSE C.O.C.	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
TRIPHASIC	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
I.U.D.	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
CONDOM	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
INJECTABLE	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]		
FOAMING TABLETS					
JELLY/CREAM					
DIAPHRAGM					
FEMALE STERILIZATION			TOTAL NUMBER OF STERILIZATIONS		[ ][ ][ ][ ]
MALE STERILIZATION			THIS MONTH		

6-5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
639	What is your position or title here?	_____	
640	TIME INTERVIEW ENDED	ENDING TIME.... [ ][ ] : [ ][ ]	

QUESTIONS 641 TO 643 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

641	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
642	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
643	ADDITIONAL COMMENTS:		

END OF SECTION 6.

DATE:_____ SECTION 7 PHARMACY VISIT NAME:_____

IF THE PHARMACY IS 10 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 700 TO 703 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

700	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
701	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
702	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
703	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
704	How many hours per week is the pharmacy open?	HOURS PER WEEK..... [ ][ ]	
705	How many days per week is the pharmacy open?	DAYS PER WEEK..... [ ]	
706	Do you have a trained pharmacist available?	YES.....1 NO.....2	
707	Does the facility have the following items: Running water? Electricity? Refrigerator? Telephone or radio transmitter?	YES NO RUNNING WATER.....1 2 ELECTRICITY.....1 2 REFRIGERATOR.....1 2 TELEPHONE/RADIO TRANSMTR...1 2	
708	In what year did the pharmacy open? PROBE: How long has the pharmacy been open? (WRITE '98' IF UNKNOWN)	YEAR OPENED.....19 [ ][ ]	
709	What is the dispensing fee at this facility?	DISPENSING FEE.....$ [ ] . [ ][ ]	

COMMENTS:

7-1

MEDICATION AVAILABILITY AT THE FACILITY:
Now I would like to ask you about medications available at this facility. ASK Q.710 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, CONTINUE ACROSS THE TABLE. IF THE MEDICATION IS NOT AVAILABLE, ASK ABOUT THE NEXT MEDICATION.

MEDICATION	710 Is (MEDICATION) available?	711 At any time in the last 6 months did you run out of (MEDICATION)?	712 On average, how much do customers pay per one tablet for (MEDICATION)? (EXCLUDING DISPENSING FEE)
1 Chloroquine	YES.....1 NO.....2	YES.....1 NO.....2	$ ☐.☐☐
2 Fansidar	YES.....1 NO.....2	YES.....1 NO.....2	$ ☐.☐☐
3 Penicillin	YES.....1 NO.....2	YES.....1 NO.....2	$ ☐.☐☐
4 Cotrimoxicillin	YES.....1 NO.....2	YES.....1 NO.....2	$ ☐.☐☐
5 Ferrous-sulphate tablets	YES.....1 NO.....2 713<	YES.....1 NO.....2	$ ☐.☐☐

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
713	Does this pharmacy carry family planning methods?	YES.....1 NO.....2	 > 718

COMMENTS:

7-2

CONTRACEPTIVE METHOD AVAILABILITY

Now I would like to ask you about which family planning methods are available at this pharmacy. ASK ABOUT THE FIRST TYPE OF METHOD. IF THIS METHOD IS AVAILABLE FROM THE PHARMACY, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.715, ALWAYS ASK ABOUT THE QUANTITY SPECIFIED.

TYPE OF METHOD	714 Is (METHOD available?	715 What is the average cost of (METHOD)?	716 Have you run out of (METHOD) in the last 6 months?
01 Norquest (Pill)	YES.....1 NO.....2	$ ___ . ___ PER CYCLE	YES.....1 NO.....2
02 Progestin-Only Pill (e.g., Ovrette)	YES.....1 NO.....2	$ ___ . ___ PER CYCLE	YES.....1 NO.....2
03 Depo (Injection)	YES.....1 NO.....2	$ ___ . ___ PER ONE INJECTION	YES.....1 NO.....2
04 Protector (Condom)	YES.....1 NO.....2	$ ___ . ___ PER THREE	YES.....1 NO.....2
05 Any other brand of condom?	YES.....1 NO.....2	$ ___ . ___ PER THREE	YES.....1 NO.....2
06 Other Specify_____	YES.....1 NO.....2 717<	$ ___ . ___ QUANTITY:_____	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
717	What is your position or title here?	_____	
718	TIME INTERVIEW ENDED	ENDING TIME.... __ : __	

QUESTIONS 719 TO 721 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

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

END OF SECTION 7.

DATE:_____ SECTION 8 PRIVATE DOCTOR VISIT NAME:_____

IF THE PRIVATE DOCTOR'S PRACTICE IS 10 KILOMETERS OR LESS AWAY, HE/SHE IS TO BE VISITED. COMPLETE QUESTIONS 800 TO 803 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

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

800	TIME INTERVIEW STARTED	STARTING TIME.. [ ][ ] : [ ][ ]	
801	DO YOU THINK THAT THE ESTIMATE OF THE TRAVEL TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
802	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
803	WHAT IS THE FLOOR MATERIAL?	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 OTHER_____...6	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
804	Are there any restrictions other than financial on clients who can see this doctor? IF YES, what restrictions?	YES.....1 _____ NO.....2	
805	Does this doctor charge a consultation fee regardless of the reason for the visit? IF YES, what is it?	YES.....1 ——> CONSULTATION FEE AMOUNT: $ [ ][ ][ ] NO.....2	——>808
806	Is everyone charged the consultation fee?	YES.....1 NO.....2	——>808
807	What proportion of patients are charged the consultation fee?	PROPORTION CHARGED..... [ ][ ]	
808	Approximately how many patients does the doctor see at this practice each day?	NUMBER PATIENTS..... [ ][ ]	

COMMENTS:

8-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
809	How many hours per week is the doctor available to see patients at this location?	HOURS AVAILABLE..... [ ][ ]	
810	How many days per week is the doctor available to see patients at this location?	DAYS AVAILABLE..... [ ]	
811	In what year did the doctor first begin seeing patients at this site? (WRITE '98' IF UNKNOWN)	YEAR.....19 [ ][ ]	
812	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	 —> 814
813	Has this facility run out of its supply of disposable needles at any time in the last six months?	YES.....1 NO.....2	
814	What is the method most frequently used for the sterilisation of medical instruments? (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 CHEMICAL STERILISER.....4 OTHER_____5	
815	Has the (TYPE OF STERILISATION EQUIPMENT) been out of working order at any time in the last six months?	YES.....1 NO.....2	
816	Does the facility have the following items:	YES NO	
	Running water?	RUNNING WATER.....1 2	
	Electricity?	ELECTRICITY.....1 2	
	Refrigerator?	REFRIGERATOR.....1 2	
	Table for gynecological examinations?	TABLE-GYN EXAMS..... ....1 2	
	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1 2	
	IUD insertion kit?	IUD INSERTION KIT.....1 2	
	Weighing scales for children?	WEIGHING SCALE-CHILD.....1 2	
	Upright scale (not bathroom scale)?	URIGHT SCALE.....1 2	
	Blood pressure apparatus?	BLOOD PRESSURE APPARATUS...1 2	
	Hemoglobinometer for diagnosis of anemia?	HEMOGLOBINOMETER.....1 2	
	Microscope?	MICROSCOPE.....1 2	
	Diagnostic set (for ears, nose and throat)?	DIAGNOSTIC SET.....1 2	
817	Does the doctor see patients for the following:	YES NO	
	antenatal care?	ANTENATAL CARE.....1 2	
	delivery services?	DELIVERY SERVICES.....1 2	
	postnatal care?	POSTNATAL CARE.....1 2	
818	For how long does the doctor generally advise mothers to breastfeed?	MONTHS..... [ ][ ]	
819	Does the doctor give immunisations to women or children?	YES.....1 NO.....2	 —>824

COMMENTS:

8-2

VACCINE AVAILABILITY AT THE FACILITY:
Now I would like to ask you about the vaccines available at this facility. ASK Q.820 FOR EACH VACCINE. IF THE VACCINE IS AVAILABLE, ASK Q.821. IF THE VACCINE IS NOT AVAILABLE OR AFTER ASKING Q.821, CONTINUE WITH THE NEXT VACCINE. AFTER ASKING ABOUT ALL THE VACCINES, ASK Q.822.

	VACCINE	820 Is (VACCINE) available now?	821 At any time in the last 6 months did you run out of (VACCINE)?	822 Are clients charged for immunisations?	823 On average, how much do clients pay for immunisations?
1	DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2		
2	Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2		
3	Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2 → 824	$ ☐ . ☐☐
4	Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2		
5	BCG vaccine	YES.....1 NO.....2 → 822	YES.....1 NO.....2		

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
824	Does this facility provide family planning services?	YES.....1 NO.....2	→836
825	Has the doctor had training in tubal ligation procedures?	YES.....1 NO.....2	
826	Does the doctor perform tubal ligations?	YES.....1 NO.....2	
827	Has the doctor had training in IUD insertion?	YES.....1 NO.....2	
828	Does the doctor insert IUDs?	YES.....1 NO.....2	
829	Does the doctor provide patients with supplies of family planning methods (e.g., the pill or the condom)?	YES.....1 NO.....2	→835

COMMENTS:

CONTRACEPTIVE METHOD AVAILABILITY:
Now I would like to ask you about which family planning methods are available from this doctor. ASK ABOUT THE FIRST TYPE OF METHOD. IF THIS METHOD IS AVAILABLE FROM THE DOCTOR, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE. WHEN ASKING ABOUT Q.832, ALWAYS ASK ABOUT THE QUANTITY INDICATED.

METHOD/BRAND	830 Is (METHOD) available?	831 How many half days per week is (METHOD) available?	832 What is the average cost of (METHOD)?	833 Have you ever run out of (METHOD) in the last 6 months?	834 In what year did this (METHOD) first become available from the doctor?
01 Norquest OC	YES.....1 NO.....2	[ ][ ]	[ ].[ ][ ] PER CYCLE	YES.....1 NO.....2	[ ][ ]
02 Progestin-Only Pill	YES.....1 NO.....2	[ ][ ]	[ ].[ ][ ] PER CYCLE	YES.....1 NO.....2	[ ][ ]
03 Depo (Injection)	YES.....1 NO.....2	[ ][ ]	[ ].[ ][ ] PER ONE INJCTN.	YES.....1 NO.....2	[ ][ ]
04 Protector (Condom)	YES.....1 NO.....2	[ ][ ]	[ ].[ ][ ] PER THREE	YES.....1 NO.....2	[ ][ ]
05 Other brand of condom?	YES.....1 NO.....2	[ ][ ]	[ ].[ ][ ] PER THREE	YES.....1 NO.....2	[ ][ ]
05 Other method? Specify_____	YES.....1 NO.....2 736<	[ ][ ]	[ ].[ ][ ] _____ (QUANTITY)	YES.....1 NO.....2	[ ][ ]

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
835	On average, how many patients visit weekly for family planning?	FAMILY PLANNING PATIENTS [ ][ ]	
836	What is your position or title here?	_____	
837	TIME INTERVIEW ENDED	ENDING TIME.... [ ][ ] : [ ][ ]	

COMMENTS:

8-4

QUESTIONS 838 TO 840 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

838	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
839	WAS THE RESPONDENT HELPFUL?	YES.....1 NO.....2	
840	ADDITIONAL COMMENTS:		

END OF SECTION 8.