

Nigeria End-of-Project Health Facility Survey, 2009 Final Report

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Acronyms

AHIP	Adolescent Health and Information Project
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Bacille Calmette-Guerin (vaccine)
CAI	Creative Associates International
CHEW	Community Health Extension Worker
CHO	Community Health Officer
COMPASS	Community Participation for Action in the Social Sectors
CRERD	Center for Research, Evaluation and Resource Development
CSACEFA	Civil Society Action Coalition on Education For All
DPT	Diphtheria, Pertussis, Tetanus
EA	Enumeration Area
EPI	Expanded Program on Immunization
FCT	Federal Capital Territory
FOMWAN	Federation of Muslim Women's Associations of Nigeria
FP	Family Planning
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness
IPT	Intermittent Preventive Treatment
IR	Intermediate Result
ITN	Insecticide-treated nets
JHU/CCP	Johns Hopkins University/Center for Communication
KLN	Kano, Lagos, Nasarawa
LGA	Local Government Area
MHS	Management Sciences for Health
NACA	National Action Committee on AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NDHS	Nigeria Demographic and Health Survey
NMA	Nigeria Medical Association
OAU	Obafemi Awolowo University
OPV	Oral Polio Vaccine
PMV	Patent Medicine Vendor
PPC	Postpartum Care
PSRHH	Promoting Sexual and Reproductive Health for HIV/AIDS Reduction
SDP	Service Delivery Point
SO	Strategic Objective
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing

UN

USAID

WHO

United Nations

United States Agency for International Development

World Health Organization

Executive Summary

This report presents findings from the 2009 Nigeria End-of-Project Health Facility Survey. The survey serves as the endline for the Community Participation for Action in the Social Sector (COMPASS) Project. The survey was implemented in the local government areas (LGAs) in the states of Bauchi, Federal Capital Territory (FCT), Kano, Lagos, and Nasarawa where COMPASS is being implemented. COMPASS represents the integration of three previous U.S. Agency for International Development (USAID/Nigeria) funded projects: VISION, BASICS, and LEAP. The purpose of COMPASS is to enhance reproductive health and family planning services as well as to promote child survival and improved literacy. The core idea behind COMPASS is to integrate the health and education sectors through the promotion of community coalitions.

From a representative sample of men and women in the COMPASS target areas, the survey obtained information on all health facilities reportedly used by the sample of respondents. Information was collected on the facility background; vaccine logistic systems; child health services; antenatal and postpartum care; newborn and delivery care; sexually transmitted infection (STI) and voluntary counseling and testing (VCT) services; and select medications. The objective of this report is to present a set of indicators that are used by COMPASS and USAID for monitoring and evaluating program performance. Data from this end-of-project survey will be used to measure changes in health service indicators in the LGAs served by the COMPASS Project. Further, the results of the end-of-project survey may be used to redirect efforts or increase levels of intervention in selected areas based on the needs and goals of the health facilities in COMPASS project areas. Chapter 1 presents an overview of healthcare facilities. Chapter 2 describes facility characteristics, including service provision, facility amenities, outreach programs and infection prevention procedures. Chapter 3 provides information on family planning (FP) services, and chapter 4, on antenatal and postpartum care. Chapter 5 presents findings related to child health and vaccination services. Chapter 6 describes STI and VCT services; while chapter 7 presents a comparison of the 2005 baseline survey and the 2009 endline survey to assess the degree of change in selected health indicators. Findings from the end-of-project school and household surveys are presented in separate reports.

Health Facility Characteristics

- About 40% of the sample comprised patent medicine vendors (PMV) or dispensaries; about 25% were privately owned while 36% were public health facilities.
- Less than half of the health facilities provided vaccine services or commodities, child health care, family planning (FP), antenatal care (ANC), post partum care (PPC), delivery and newborn care. Only one in four health facilities provided STI/HIV/AIDS services or commodities.
- More public sector than private sector facilities had a waiting room for clients (94% versus 69%) and less than 10% of all facilities had a separate waiting area for youth. Only one out of five health facilities had electricity always or often.
- Forty percent of health facilities sold or distributed ITNs, with public sector facilities being at least one and a half times as likely as private sector facilities to do so. More than

70% of health facilities sold pre-packaged intermittent preventive treatment (IPT for malaria.) Urban facilities were at least one and a half times as likely as rural facilities to sell prepackaged IPT.

Family Planning Services

- Half of health facilities that provided family planning services did so on the day of the survey.
- About 32% of public facilities, less than 20% of private facilities, and only 4% of patent medicine vendors (PMV) had at least two modern contraceptive methods available at the time of the survey, a trained provider who had undergone at least basic family planning training to administer each and completed family planning records.
- Less than 25% of health facilities provided three or more contraceptive methods with at least one provider to administer each, and maintaining accurate standard registers.

Antenatal Care and Postpartum Care Services

- A total of 116 (40%) of ANC/PPC facilities provided the services on the day of the survey: 59% of public facilities, 43% of private facilities and 22% of PMVs/dispensaries.
- An estimated 86% of facilities maintained ANC registries and 75% used client cards.
- Less than 40% of ANC/PPC service providers reported being supervised in the past six months: 50% in the public sector, 31% in the private sector, and 6% of PMVs/dispensaries.

Child Health Services

- Less than 50% of health facilities offered vaccine or immunization services and those that did tended to offer these services to both pregnant women and children.
- Only 11% of health facilities had all six antigens and possessed completed immunization records.
- Among health facilities that offered any vaccine or immunization services, less than half had vaccination outreach programs: 53% of public facilities, 33% of private facilities and 14% of PMVs/dispensaries.

STI/HIV/AIDS Services

- Only 26% of facilities offered some STI or VCT services.
- Over 80% of STI/HIV/AIDS service providers reported that their facility offered STI procedures or products for treating STIs.

- Over three-quarters of facilities offering VCT had a confidentiality protocol in place; 70% of VCT facilities had an informed consent protocol.

Change in Selected Health Facility Indicators from 2005 to 2009

- There was a significant decline in the percentage of health facilities that had electricity always or often: from 34% in 2005 to 20% in 2009. This decline was significant in Kano, Lagos, urban areas, and among PMVs/dispensaries.
- The percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who had undergone at least basic family planning training to administer each and completed family planning records did not change significantly over time (15% in 2005 versus 17% in 2009).
- The percentage of health facilities that made condoms available to youth declined significantly in health facilities located in Bauchi, FCT, and semi-urban areas.
- The percentage of health facilities that sold or distributed insecticide-treated nets (ITNs) declined significantly in Bauchi from 47% in 2005 to 21% in 2009 but increased significantly in FCT from 21% in 2005 to 50% in 2009. There was a significant increase over time in the availability of pre-packaged IPT in the total sample (58% in 2005 versus 71% in 2009) and in the KLN states (58% in 2005 versus 69% in 2009).
- There was a significant increase in the percentage of family planning facilities that had visual aids or books/pamphlets on family planning and STI/IV/AIDS, from 46% in 2005 to 71% in 2009.
- The percentage of health facilities offering any vaccine or immunization services declined significantly between 2005 and 2009 (97% versus 43%). This significant decline in the offer of vaccine or immunization services was observed in all states, locations and facility types.
- The percentage of health facilities offering all six essential antigens for child immunization and possessing completed immunization records did not change between the baseline and end-of-project surveys. However, vaccination outreach by health facilities increased significantly during the inter-survey period, from 14% in 2005 to 42% in 2009.

CHAPTER 1. INTRODUCTION

Alfred Adewuyi

1.1 Availability and Access to Healthcare in Nigeria

With a population of over 140 million (NPC, 2006), Nigeria is the most populous country in Africa and the tenth most populous in the world. The total fertility rate is 5.7 per woman. Nigeria ranks very high among countries with a high burden of diseases. According to the United Nations (UN) (2005) and World Health Organization (WHO) (2006) estimates, the country's under-five mortality was 200 per 1,000 live births; the maternal mortality rate was 800 per 100,000 live births, which remains one of the highest in the world. Life expectancy at birth was projected at 43 years and the adult HIV prevalence rate at 5.4%. According to the 2003 Nigeria Demographic and Health Survey (NDHS), only 32% of all births were delivered at health facilities, while less than 30% were attended to by qualified medical practitioners. About one-third of Nigerians reside in the urban centers with variations across the states.

Health issues constitute a major concern of the Nigerian government. The federal government initiated some policies in response to the health challenges in the country. The Primary Health Care plan (PHC) in 1987 was one of these and a major cornerstone in the country's health care delivery. Also, a National Health Policy was approved in 2006 with a legal basis through a National Health Bill. Some government agencies like the National Agency for Food and Drug Administration and Control (NAFDAC) have been strengthened to correct issues related to fake and adulterated drugs. The National Action Committee on AIDS (NACA) is also empowered to tackle the surge of HIV/AIDS.

The Nigerian government, with assistance from the World Bank, has focused on improving the delivery of basic health care services throughout the country. This includes efforts to build institutional capacities to pave the way for continued development of the country's primary health care system. As well, the Nigerian government has established NACA, and HIV/AIDS prevention interventions are targeting high-risk populations, such as commercial sex and transportation workers. The United Kingdom's Department for International Development is funding a project called Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHH). PSRHH is a seven-year program implemented by the Society for Family Health (SFH), a local affiliate of Population Services International (PSI). The U.S Agency for International Development (USAID) is supporting interventions aimed at integrating HIV/AIDS prevention, family planning and maternal and child health activities into a more strategically targeted program. USAID/Nigeria seeks to increase the use and availability of high quality family planning services, as well as increase demand for and use of condoms, through behavior change and communication activities. One of the mechanisms through which USAID/Nigeria seeks to improve education, child health, and reproductive health is the COMPASS project, an integrated health and education program launched in 2004 in five Nigerian states: Bauchi, FCT, Kano, Lagos, and Nasarawa.

The reach and impact of COMPASS was evaluated using a household survey on reproductive health, child health, and education; a health facility survey; and a school survey. This report describes the results of the 2009 endline health facility survey and assesses the degree of change in key health service indicators between the 2005 baseline survey and the 2009 endline survey.

1.2 COMPASS and MEASURE Evaluation's Role

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

COMPASS in Nigeria aims to improve access to health and education within five Nigerian states, affecting 18 million people. The project targets 51 local government areas (LGAs) within the states of Lagos, Kano, FCT, Bauchi, and Nasarawa. The states vary widely in both socio-demographic and socioeconomic characteristics, reflecting disparities in wealth, health, and education between the northern and southern sections of the country. The five states in which COMPASS operates differ from each other not only in terms of languages spoken, ethnic groups and religion, but also in terms of access to and availability of health and education services. The timeline for project implementation is from May 2004 through May 2009.

COMPASS aims to contribute to USAID/Nigeria's strategic objective for improved social sector services (Strategic Objective [SO] 13). Specifically, the project aims to contribute to each of USAID's SO13 indicators:

- Increased coverage of the third dose of diphtheria, pertussis and tetanus vaccine (DPT)
- Increased birth spacing
- Increased student retention

To that effect, the project objectives include:

- Improving the quality of health and education services (Intermediate Result [IR] 13.1)
- Improving local communities' ability to effectively participate in policy dialogue on health and education (IR13.2)
- Increasing demand for quality health and education services (IR13.3)
- Increasing access to both health and education facilities (IR13.4)

MEASURE Evaluation at Tulane University is the external evaluator for COMPASS. MEASURE Evaluation, in consultation with COMPASS and USAID/Nigeria, developed a household survey. After conducting a competitive bidding process according to USAID/Nigeria requirements, MEASURE Evaluation contracted the Center for Research, Evaluation, and Resource Development (CRERD), a local research organization based in Ile-Ife and affiliated with Obafemi Awolowo University (OAU), Nigeria, to implement the household and facility

surveys, as well as the school surveys in the 51 LGAs where COMPASS operates. CRERD was also responsible for the implementation of the baseline and midline COMPASS evaluation surveys in 2005 and 2007, respectively.

Results from the household survey provide data for constructing indicators at the individual level (e.g., indicators related to information on individual knowledge of and demand for health and education issues and services). Results from the school survey provide information in the quality and types of educational services offered. Results of the facility survey indicators related to access, types of services offered, and quality of services at the facility or service delivery point (SDP) level (e.g., contraceptive availability). This report shows results from the health facility survey.

1.3 Survey Objectives

The specific objectives of the endline health facility survey were to:

- Collect quantitative data on health-service indicators among health facilities serving a representative sample of adults in 51 LGAs in Bauchi, FCT, Kano, Lagos, and Nasarawa states;
- Obtain data that will be used as an endline against which to measure changes in key health-service indicators resulting from the COMPASS project's interventions; and provide data for the refinement of strategies and target populations for COMPASS project activities, as well as for other child and reproductive health programs in the region.

1.4 Survey Methods

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

The baseline data were collected in 2005; the midline data were collected in 2007 and the final endline data were collected in 2009. The objective of the 2009 endline education survey was to collect quantitative data on reproductive health, child health, family planning, and health service indicators at health facilities serving a representative sample of respondents in the 51 LGAs target areas (listed in Appendix A). Because the project is likely to have spillover effects in non-intervention LGAs (which, in fact, would be a desirable outcome), it was not possible to include control groups in the study design. The 2009 facility survey was used to measure changes in health facility indicators resulting from the COMPASS project's interventions.

1.4.1 Sample Design and Size

The sample size calculations for respondents in households were conducted using regional estimates of five indicators: DPT2, and DPT3 rates. The highest estimate indicated that a sample size of 80 respondents per LGA would allow detection of changes of 25 percentage points at the LGA level with 90% power and 95% confidence (and much more accurate estimates at the state level). Given that there are 51 project LGAs, the target sample size was 4,080. Allowing for 10%

non-response, the sample size was increased to 4,500. A multistage stratified sampling strategy was used for the household survey. Assuming 25 interviews per EA, 182 EAs are needed to achieve the target sample size for the household survey. Because the number of intervention LGAs varies by state, allocating the EAs proportional to population size would not be appropriate, as this would result in a very small sample size for some of the states. Hence, 52 EAs were selected in each of the other states. Within each state, EAs were selected proportional to the population size of the respective LGAs. Within each LGA, the required number of EAs was selected using a table of random numbers. Within each selected EA, 25 households were selected using systematic random sampling. The same approach was adopted for the 2009 endline survey. Since the health facility and school surveys are linked to the household survey, no sample size was predetermined.

Since the baseline and midline surveys provided information on the available health facilities patronized by households in the selected EAs, a list of the health facilities surveyed in 2005 and 2007 was printed in order to guide fieldworkers. Each health facility on the list carried the household survey EA identification number. New health facilities established after the midline survey were also covered. Table 1.1 reports the population, number of EAs, and sample sizes for health facilities by COMPASS LGAs in each state, as was determined in 2005. A brief description of the sample design and size for the household survey is given below, followed by a description of health facility selection.

Table 1.1. Population, number of enumeration areas, and health facility sample size, by COMPASS project LGAs in each state

	Bauchi	FCT	Kano	Lagos	Nasarawa	Total
State population *	1,355,181	371,674	2,476,911	4,388,647	498,682	9,091,095
No. of EAs sampled	26	26	52	52	26	182
Health facility sample size	38	61	50	57	27	233

The health facility survey was linked to the household survey, in that only health facilities (including all public and private primary health facilities) serving the population interviewed in the household survey were included in the sample (Table 1.1). Hence, the facility survey may include some facilities that are located outside the EAs selected for the household survey. One representative from each health facility answered questions about the facility; one health care provider from each of the respective areas (i.e., child health, maternal and reproductive health, family planning, and STI/HIV/AIDS prevention and treatment) also answered questions about services and products available in their respective fields of primary health care at the selected health facilities.

1.4.2 Questionnaire Development

MEASURE Evaluation, in consultation with all COMPASS collaborating partners, developed the questionnaires (Appendix C). The questionnaires were adapted from the standard

* 1991 Population Census.

Demographic and Health Survey (DHS) instrument, and included sections on types of services offered at the facility, vaccine logistic system, child health services, family planning services, antenatal care (ANC), delivery, postnatal care (PPC) and newborn services, select medications, and sexually-transmitted infections (STIs) and HIV/AIDS services. The questionnaire was translated into the two major local languages of the five COMPASS states (Hausa and Yoruba), then back-translated into English. The questionnaires were interviewer-administered. Geographic coordinates were collected at each health facility using the Garmin eTex hand-held navigational unit and downloaded using GPS Utility.

1.4.3 Training of Field Survey Teams

Training of field staff was conducted in two stages. First, supervisors received a four-day centralized training at OAU. Subsequent three-day regional trainings of the field teams were held in each of the five states. About 80% of the supervisors who participated in the Baseline and Midline evaluations were recruited for the endline survey. The fieldworkers were recruited from each state and comprised mostly of those who participated satisfactorily in the baseline and midline surveys. CRERD led all the trainings. Training consisted of a question-by-question review of the questionnaires, a review of the sampling methodology, instruction in the use of the hand-held navigational units (e.g., Garmin eTrex), role-plays, and pretests of the questionnaires.

1.4.4 Data Collection

Data collection for the health facility survey was implemented concurrently with the household, headmaster, and teacher surveys in each of the five states. Fieldwork for the household, school, and health facility surveys started in mid-June 2009 and was completed by early July 2009. A total of 216 interviewers and 52 supervisors implemented the data collection for the COMPASS 2009 endline survey.

1.5 Limitations

As with all cross-sectional surveys, this survey was subject to response and recall biases. Self-reported data may reflect a perceived desirability of responses rather than actual knowledge or practices, and may be affected by response bias. Responses to questions related to events in the past (such as ever trained in family planning [FP] methods, for example) were subject to recall bias. Some of the health facilities (particularly those privately owned) covered in the baseline and midline surveys declined to participate in the endline survey. The total number of health facilities surveyed is small (N=286), thus, estimates for some sub-groups of the sample were not possible. Because the health facilities survey sample is in those 51 LGAs that were targeted by the COMPASS project, the results from this survey may not be representative of all health facilities in Bauchi, FCT, Lagos, Kano, or Nasarawa states. Also, one of the EAs in Bauchi state was substituted due to reasons of inaccessibility.

CHAPTER 2. HEALTH FACILITY CHARACTERISTICS

Akanni Akinyemi

A total of 286 health facilities were included in the endline survey. About 18% of the health facilities were in Bauchi, 15% in FCT, 23% in Kano, 30% in Lagos and 13% in Nasarawa. About 48% of the health facilities were located in urban areas, 28% in semi-urban and 24% in rural areas. About 40% of the sample was either PMV facilities or dispensaries. About 25% of the facilities were privately owned while 36% were public facilities. About 66% of the facilities were located in the three states of Kano, Lagos, and Nasarawa. Public health facilities throughout this report refer to public teaching hospitals, public comprehensive health care centers, public primary health care centers, public health clinics and public health posts. Private health facilities refer to private hospitals, missionary hospitals, and military hospitals. PMV refers to all patent medicine vendors and dispensaries. The focus of this chapter is on health facility characteristics, service provision, facility amenities, outreach programs, and infection prevention and control procedures.

2.1 Service Provision

This section explores the type of service provision by the health facilities. Table 2.1 shows the percentage of facilities providing any family planning services, STI/VCT services, antenatal care services, child health services, vaccinations, postpartum care, or delivery and newborn care services or commodities. About 43% of facilities provided vaccination services, about 46% provided child health care and about 48% provided family planning services. About 41% of facilities provided antenatal services, 35% offered post-partum care, almost 37% offered delivery/newborn care, while over a quarter provided STI/VCT services. More than half of the facilities in Kano and Nasarawa provided vaccination services. Also, more than half of the facilities in Bauchi, 60% of facilities in Kano, 63% of facilities in Nasarawa and about 53% of facilities in the three states of Kano, Lagos and Nasarawa offered family planning services. Only about one-third of facilities in Bauchi and Nasarawa, and about a quarter of facilities in Kano and Lagos provided STI services. Almost 60% of rural facilities and 41% of urban facilities offered vaccination services. Slightly more than half of the facilities in the rural areas (53%) and urban areas (51%) provided family planning services. About 32% of facilities in the rural areas and 27% of facilities in the urban areas offered STI/VCT services. About 63% of public facilities, 43% of private facilities and 36% of PMV/Dispensary offered family planning services. Almost two-fifths of public facilities compared with 29% of private facilities and 12% of PMV offered STI/VCT services. State and facility-type differentials in service provision were statistically significant for all programs shown in Table 2.1. Differentials by location were statistically significant only for the provision of vaccination, child health, and ANC services.

Table 2.1. Percentage of facilities providing any FP, STI/VCT, ANC, child health, vaccinations, postpartum care, or delivery and newborn care services or commodities, 2009

	Vaccination	Child Health	Family Planning	Antenatal Care	Post-partum Care	Delivery and Newborn Care	STI and/or VCT	N
State	**	***	***	***	**	***	***	
Bauchi	46.2	46.2	51.9	44.2	38.5	48.1	36.5	52
FCT	20.5	15.9	20.5	15.9	18.2	18.2	2.3	44
Kano	50.8	66.2	60.0	44.6	38.5	38.5	27.7	65
Lagos	41.4	42.5	42.5	39.1	28.7	26.4	25.3	87
Nasarawa	55.3	50.0	63.2	60.5	57.9	63.2	36.8	38
Location	**	**		*				
Urban	40.9	48.5	50.8	37.1	34.9	33.3	26.5	138
Semi-urban	34.2	31.6	36.8	34.2	29.0	31.6	21.1	79
Rural	59.1	57.6	53.0	53.0	42.4	50.0	31.8	69
Facility type	***	***	***	***	***	***	***	
Public sector	72.8	64.1	63.1	59.2	55.3	55.3	38.8	103
Private sector	38.6	44.3	42.9	42.9	45.7	45.7	28.6	70
PMV or Dispensary	18.6	29.2	36.3	22.1	9.7	14.2	12.4	113
KLN Total	47.4	52.1	52.6	45.3	37.9	37.9	28.4	190
Total	43.0	45.5	47.6	40.6	35.0	36.7	25.9	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

Missing values were set to zero.

* $p < .05$.

** $p < .01$.

*** $p < .001$ based on χ^2 test.

2.2 Facility Amenities

Table 2.2 presents the percentage of facilities with some basic amenities like waiting room for clients, separate waiting room for youths, electricity supply, and a protected water source on site. Overall, 84% of all the facilities had a waiting room for clients, 8% had a separate waiting room for youth, about one-fifth had electricity supply, while four-fifths had a protected water source on site. Within the states, over 90% of facilities in Kano, and over 86% of facilities in Nasarawa and Bauchi had a waiting room for clients. About 84% of facilities in the urban and 86% of facilities in rural areas had a waiting room for clients. About 94% of public facilities and 69% of private facilities had a waiting room for clients. Only about 14% of facilities in Bauchi, 11% of facilities in Lagos, and 10% of facilities in Kano had a separate waiting room for youth. There is no health facility with a waiting room for youth in FCT while only 3% of facilities in Nasarawa did. Only about 8% of facilities in the urban areas had a separate waiting room for youths. About 9% of public health facilities and 6% of private facilities have a separate waiting room for youth. About 30% of facilities in FCT, 21% of facilities in Nasarawa, and about 19% of facilities in Bauchi and Lagos had electricity supply. Only about 12% of facilities in the rural areas had electricity supply. About 86% of facilities in FCT and Lagos, 80% of facilities in Kano, and 74% of facilities in Nasarawa had a protected water source on site. About 86% of urban facilities had a protected water source.

Table 2.2. Percentage of health facilities with waiting area, a separate waiting area for youth, electricity (always or often), and a protected water source, 2009

	Any waiting room for clients ^a	Separate waiting area for youths ^a	N	Electricity (always or often)	Protected water source	N
State						
Bauchi	86.4	13.6	19	19.2	67.3	52
FCT	80.0	0.0	35	29.6	86.4	44
Kano	90.3	9.7	31	15.4	80.0	65
Lagos	79.3	11.3	53	18.6	86.4	87
Nasarawa	87.1	3.2	31	21.1	73.7	38
Location					*	
Urban	84.2	7.9	76	20.6	86.3	138
Semi-urban	83.0	8.5	47	22.4	79.0	79
Rural	86.1	4.7	43	12.2	69.7	69
Facility type	***					
Public sector	93.9	8.7	103	21.4	85.4	103
Private sector	69.2	5.8	69	27.5	79.7	70
PMV or	n.a.	n.a.	n.a.	14.2	74.3	113
KLN Total	84.4	8.7	115	18.0	81.5	190
Total	83.7	7.6	172	20.0	79.7	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

^a PMV and dispensaries are not included in the analysis.

n.a. = Not applicable.

* $p < .05$.

*** $p < .001$ based on χ^2 test.

Table 2.3 presents information on the facilities that sold or distributed insecticide-treated nets (ITN) and the percentage that sold pre-packaged intermittent preventive treatment (IPT) for malaria. Overall, two-fifths of the facilities sold or distributed ITNs while about 71% had prepackaged IPT. About 43% of facilities in the three states of Kano, Lagos and Nasarawa sold or distributed ITNs. About 53% of facilities in Nasarawa and 50% of facilities in FCT sold or distributed ITNs. Significantly more public facilities sold or distributed ITNs compared to private facilities (62% versus 35%, respectively). The percentage of facilities with prepackaged IPT was lowest in Kano (48%) and highest in Lagos (85%). Prepacked IPT was more available in urban facilities (85%) than in semi-urban (67%) and rural facilities (50%). About 72% of public health facilities, 71% of private facilities and 70% of PMV/dispensaries had prepackaged IPT.

Table 2.3. Percentage of health facilities that sell or distribute insecticide-treated nets (ITNs) and percentage that have prepackaged IPT treatment drugs for malaria, 2009

	Sell or Distribute ITN	Prepackaged IPT	N
State	***	***	
Bauchi	21.2	74.5	52
FCT	50.0	76.2	44
Kano	35.4	48.4	65
Lagos	45.4	85.0	87
Nasarawa	52.6	68.4	38
Location		***	
Urban	39.7	84.6	138
Semi-urban	39.5	66.7	79
Rural	42.4	50.0	69
Facility type	***		
Public sector	62.1	72.3	103
Private sector	34.8	70.8	70
PMV or Dispensary	23.9	70.1	113
KLN Total	43.4	68.9	190
Total	40.4	71.1	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** p < .001 based on χ^2 test.

The percentage distribution of sampled facilities by cadre and status of providers are presented in Table 2.4. Overall, about 27% of facilities had a physician, 28% had a pharmacist, 19% had an auxiliary nurse, one-quarter had a community health officer (CHO), 42% had a community health extension worker (CHEW), while about 28% had a patent medicine vendor (PMV) as a provider. Fewer public health facilities had physicians, nurses and auxiliary nurses (36%, 42% and 13%, respectively) as compared to private facilities (57%, 53% and 47%, respectively). Conversely, there were more public facilities with at least one nurse midwife, CHO and CHEW (55%, 52%, and 83%, respectively) than private facilities (46%, 19%, and 29%, respectively). Also, approximately 35% each of both public and private health facilities had at least one pharmacist.

Table 2.4. Percentage of health facilities with at least one provider of each type, 2009

	Physician	Nurse- mid-wife	Nurse	Midwife	Aux- nurse	CHO	CHEW	Pharmacist	PMV	N
Facility type										
Public sector	35.9	55.3	41.8	25.2	12.6	51.5	82.5	35.0	3.9	103
Private sector	57.1	45.7	52.9	28.6	47.1	18.6	28.6	35.7	14.3	70
PMV or Dispensary	0.0	0.9	10.6	1.8	6.2	6.2	13.3	16.8	59.3	113
	***	***	***	***	***	***	***	**	***	
KLN Total	25.3	26.8	27.9	14.7	18.4	24.7	37.4	29.5	28.4	190
Total	26.9	31.5	32.2	16.8	18.5	25.5	42.0	28.0	28.3	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** p < .01.

*** p < .001 based on χ^2 test.

2.3 Community Outreach Programs

Table 2.5 presents the percentage distribution of facilities with a community outreach program. There were significant state, location, and facility type differentials in health facility outreach. Overall, about 47% of facilities had a community outreach program. The proportion of health facilities with an outreach program ranged from 71% in Nasarawa to at least 50% in Bauchi and Kano, and 29% in FCT. As expected, more rural than urban facilities (64% versus 36%) and more facilities in the public sector as compared to the private sector (66% versus 19%) had a community outreach program.

Table 2.5. Percentage of health facilities with an outreach program, 2009

	Outreach program	N
State	**	
Bauchi	50.0	28
FCT	28.6	35
Kano	53.1	32
Lagos	40.7	55
Nasarawa	71.0	31
Location	**	
Urban	35.9	79
Semi-urban	49.0	49
Rural	63.8	47
Facility type	***	
Public sector	66.0	103
Private sector	18.8	70
KLN Total	47.2	104
Total	47.2	181

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

** $p < .01$.

*** $p < .001$ based on χ^2 test.

Table 2.6 provides information on facilities that are responsive to client opinion. Overall, about 20% of the facilities had a process for responding to clients' opinions. About 29% of facilities in Kano, 25% of facilities in Lagos, and 20% of facilities in FCT were responsive to clients' opinions. About 30% of facilities in semi-urban, 19% of facilities in the public sector, and 22% of private sector facilities had a medium of responding to clients' opinions. The proportion of facilities with a means of responding to clients' opinion in the three states of Kano, Lagos and Nasarawa combined was similar to the COMPASS LGA average (22% versus 20%, respectively). Differentials by location were statistically significant. The percentage of health facilities with a process of responding to clients' opinions was 2-3 times as high in urban and semi-urban areas (18% and 30%, respectively) as in rural areas (9%).

Table 2.6. Percentage of public and private health facilities that are responsive to client opinion, 2009

	Responsive to Client	N
State		
Bauchi	13.6	28
FCT	20.0	35
Kano	29.0	32
Lagos	24.5	55
Nasarawa	9.7	31
Location	*	
Urban	18.4	79
Semi-urban	29.8	49
Rural	9.3	47
Facility type		
Public sector	19.4	103
Private sector	21.7	70
KLN Total	21.7	104
Total	20.3	181

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

* $p < .05$ based on χ^2 test.

2.4 Infection Prevention and Control Procedures

Table 2.7 presents the percentage distribution of facilities that practiced prevention procedures for syringes or needles. Overall, only 5% of facilities practiced dry heat sterilization, 21% utilized the autoclave, 5% practiced steam sterilization, 12% boiled, while 47% used disposables. Only about 9% in FCT and 7% in Lagos utilized dry heat sterilization procedures. Less than 5% of facilities in Bauchi and Nasarawa and none in Kano utilized dry heat sterilization procedures. Also, 37% of facilities in FCT and 22% in Lagos utilized the autoclave. Twenty-one percent of facilities in urban areas and 23% of facilities in semi-urban areas utilized an autoclave procedure. The use of disposables was the most prevalent infection prevention procedure in all states except FCT, and ranged from 68% of facilities in Nasarawa and 59% of facilities in Bauchi, to 23% in FCT. In the latter state, more facilities used the autoclave (37%) as compared to disposables. About 61% of facilities in rural areas, 51% of facilities in urban and 32% in semi-urban areas used disposable syringes or needles; while boiling was used more by semi-urban (19%) than by urban (8%) and rural facilities (9%). The only significant differentials observed were by facility type, with the use of the autoclave being almost three times as prevalent in the private sector as in the public sector (34% versus 12%).

Table 2.7. Percentage of health facilities that practice infection prevention procedures for syringes or needles, 2009

	Dry heat sterilization	Autoclave	Steam sterili- zation	Boiling	Chemical	Other	Dispos- ables	N
State ***								
Bauchi	4.6	13.6	0.0	9.1	13.6	0.0	59.1	28
FCT	8.6	37.1	5.7	14.3	11.4	0.0	22.9	35
Kano	0.0	16.1	9.7	16.1	6.5	19.4	32.3	32
Lagos	7.4	22.2	3.7	9.3	0.0	1.9	55.6	55
Nasarawa	3.2	9.7	3.2	9.7	3.2	3.2	67.7	31
Location								
Urban	6.5	20.8	5.2	7.8	6.5	2.6	50.7	79
Semi-urban	8.5	23.4	8.5	19.2	4.3	4.3	31.9	49
Rural	0.0	14.0	0.0	9.3	7.0	9.3	60.5	47
Facility type **								
Public	4.9	11.7	5.8	10.7	9.7	7.8	49.5	103
Private	5.7	34.3	2.9	12.9	0.0	4.6	44.3	70
KLN Total	4.3	17.2	5.2	11.2	2.6	6.9	52.6	104
Total	5.2	20.8	4.6	11.6	5.8	4.6	47.4	181

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

** $p < .01$

*** $p < .001$ based on χ^2 test.

Table 2.8 presents contaminated waste disposal procedures. Overall, about 11% of facilities burned waste in incinerators, about 39% burned waste in open pits, 25% burned and buried waste, 11% threw waste in the trash or an open pit, while 4% threw waste in pit latrines. About 20% of facilities in FCT, 14% of facilities in Bauchi, and 10% of facilities in Kano burned their waste in an incinerator.

Significant state differentials are observed. At least twice as many facilities in FCT as in Kano, Lagos, and Nasarawa used incinerators. Three times as many facilities in Bauchi as in Lagos burned and buried their waste. At least twice as many facilities in Lagos as in Bauchi, FCT, and Kano threw waste in trash or an open pit. Differentials in the disposal of contaminated waste by location were also statistically significant. For example, nearly twice as many clinics in semi-urban areas (17%) as in urban (8%) and rural areas (9%) used incinerators. Disposal of contaminated waste by burning and burying was at least two times more prevalent in rural facilities than in urban facilities (42% versus 14%). Regarding differentials by facility type, incinerator use and burning and burying contaminated waste were at least two times as prevalent in the public sector as in the private sector. Conversely, burning contaminated waste in an open pit and throwing contaminated waste in the trash or open pit was more prevalent in the private sector than in the public sector (46% versus 34% and 16% versus 8%, respectively).

Table 2.8. Percentage of facilities that dispose of contaminated waste, by disposal procedure, 2009

	Burned in inciner- ator	Burned in open pit	Burned and buried	Thrown in trash or open pit	Thrown in pit latrine	Other	N
State**							
Bauchi	13.6	27.3	40.9	4.6	4.6	9.1	28
FCT	20.0	42.9	22.9	8.6	2.9	2.9	35
Kano	9.7	48.4	32.3	3.2	3.2	3.2	32
Lagos	7.4	33.3	13.0	18.5	1.9	25.9	55
Nasarawa	6.5	41.9	32.3	12.9	6.5	0.0	31
Location**							
Urban	7.8	39.0	14.3	14.3	2.6	22.1	79
Semi-urban	17.0	42.6	25.5	6.4	6.4	2.1	49
Rural	9.3	37.2	41.9	9.3	2.3	0.0	47
Facility type*							
Public sector	14.6	34.0	32.0	7.8	3.8	7.8	103
Private sector	5.7	45.7	15.7	15.7	2.9	14.3	70
KLN Total	7.8	39.7	23.4	12.9	3.5	12.9	104
Total	11.0	38.7	25.4	11.0	3.5	10.4	181

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

* $p < .05$.

** $p < .01$ based on χ^2 test.

CHAPTER 3 – FAMILY PLANNING SERVICES

Ambrose Akinlo

This chapter presents information on health facilities that provided family planning services in the sampled locations. Information on the training of family planning service providers, availability of family planning products and educational materials, and record keeping and supervision is presented.

Table 3.1 shows the percentage of health facilities that provided family planning services on the day of the survey, among those that provided any family planning services. Overall, almost half (49%) of the health facilities that provided any family planning services also provided services on the day of the survey. However, when disaggregated by the facility type, it is found that 62% of public sector health facilities, 40% of private sector health facilities, and 37% of PMVs or dispensaries that provide any family planning services provided services on the day of the survey. These differentials were significant at the five percent level. In the KLN states, the proportion of FP health facilities that provided FP services on the day of the survey was similar to the COMPASS LGA average (46% versus 49%).

Table 3.1. Percentage of health facilities that provided family planning services on the day of the survey, among those that provide any family planning services, 2009

	Provided family planning services on day	N
Facility type*		
Public sector	61.5	65
Private sector	40.0	30
PMV or Dispensary	36.6	41
KLN Total	46.0	101
Total	49.3	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$ based on χ^2 test.

3.1 Training of Family Planning Service Providers

Table 3.2 provides information on the percentage of family planning providers who ever received in-service family planning training, by state, location, facility type, and type of available services. Overall, about two-thirds (65%) of family planning providers received in-service family planning training on family planning counseling, 39% received in-service training on IUD insertion, about a third (33.1%) of the providers received in-service training on STI syndromic management and other STI diagnosis and treatment respectively. The table also shows that about a quarter of the providers received in-service training for implants (25%) and post-abortion care (27%). Less than one-fifth of the providers received in-service training for mini laparotomy (17%) and no scalpel vasectomy (18%). When examined by state, the table shows that at least 59% of family planning providers in all the surveyed states (except FCT

44%) had received training on family planning counseling. Nasarawa and Bauchi states reported the highest percentages of providers who received in service training on family planning counseling (83% and 74%, respectively).

Apart from IUD insertion, where half of family planning providers in Lagos had received in-service training, the number of family planning providers who received in-service training in any of the other available programs was generally low in all the states. Lagos state reported the highest percentages of providers that received in-service training in each of the programs except family planning counseling and mini laparotomy, while the FCT reported the least percentages of providers that received in-service training in most of the programs. None of the health providers in FCT had ever received in-service training on no-scalpel vasectomy. By location, the table shows that rural areas consistently reported the lowest percentages of providers who had received in-service training compared to their semi-urban and urban counterparts. Table 3.2 also shows that semi-urban areas reported higher proportions of providers that received in service training for most of the programs than urban and rural areas, with the differences being widest for IUD insertion (57% among family planning providers in semi-urban areas as compared to 42% and 17% of their counterparts in urban and rural areas, respectively). When the percentage of providers that received in-service family planning training is examined by facility type, a very consistent pattern is observed: a higher percentage of providers from the private sector had received in-service training compared to those employed in the public sector and PMV/Dispensary, respectively. PMVs/dispensaries reported the least percentage of providers that ever received in-service training in all the programs specified.

Table 3.2. Percentage of family planning providers who ever received in-service family planning training, 2009

	Family planning counseling	IUD insertion	Mini Laparo- tomy	No scalpel vasectomy	Implants	STI syndromic manage- ment	Other STI diagnosis and treatment	Post- abortion care	N
State									
Bauchi	74.1	40.7	14.8	18.5	22.2	33.3	37.0	25.9	27
FCT	44.4	22.2	11.1	0.0	11.1	33.3	33.3	22.2	9
Kano	59.0	35.9	15.4	18.0	25.6	25.6	28.2	28.2	39
Lagos	59.5	51.4	16.2	21.6	29.7	43.2	37.8	37.8	37
Nasarawa	83.3	29.2	25.0	16.7	25.0	29.2	29.2	16.7	24
Location		**							
Urban	64.2	41.8	19.4	19.4	23.9	32.8	37.3	32.8	67
Semi-urban	75.0	57.1	21.4	17.9	35.7	42.9	32.1	32.1	28
Rural	62.9	17.1	8.6	14.3	17.1	22.9	22.9	11.4	41
Facility type									
Public sector	70.8	41.5	16.9	15.4	23.1	38.5	38.5	30.8	65
Private sector	73.3	53.3	30.0	33.3	43.3	43.3	40.0	40.0	30
PMV or Dispensary	51.2	24.4	7.3	9.8	14.6	17.1	19.5	14.6	41
KLN Total	65.0	40.0	18.0	19.0	27.0	33.0	32.0	29.0	100
Total	65.4	39.0	16.9	17.7	25.0	33.1	33.1	27.4	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

** $p < .01$ based on χ^2 test.

3.2 Availability of Family Planning Products and Educational Material

The data presented in Table 3.3 are based on the percentage of health facilities that (a) provided at least three modern contraceptive methods, (b) had at least one trained provider to administer each available contraceptive method, and (c) maintained accurate standard registers. Overall, only one-fifth of all the health facilities surveyed (20%), (representing 41% of health facilities that provided any family planning services), met these criteria. Examined by facility type, 37% of all surveyed public sector facilities, one-fifth (20%) of all surveyed private sector facilities, and just 4% of all surveyed PMVs/dispensaries met these three.

Table 3.3. Percentage of health facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers, 2009

	All Health Facilities	N	Health Facilities Providing Any Family Planning Services	N
Facility type	***		***	
Public sector	36.9	103	58.5	65
Private sector	20.0	70	46.7	30
PMV or Dispensary	3.5	113	9.8	41
KLN Total	20.5	190	39.0	100
Total	19.6	286	41.2	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** p < .01 based on χ^2 test.

Table 3.4 presents information on the percentage of health facilities that (a) had at least two modern contraceptive methods available at the time of the survey, (b) had a trained provider who has undergone at least basic family planning training to administer each, and (c) completed family planning records. Only 17% of all surveyed health facilities (translating to 36% of health facilities providing any family planning services) met these criteria. More public sector health facilities (32%) met these criteria compared to 17% of private sector facilities and 4% of PMV or dispensary.

Table 3.5 shows the percentage of health facilities that made condoms available to youth, disaggregated by state, location, and facility type. Overall, less than a fifth (19%) of the 286 health facilities surveyed made condoms available to youths. By state, the highest percentage of facilities that made condoms available to youths was reported in Nasarawa (34%), followed by Lagos and Kano states (22% each), and lastly by Bauchi and FCT with 14% and 5%, respectively. By location, a slightly higher percentage of facilities located in rural areas (21%) made condoms available to youths compared to those in urban (20%) and semi-urban areas (18%). An examination of the data by facility type shows that a higher percentage of public sector facilities (23%) made condoms available to youth compared to 19% of PMVs/dispensaries, and only 14% of private sector facilities.

Table 3.4. Percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training to administer each, and completed family planning records, 2009

	All Health Facilities	N	Health Facilities Providing Any Family Planning Services	N
Facility type	***		***	
Public sector	32.0	103	50.8	65
Private sector	17.1	70	40.0	30
PMV or Dispensary	3.5	113	9.8	41
KLN Total	16.8	190	32.0	100
Total	17.1	286	36.0	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** $p < .001$ based on χ^2 test.

Table 3.5. Percentage of health facilities that make condoms available to youth, 2009

	Condoms available to youth	N
State	**	
Bauchi	13.5	52
FCT	4.6	44
Kano	21.5	65
Lagos	21.8	87
Nasarawa	34.2	38
Location		
Urban	19.7	138
Semi-urban	18.4	79
Rural	21.2	69
Facility type		
Public sector	23.3	103
Private sector	14.3	70
PMV or Dispensary	18.6	113
KLN Total	24.2	190
Total	19.2	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** $p < .01$ based on χ^2 test.

Table 3.6 shows the percentage of family planning health facilities that had visual aids or books/pamphlets on family planning and STI/HIV/AIDS, by state, location, and facility type. Overall, 71% of the 136 health facilities that offered any family planning services had the aforementioned materials. Examined by state, the table shows that more than three-quarters of the facilities that provided family planning services in Bauchi, FCT and Lagos states had visual aids or books/pamphlets on family planning. Two-in-three facilities in Nasarawa state (67%) and 62% of facilities in Kano state also had these materials. The table also shows that a higher percentage of facilities that offered family planning services in semi-urban locations (82%) had these educational aids on family planning and STIs, compared to 72% of urban facilities and 63% of rural facilities. Also, at least four-in-five public sector (80%) or private sector (87%) facilities that provided family planning services had educational aids on family planning and STIs, compared to less than half (46%) of PMVs or dispensaries.

Table 3.6. Percentage of family planning health facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS, 2009

	Visual aids/books/pamphlets	N
State		
Bauchi	77.8	27
FCT	77.8	9
Kano	61.5	39
Lagos	78.4	37
Nasarawa	66.7	24
Location		
Urban	71.6	67
Semi-urban	82.1	28
Rural	62.9	41
Facility type		
Public sector	80.0	65
Private sector	86.7	30
PMV or Dispensary	46.3	41
KLN Total	69.0	100
Total	71.3	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

3.3 Record Keeping and Supervision

Table 3.7 shows the percentage of family planning providers that maintained a register for family planning consultation and the percentage that maintained individual client records. Overall, 63% of the health facilities (that offered any family planning services) maintained registers for consultations and 60% of the facilities also maintained individual client records. By state, at least 54% of the facilities in each state maintained registers; Bauchi reported the highest percentage of about three-quarters (74%) while two-in-three facilities in each of FCT and Kano (67% each)

maintained registers for family planning consultations. Also, in each of the states, at least half of the facilities that offered family planning services maintained individual client records, with the percentage being highest in Lagos and Nasarawa states (67% each) and lowest in Kano state (51%). When examined by location, the statistics show that a higher percentage of facilities in semi-urban and rural areas kept registers of family planning consultations than in urban areas and the pattern is similar for the percentage of facilities that kept individual client records. A breakdown of the data by facility type shows that a noticeably higher proportion of public sector facilities maintained registers, more than four-in-five facilities (85%) compared to a little more than half of facilities in the private sector (57%) and less than a third of PMVs or dispensaries (32%). Few PMVs or dispensaries kept individual client records (20%) compared to more than three-in-four private or public sector facilities (77% and 78%, respectively).

Table 3.7. Percentage of family planning providers that maintain a register for family planning consultation and the percentage that maintain individual client records, 2009

	Register	Individual client records	N
State			
Bauchi	74.1	59.3	27
FCT	66.7	55.7	9
Kano	66.7	51.3	39
Lagos	54.1	66.7	37
Nasarawa	54.2	66.7	24
Location			
Urban	61.2	56.1	67
Semi-urban	71.4	75.0	28
Rural	62.9	57.1	41
Facility type	***	***	
Public sector	84.6	78.0	65
Private sector	56.7	76.7	30
PMV or Dispensary	31.7	19.5	41
KLN Total	59.0	60.6	100
Total	62.5	60.0	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** $p < .001$ based on χ^2 test.

Table 3.8 shows the percentage of family planning providers that had contact with a supervisor in the six months prior to the survey. Overall, just a third of the providers (32%) reported having been supervised in the last six months. Disaggregated by state, the FCT reported the highest percentage of providers that had contact with supervisors (44%), followed by Bauchi and Kano states (41% and 36%, respectively) while only about 25% each had been supervised in Lagos and Nasarawa states in the six months preceding the survey. By location, a higher proportion of semi-urban based providers reported contact with supervisors (46%) compared to about one-

quarter each of urban and rural area based providers (28% and 26% respectively). Examined by facility type, the figures show that PMVs or dispensaries were the least supervised as barely one-tenth of the family planning providers in these facilities reported contact with a supervisor in the six months preceding the survey, while a higher percentage of private and public sector facilities, albeit less than half (43% and 42% respectively), reported contact with supervisors during the six month period before the survey. Differentials by facility type were statistically significant ($p < .001$).

Table 3.8. Percentage of family planning providers that had contact with a supervisor in last six months, 2009

	Contact with supervisor	N
State		
Bauchi	40.7	27
FCT	44.4	9
Kano	35.9	39
Lagos	24.3	37
Nasarawa	25.0	24
Location		
Urban	28.4	67
Semi-urban	46.4	28
Rural	25.7	41
Facility type	***	
Public sector	41.5	65
Private sector	43.3	30
PMV or Dispensary	9.8	41
KLN Total	29.0	100
Total	32.4	136

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** $p < .001$ based on χ^2 test.

CHAPTER 4. ANTENATAL CARE AND POSTPARTUM CARE SERVICES

Adenike Onagoruwa and Anastasia J. Gage

This chapter describes antenatal care (ANC) services and postpartum care (PPC) services offered at health facilities. Information is provided on availability of ANC/PPC services, availability of ANC/PPC commodities, and record keeping and supervision of ANC/PPC providers.

4.1 Availability of ANC/PPC Services

A total of 116 health facilities (40%) provided any ANC/PPC services on the day of the survey: 61 public health facilities (59%); 30 private health facilities (43%); and 25 PMVs (22%). Figure 4.1 illustrates the percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey. A total 40% of facilities that offer any ANC/PPC services offered ANC/PPC services on the day of the survey. More public health facilities offered ANC/PPC services (46%) compared to private facilities (37%) or PMVs (28%). Among KLN states, 27% of facilities that offered any ANC/PPC services provided ANC/PPC services on the day of the survey. As Table 4.1 shows, the proportion of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey did not vary significantly by location. Considering only states that had 25 or more health facilities offering ANC/PPC services, the percentage that offered these services on the day of the survey ranged from 63% in Bauchi to 22% in Kano. These state differences were statistically significant.

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

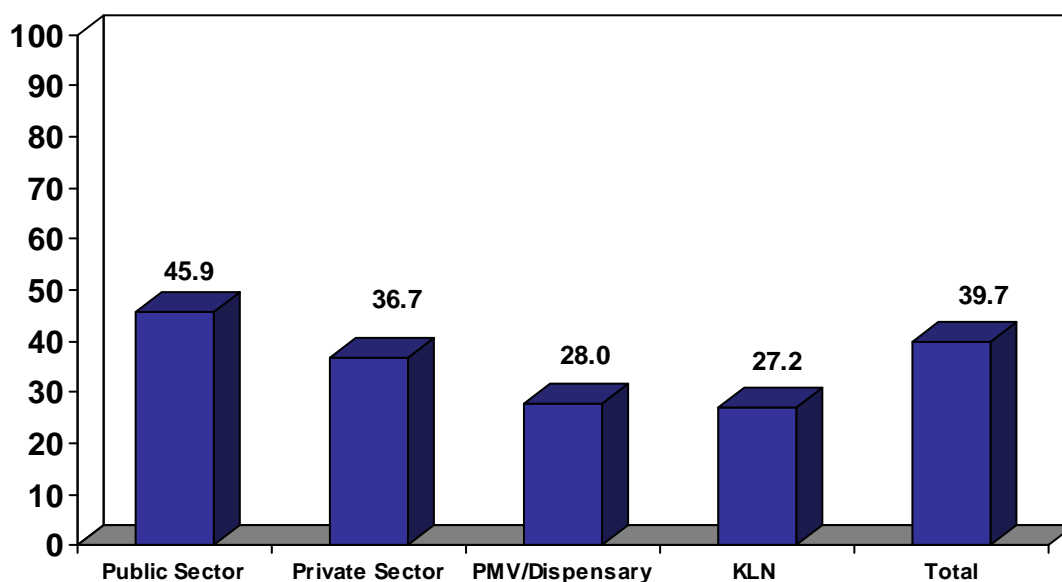


Table 4.1. Percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey by state, location, and program presence, 2009

	ANC/PPC on Day of Survey	N
State	**	
Bauchi	63.0	27
FCT	(75.0)	9
Kano	21.9	32
Lagos	35.3	34
Nasarawa	23.1	26
Location		
Urban	46.9	49
Semi-urban	42.3	26
Rural	28.6	35
KLN Total	27.2	92
Total	39.7	116

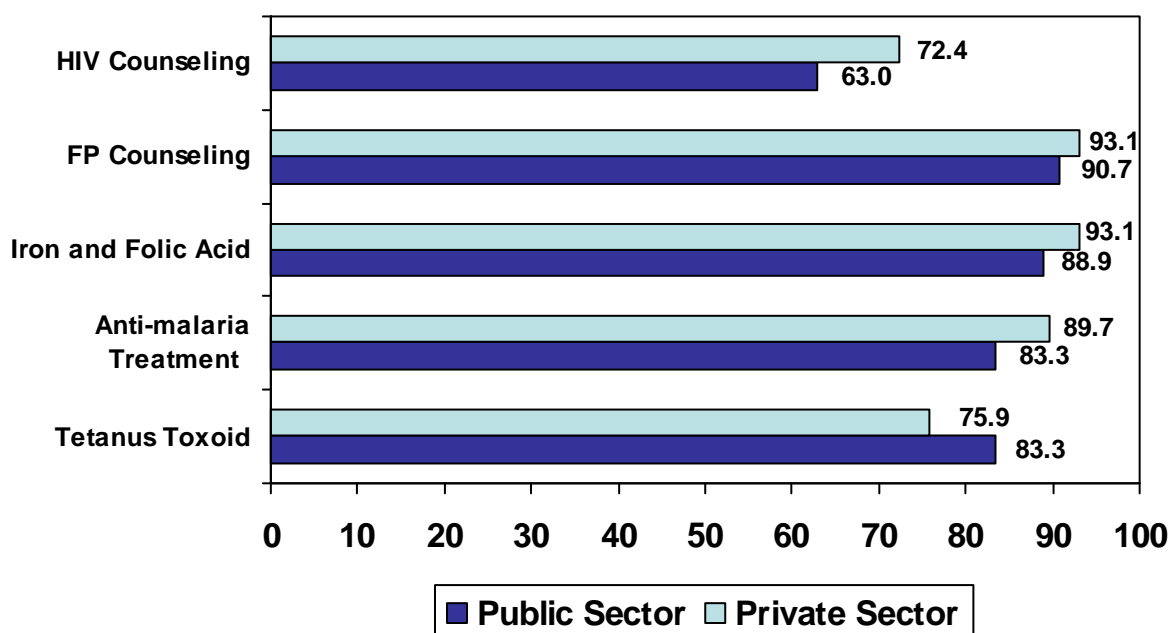
Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

() = Small sample size.

** $p < .01$ based on χ^2 test.

Figure 4.2 shows the percentage of ANC/PPC public and private health facilities (PMVs not included) that provided specific ANC/PPC services, by sector. Eighty-one percent of health facilities that offered any ANC/PPC services offered tetanus toxoid on the day of the survey (83% of public sector facilities and 76% of private facilities). Anti-malaria treatment was provided by 83% of public sector facilities and 90% of private facilities. The proportion of public ANC/PPC facilities that offered iron and folic acid was 89% in the public sector as compared to 93% in the private sector. Family planning counseling was provided by over 90% of both public and private ANC/PPC facilities. HIV counseling was provided by a higher percentage of private ANC/PPC facilities (72%) compared to public ANC/PPC facilities (63%). The differences between ANC/PPC health facilities in the public and private sectors in the offer of specific services on the day of the survey were not statistically significant.

Figure 4.2. Percentage of public and private ANC/PPC health facilities that offered specific ANC/PPC services on day of survey, 2009.



Bearing in mind the small number of ANC/PPC health facilities in each state (Table 4.2), it is noted that Bauchi had a substantially lower proportion of health facilities offering tetanus toxoid vaccine on the day of the survey than other states (65% versus more than 80 percent). Significant differentials were also observed by type of place of residence in the provision of tetanus toxoid vaccine, iron/folic acid supplements, family planning, and HIV counseling on the day of the survey. Urban and semi-urban areas were similar in terms of the proportion of ANC/PPC health facilities offering most of the services indicated in Table 4.2. However, there was a sizable disparity between urban and semi-urban areas with regards to the offer of HIV counseling (86% of urban ANC/PPC health facilities versus 57% of corresponding health facilities in semi-urban areas).

Table 4.2. Percentage of public and private ANC/PPC health facilities that offered specific ANC/PPC services on day of survey by state, location, and program presence, 2009

	Tetanus	Antimalarial	Iron/Folic	Family planning counseling	HIV counseling	N
State	*					
Bauchi	64.7	82.3	88.2	88.2	64.7	19
FCT	100.0	100.0	100.0	100.0	100.0	8
Kano	94.1	82.4	88.2	88.2	52.9	19
Lagos	90.9	86.4	95.5	95.5	77.3	24
Nasarawa	85.0	85.0	85.0	90.0	55.0	22
Location	**		*	*	**	
Urban	91.4	91.4	97.1	97.1	85.7	40
Semi-urban	85.7	90.5	95.2	95.2	57.1	24
Rural	58.3	70.8	75.0	79.2	45.8	28
KLN Total	83.1	84.8	89.8	91.5	62.7	65
Total	80.7	85.5	90.4	91.6	66.3	92

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

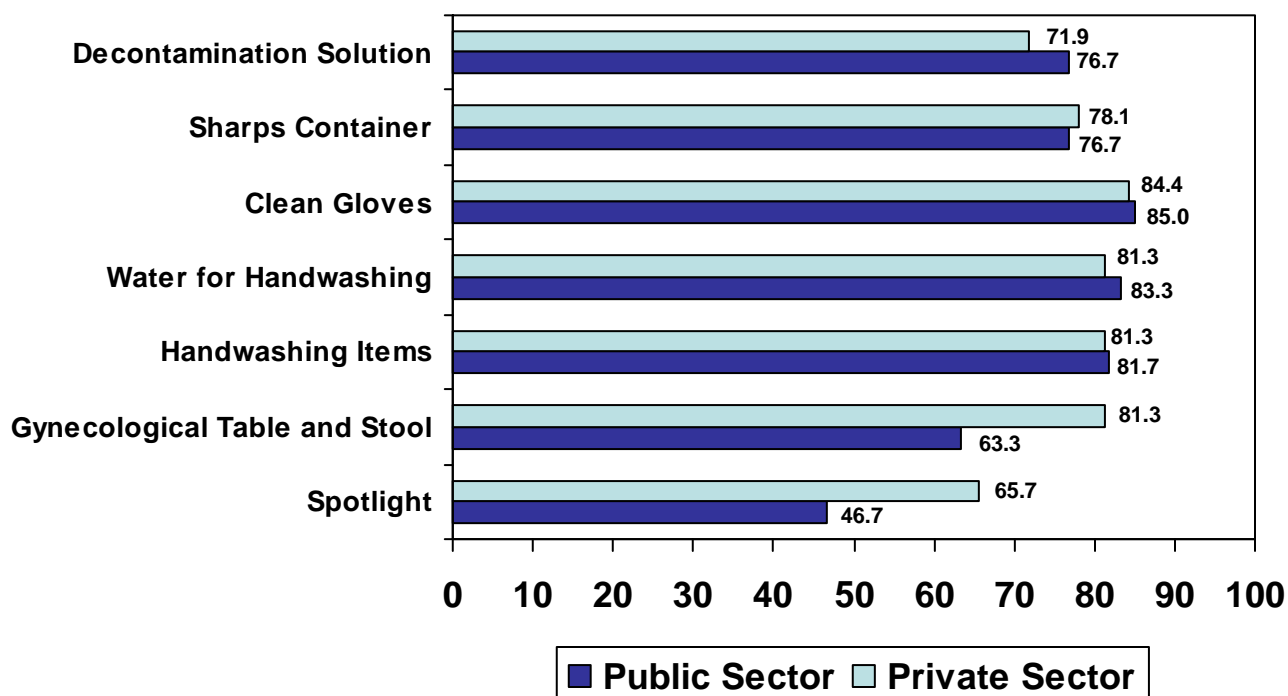
* $p < .05$.

** $p < .01$ based on χ^2 test.

4.2 Availability of ANC/PPC Commodities

The percentage of public and private ANC/PPC facilities that had specific commodities available and in working condition is illustrated in Figure 4.3. Overall, the estimates were similar between ANC/PPC facilities in the KLN states and those in the total sample. Forty-seven percent of public sector facilities had a spotlight compared to 66% of private facilities. Gynecological tables and stools were present in 63% of public ANC/PPC facilities and 81% of private facilities. The percentages were similar in both types of facilities for hand-washing items (82% in public and 81% in private), and clean gloves (85% public and 84% private). Eighty-three percent of public facilities had water for hand washing, 77% had a sharps container, and 77% also had decontamination solution. Similarly, 81% of private facilities had water for hand washing, 78% had a sharps container, and 72% had decontamination solution. ANC/PPC facilities in the public sector did not differ significantly from those in the private section in terms of the availability of the commodities of interest.

Figure 4.3. Percentage of public and private ANC/PPC facilities with specific commodities available and working to provide ANC/PPC services by state, location, and program presence, 2009.



As shown in Table 4.3, state differentials in the availability of specific commodities in ANC/PPC facilities were not statistically significant, which may be due in part to the small number of ANC/PPC facilities in each state. Differentials in the availability of a spotlight source, sharps container, and decontamination solution by location were statistically significant. While a greater proportion of urban as compared to semi-urban ANC/PPC facilities had a spotlight source, the reverse was observed regarding the availability of a sharps container and decontamination solution. For example, 95% of ANC/PPC facilities in semi-urban areas had a sharps container as compared to 78% of those located in urban areas.

Table 4.3. Percentage of public and private ANC/PPC facilities with specific commodities available and working to provide ANC/PPC services, 2009

	Spotlight source	Table & stool	Hand-washing items (soap & towel)	Water for hand- washing	Clean gloves	Sharps container	Decontam- ination solution	N
State								
Bauchi	42.1	63.2	89.5	84.2	89.5	84.2	84.2	19
FCT	62.5	62.5	75.0	87.5	75.0	75.0	75.0	8
Kano	50.0	77.8	83.3	83.3	88.9	83.3	72.2	19
Lagos	70.8	79.2	87.5	87.5	87.5	87.5	83.3	24
Nasarawa	43.5	60.9	69.6	73.9	78.3	56.2	60.9	22
Location	*					*	*	
Urban	63.4	75.6	78.1	78.1	80.5	78.1	73.2	40
Semi-urban	57.1	71.4	90.5	95.2	95.2	95.2	95.2	24
Rural	33.3	55.6	77.8	77.9	81.5	59.3	63.0	28
KLN Total	55.4	72.3	80.0	81.5	84.6	75.4	72.3	65
Total	53.3	69.6	81.5	82.6	84.7	77.2	75.0	92

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

PMV and dispensaries are not included in the analysis.

* $p < .05$.

** $p < .01$ based on χ^2 test.

4.3 Record Keeping and Supervision

Figure 4.4 illustrates the percentage of ANC/PPC facilities (PMVs not included) that maintained ANC registries and the percentage that maintained client cards for tracking ANC/PPC services. Eighty-six percent of ANC/PPC facilities used an ANC registry and 75% used individual client cards. Eighty-five percent of public ANC/PPC facilities and 86% of private facilities used a registry. Individual client cards were maintained by 75% of public ANC/PPC facilities and 77% of private facilities. The number of health facilities providing ANC/PPC services in the sample was 60 in the public sector, 32 in the private sector, 65 in KLN states, and 92 in the total sample.

Figure 4.4. Percentage of ANC/PPC health facilities that maintain a register for ANC/PPC services and the percentage that maintain individual client records, 2009.

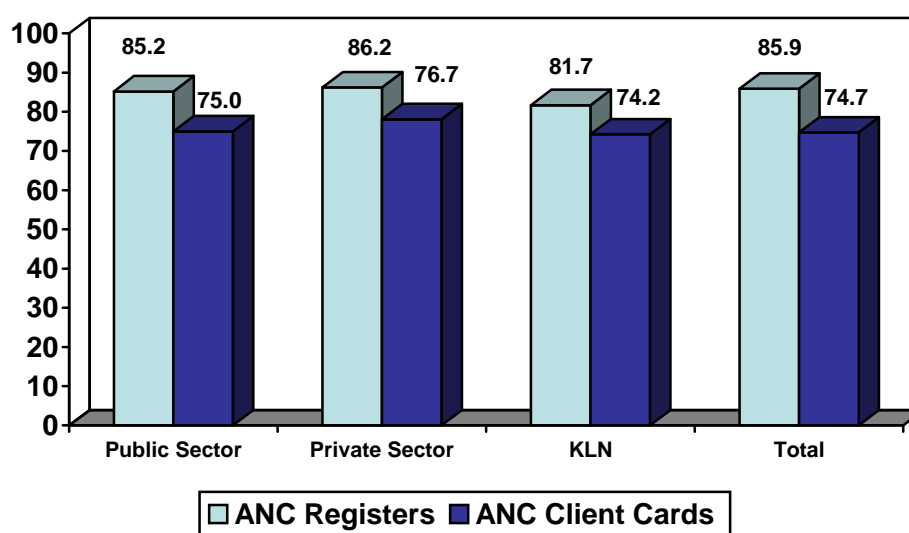
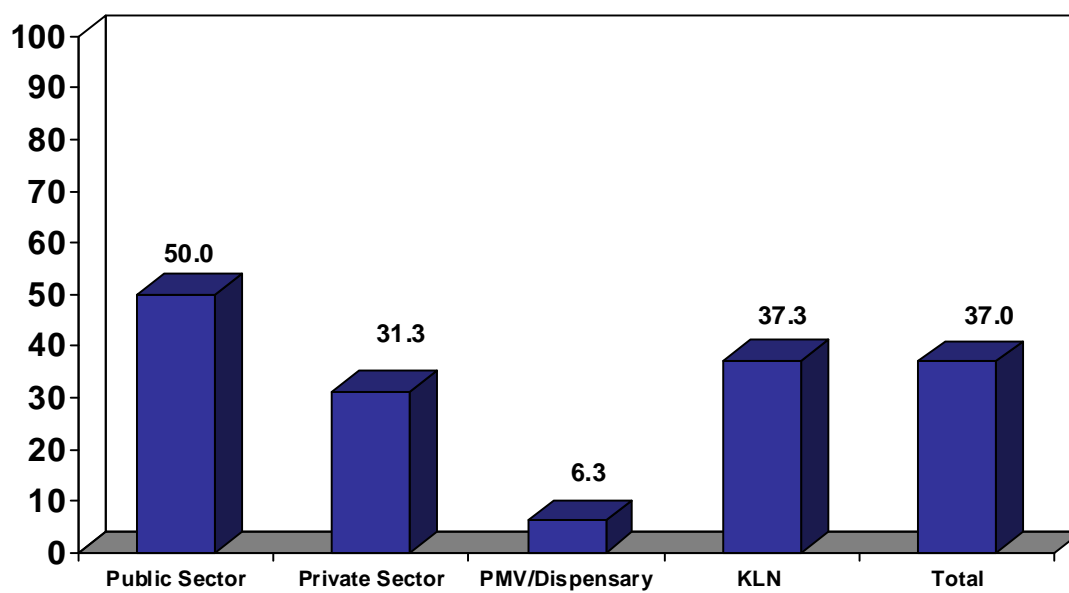


Figure 4.5 shows the percentage of ANC providers that had contact with a supervisor in the previous six months. A total of 37% of all ANC/PPC facility providers (i.e., a facility that provides any ANC services) reported being supervised in the previous six months. Fifty percent of public ANC/PPC facility providers, 31% of private ANC/PPC facility providers, and 6% of PMV ANC/PPC facility providers reported being supervised in the last six months. The difference in supervisor contact among the three types of providers was significant at $p < .01$ based on the Pearson chi-square test. Note that estimates are based on 60 public-sector and 32 private-sector ANC/PPC health providers, 16 in PMVs/dispensaries, and 75 and 108 in KLN states and the total sample, respectively.

Figure 4.5. Percentage of ANC/PPC providers that had contact with a supervisor in the last six months, 2009.



CHAPTER 5. CHILD HEALTH SERVICES

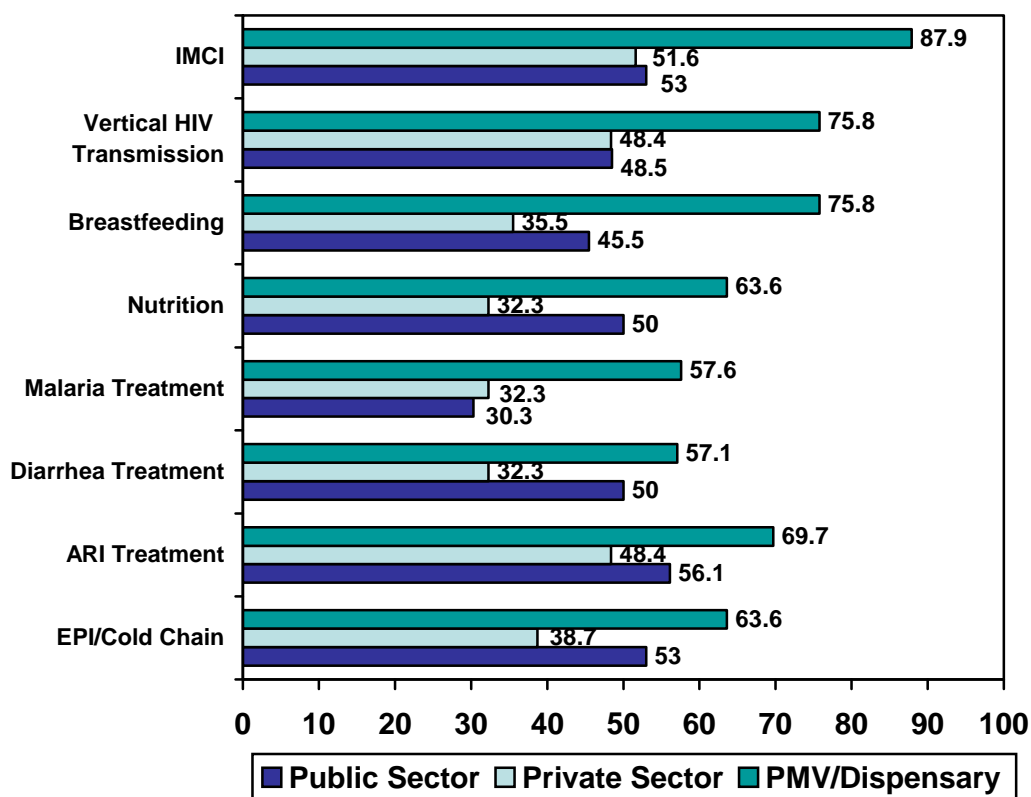
Adenike Onagoruwa

This chapter describes child health services provided at surveyed health facilities. Information on the training of child health providers is provided, as are the immunization services offered and the level of record keeping and supervision offered at health facilities. A total of 130 health facilities (46%) offered child health services; 66 public health facilities (64%), 31 private health facilities (45%), and 33 PMVs (29%).

5.1 Training of Child Health Service Providers

Figure 5.1 illustrates the percentage of child health providers who had received any in-service training for the treatment and prevention of childhood diseases. Almost two out of three PMV or Dispensary child health providers had received in-service training for the Expanded Program on Immunization (EPI)/cold chain, compared to 39% of private facility child health providers and 53% of public facility providers. Forty-eight percent of private facility child health providers, 56% of public facility providers, and 70% of PMV/Dispensary providers had been trained in acute respiratory infection (ARI) treatment.

Figure 5.1. Percentage of child health providers who have received in-service training for the treatment and prevention of childhood disease, 2009.



Over half of public and PMV/Dispensary health facility providers had been trained in diarrhea treatment compared to 32% of private facility child health providers. Fifty-eight percent of PMV/Dispensary providers had been trained in malaria treatment, while just over 30% of public and private health facility providers had been trained in malaria treatment. In-service training in nutrition/micro-nutrient deficiency had been received by half of public facility child health providers, 32% of private facility providers and 64% of PMV/Dispensary child health providers.

Almost 36% of private facility child health providers, 46% of public facility child health providers, and 76% of PMV child health providers had been trained in breastfeeding. The difference in breastfeeding in-service training among the three types of providers is significant at $p < .01$. Almost half of public and private facility child health providers and 76% of PMV child health providers had been trained in vertical HIV transmission. IMCI in-service training had been received by about 50% of private and public facility child health providers compared to 88% of PMV child health providers. The differences among the three types of providers in the receipt of in-service training on malaria, nutrition/micronutrient deficiency, and vertical transmission were significant at $p < .05$ while the differences in the receipt of in-service training on breastfeeding and IMCI were significant at $p < .01$.

Table 5.1 presents the percentage of child health providers who received in-service training for the prevention and treatment of childhood diseases by state, location, and program presence. The precise estimates used to create Figure 5.1 are also presented. State differentials in the percentage of providers who had received in-service training were significant for EPI/cold chain, ARI, vertical transmission and IMCI, but it is important to note that less than 10 child health providers were interviewed in FCT. For all topics specified and excluding FCT due to small sample size, Kano had the highest proportion of child health providers that had received in-service training. For example the proportion of child health providers that have been trained in EPI/cold chain ranged from 76% in Kano to 38% in Lagos. With the exception of ARI treatment (and excluding FCT), Lagos had the lowest proportion of child health providers who had received in-service training in the areas specified in Table 5.1.

Table 5.1. Percentage of child health providers who have received in-service training for the treatment and prevention of childhood disease (by state, location, facility type, and program presence), 2009

	EPI/Cold chain	ARI	Diarrhea	Malaria	Nutrition/Micro-nutrient deficiency	Breast-feeding	Vertical transmission	IMCI	N
State	**	*					*	*	
Bauchi	41.7	41.7	41.7	37.5	50.0	50.0	45.8	66.7	24
FCT	42.9	42.9	42.9	42.9	71.4	57.1	42.9	28.6	7
Kano	76.4	76.4	60.5	39.5	60.5	62.8	69.8	76.4	43
Lagos	37.8	54.1	40.5	32.4	32.4	35.1	40.5	51.4	37
Nasarawa	42.1	47.4	42.1	42.1	47.4	52.6	68.4	52.6	19
Location									
Urban	50.0	60.9	45.3	40.6	53.1	51.6	51.6	57.8	66
Semi-urban	45.8	50.0	41.7	29.2	33.3	41.7	41.7	54.2	25
Rural	63.2	60.5	57.9	39.5	55.3	55.3	68.4	71.1	39
KLN Total	55.6	62.6	49.5	37.4	47.5	50.5	58.6	62.6	100
Total	52.3	57.7	47.7	37.7	49.2	50.8	55.4	61.5	130

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

** $p < .01$ based on χ^2 test.

5.2 Vaccines and Immunization Services Offered

Figure 5.2 shows the percentage of facilities that offered any vaccine or immunization services. Seventy-three percent of public facilities, 39% of private facilities, and 19% of PMVs provided any vaccine or immunization services. The difference among the three types of providers was significant at $p < .01$. As Table 5.2 shows, the percentage of facilities offering any vaccine or immunization services was at least two and a half times as high in Nasarawa as in FCT (55% versus 21%). Significant differences in the offer of vaccines and immunization services were also observed by location. Contrary to expectations, more rural (59%) as compared to urban (41%) and semi-urban (34%) facilities offered vaccines and immunization services. These differences were significant at $p < .01$. Overall, 43% of all surveyed health facilities and 48% of those located in the KLN states provided vaccines or immunization services.

Figure 5.2. Percentage of health facilities that offer any vaccine or immunization services by type, 2009.

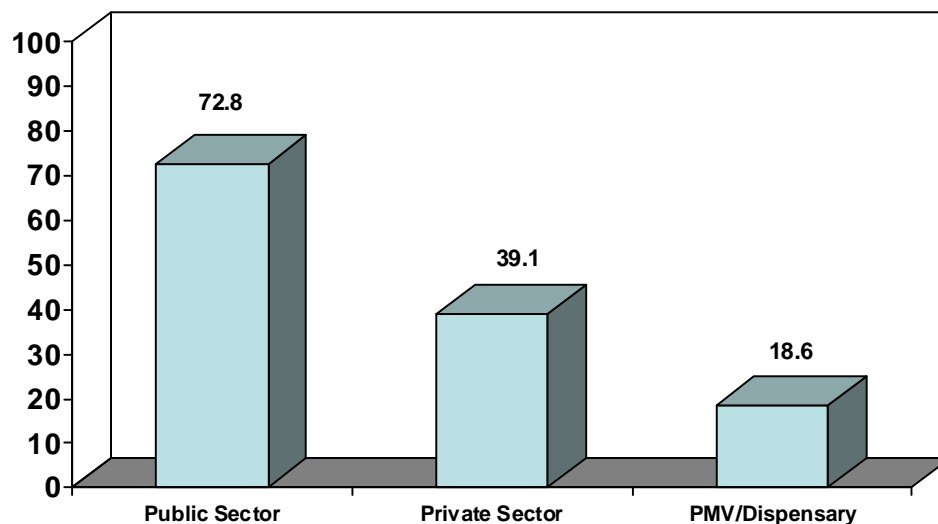


Table 5.2. Percentage of health facilities that offer any vaccine or immunization services (by state, location, and program presence), 2009

	Any immunization/vaccine	N
State	**	
Bauchi	46.2	52
FCT	20.5	44
Kano	50.8	65
Lagos	41.9	87
Nasarawa	55.3	38
Location	**	
Urban	41.2	138
Semi-urban	34.2	79
Rural	59.1	69
KLN Total	47.6	190
Total	43.2	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** p < .01 based on χ^2 test.

The percentage of facilities that offered vaccines to children only, pregnant women only, or both, among those facilities that offer any vaccine or immunization services is shown in Figure 5.3. Among public sector facilities, 9% offered vaccines to children only, 0% offered vaccines to pregnant women only, and 91% offered vaccines to both children and pregnant women. Among private health facilities, 0% offered vaccines to children only, 11% offered vaccines to pregnant women only, and 89% offered vaccines to both children and pregnant women. Among PMVs or dispensaries, 14% offered vaccines to children only, 5% offered vaccines to pregnant women only, and 81% offered vaccines or immunizations to both children and pregnant women.

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

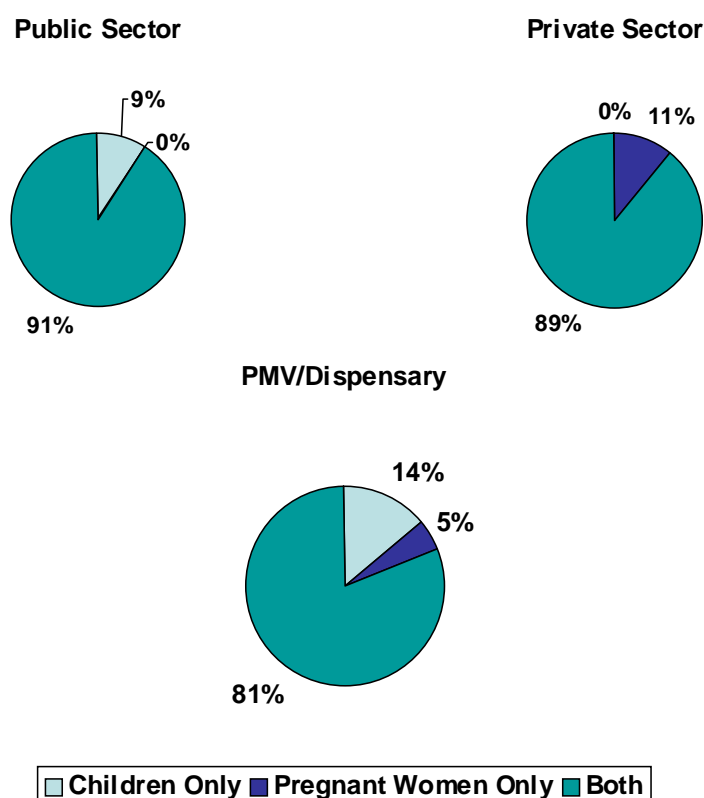


Figure 5.4 shows the percentage of facilities that offer specific vaccines or immunizations, among facilities offering any vaccines or immunizations. A total of 85% offered tetanus toxoid, 76% offered BCG & Dilutant, 78% offered oral polio vaccine (OPV), 81% offered DPT, 73% offered measles vaccine, 71% offered Hepatitis B, and 69% offered a vaccine for yellow fever. As Table 5.3 shows, the percentage of health facilities offering vaccines and immunization was similar in the KLN states and the total sample. No significant state and location differentials are observed in terms of the offer of specific vaccines or immunizations. More public sector health facilities offered specific vaccines and immunizations as compared to private sector health facilities or PMV/dispensaries. Although the observed differentials by facility type were significant for each of the vaccines shown, the differentials were relatively wide for Hepatitis B and yellow fever vaccine. Among facilities offering any vaccine or immunization services, 80% of those in the public sector offered yellow fever vaccine as compared to 67% of those in the private sector and 33 percent of PMVs/dispensaries.

Figure 5.4. Percentage of health facilities offering specific vaccines or immunizations, among facilities offering any vaccine or immunization services (n=123).

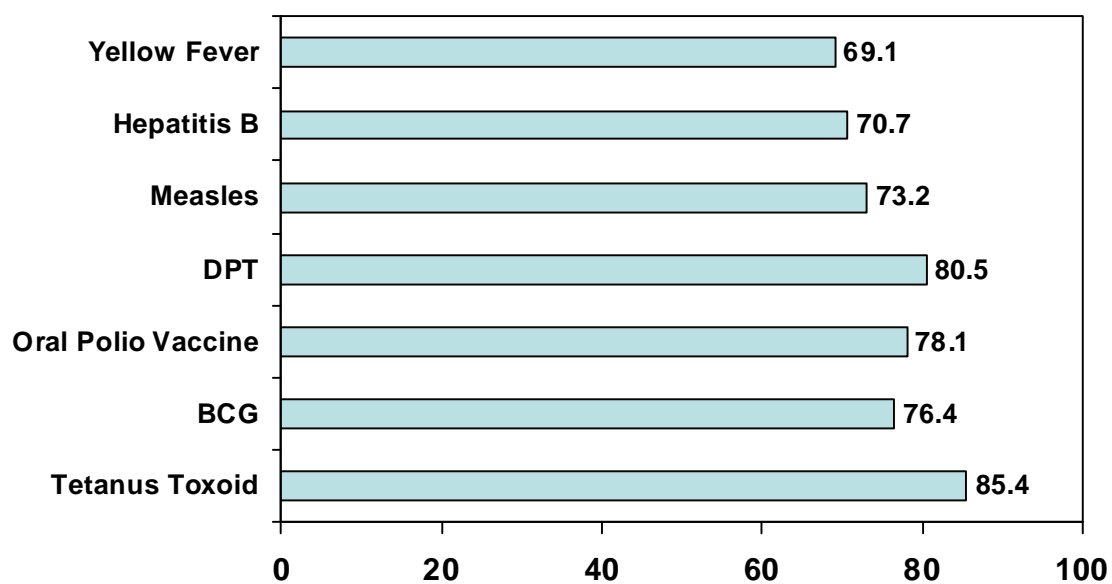


Table 5.3. Percentage of health facilities offering specific vaccines or immunizations, among facilities offering any vaccine or immunization services (by state, location, facility type, and program presence), 2009

	Tetanus Toxoid	BCG & Dilutant	Oral Polio	DPT	Measles & Dilutant	Hepatitis B	Yellow Fever	N
State								
Bauchi	87.5	83.3	79.2	75.0	58.3	58.3	54.2	24
FCT	100.0	88.9	88.9	88.9	88.9	88.9	77.8	9
Kano	81.8	63.4	66.7	75.8	69.7	69.7	63.4	33
Lagos	86.1	80.6	83.3	83.3	77.8	72.2	75.0	36
Nasarawa	81.0	76.2	81.0	85.7	81.0	76.2	81.0	21
Location								
Urban	88.9	85.2	85.2	83.3	75.9	72.2	68.5	56
Semi-urban	88.5	76.9	80.8	80.8	73.1	73.1	69.2	27
Rural	79.4	66.7	69.2	79.5	71.8	69.3	74.4	40
Facility type	***	*	*	***	***	***	***	
Public sector	92.0	82.7	84.0	89.3	84.0	82.7	80.0	75
Private sector	88.9	77.8	77.8	81.5	74.1	63.0	66.7	27
PMV or Dispensary	57.1	52.4	57.1	47.6	33.3	38.1	33.3	21
KLN Total	83.3	73.3	76.7	81.1	75.6	72.2	72.2	90
Total	85.4	76.4	78.1	80.5	73.2	70.7	69.1	123

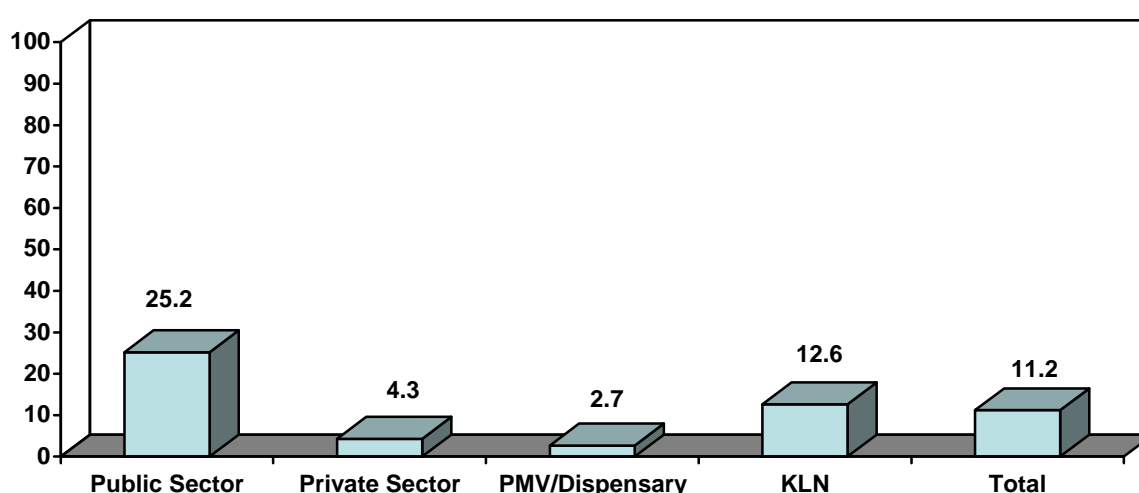
Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

*** $p < .001$ based on χ^2 test.

Figure 5.5 shows the percentage of health facilities that offered all six essential antigens for child immunization (DPT1–3, Measles, OPV, and BCG) and were in possession of completed immunization records. There is a significant variation ($p<.001$) in the percentage of facilities that offered all six essential antigens and possessed completed immunization records by facility type. One out of four public facilities offered all six antigens and possessed completed immunization records, compared to 4% of private facilities and 3% of PMVs or dispensary. Overall, 11% of all facilities had all six antigens and possessed completed immunization records compared to 13% in KLN states.

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



The percentage of health facilities that offered any vaccine or immunization services and that also offered immunization outreach programs in the community is seen in Figure 5.6. Among the total facilities that offered any vaccine or immunization services, 42% also offered immunization outreach services in the community. Forty-eight percent of facilities in the KLN states that offered any vaccine or immunization services also offered immunization outreach programs. Over half of public facilities that offered any vaccine or immunization also offered outreach programs in contrast to 33% and 14% of private and PMV facilities, respectively. The difference in percentages across the facility types is statistically significant at ($p<.01$). As Table 5.4 shows, differentials by location were not statistically significant. By comparison, wide disparities are seen by state. With the exclusion of FCT due to the small sample size, the proportion of health facilities offering any vaccine or immunization services that also offered immunization outreach programs ranged from 76% in Nasarawa to 33% in Bauchi.

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

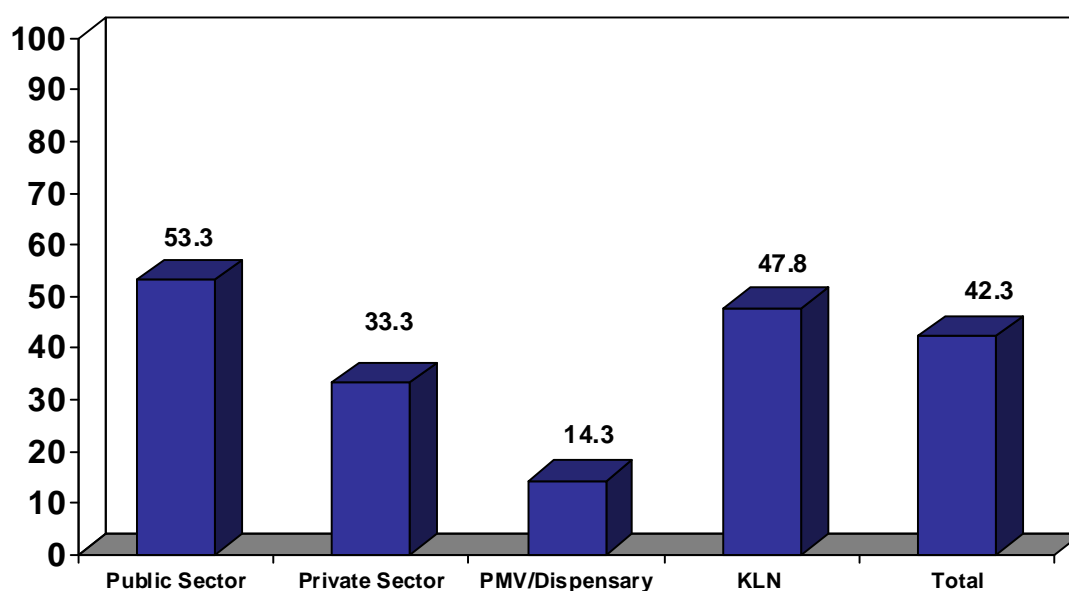


Table 5.4. Percentage of health facilities that offer vaccination outreach programs, among facilities offering any vaccine or immunization services, 2009

	Vaccine outreach	N
State	**	
Bauchi	33.3	24
FCT	11.1	9
Kano	36.4	33
Lagos	41.7	36
Nasarawa	76.2	21
Location		
Urban	35.2	56
Semi-urban	42.3	27
Rural	53.9	40
KLN Total	47.8	90
Total	42.3	123

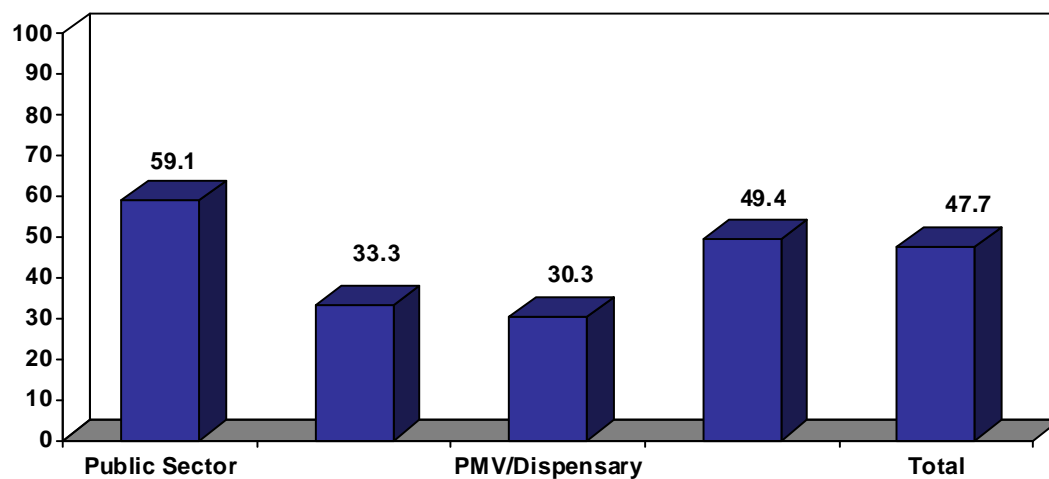
Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** $p < .01$ based on χ^2 test.

5.3 Record Keeping and Supervision

Figure 5.7 shows the percentage of child health providers that had contact with a supervisor in the last six months. Overall, 48% of child health providers at child health facilities had contact with a supervisor in the previous six months and 49% in the KLN states. Fifty-nine percent of child health providers in public facilities, 33% in private facilities, and 30% of child health providers in PMV facilities had contact with a supervisor in the previous six months.

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



CHAPTER 6. STI and VCT Services

Olusina Bamiwuye

6.1 STI/HIV/AIDS and VCT Service Provision

Table 6.1 presents the percentage of health facilities that offered any Voluntary Counseling and Testing (VCT) services or sexually-transmitted infection (STI) services and the percentage of facilities that offered VCT services by state, location, facility type, and program presence. In all, about 26% of the facilities provided STI or VCT services while only 11% offered VCT services. There were significant variations in the percentage of facilities offering any STI or VCT services by state, location, and facility type. For example, the percentage that offer any STI or VCT services ranges from 2% in FCT to 37% in Bauchi and Nasarawa. In the KLN States, 28% of the facilities offered STI or VCT services, slightly higher than the COMPASS LGA total of 25%.

Few facilities offered VCT, notably FCT where no facility offered VCT services. In the other four states, at least 9-17% of all facilities surveyed offered VCT services. There were no marked differences in the proportion of facilities that offered VCT services between the KLN States and in all states combined (11%). The proportion of health facilities that offered any STI or VCT also varied by type of facility, from 39% in the public sector, to 29% in the private sector and 12% among PMVs/dispensaries. Differentials by location were not statistically significant.

Table 6.1. Percentage of health facilities that offer any VCT or STI services; percentage of facilities that offer VCT services (by state, location, facility type, and program presence), 2009

	Any STI or VCT	VCT services	N
State	***		
Bauchi	36.5	17.3	52
FCT	2.3	0.0	44
Kano	27.7	10.8	65
Lagos	25.3	9.2	87
Nasarawa	36.8	15.8	38
Location			
Urban	26.5	12.9	138
Semi-urban	21.1	7.9	79
Rural	31.8	10.6	69
Facility type	***		
Public sector	38.8	17.5	103
Private sector	28.6	15.7	70
PMV or Dispensary	12.4	0.9	113
KLN Total	28.4	11.1	190
Total	25.9	10.5	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** $p < .001$ based on χ^2 test.

Table 6.2 shows the percentage of health facilities that provided STI procedures or products for treating STIs, among facilities offering any STI/HIV/AIDS services, by state, location, facility type, and program presence. This percentage ranged from 93% in Nasarawa to 78% in Kano. Seventy-one percent of rural health facilities provided STI procedures compared with 91% of urban and 94% of semi-urban health facilities. Ninety-five percent of private sector and public sector facilities provided STI procedures or products compared to 71% of PMVS/dispensaries.. In all, 85% of health facilities provided STI procedures or products in the KLN states and across all states.

Table 6.2. Percentage of health facilities that provide STI procedures or products for treating STIs, among facilities offering any STI/HIV/AIDS services (by state, location, facility type, and program presence), 2009

	STI procedures or products	N
State		
Bauchi	84.2	19
FCT	-	1
Kano	77.8	18
Lagos	86.4	22
Nasarawa	92.9	14
Location		
Urban	91.4	36
Semi-urban	93.8	16
Rural	71.4	22
Facility type		
Public sector	95.0	40
Private sector	95.0	20
PMV or Dispensary	71.4	14
KLN Total	85.1	54
Total	85.1	74

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

(-) = Small sample size.

6.2 Record Keeping and Supervision

Table 6.3 shows the percentage of STI/HIV/VCT service providers that have been supervised in the last six months by selected variables. Note that estimates cannot be provided for FCT due to small sample size. By state, the percentage of STI/HIV/VCT service providers that have been supervised in the last six months ranges from 33% in Kano to 18% in Lagos. According to location, the percentage of STI/HIV/VCT service providers that have been supervised was 26% in urban areas compared with 31% in semi-urban areas. Rural health facilities had the lowest percentage of STI/HIV/VCT service providers that had been supervised in the last six months (19%). According to facility type, 7% of STI/HIV/VCT service providers have been supervised in PMVs/dispensaries compared to 25% and 35% of health facilities in the public and private sectors, respectively.

Table 6.3. Percentage of STI/HIV/VCT service providers that have been supervised in the last six months (by state, location, facility type, and program presence), 2009

	Supervised	N
State		
Bauchi	26.3	19
FCT	-	1
Kano	33.3	18
Lagos	18.2	22
Nasarawa	21.4	14
Location		
Urban	25.7	36
Semi-urban	31.3	16
Rural	19.1	22
Facility type		
Public sector	25.0	40
Private sector	35.0	20
PMV or Dispensary	7.1	14
KLN Total	24.1	54
Total	24.3	74

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

(-) = Small sample size.

6.3 Confidentiality, Consent, and Notification Procedures

As Table 6.4 shows, the number of STI/HIV/VCT facilities is small. Therefore, estimates of the percentage of these facilities that have confidentiality or informed consent protocols for VCT clients cannot be calculated for most subgroups. In the KLN States, 71% of STI/HIV/VCT facilities have confidentiality protocols in place and this is slightly lower than the percentage of facilities that confidentiality protocols in place across all States surveyed (76%). Similarly, informed consent protocols were available in slightly fewer health facilities in the KLN states than in all states surveyed (67% versus 70%). More urban STI/HIV/VCT facilities had confidentiality protocols as compared to informed consent protocols (82% versus 71%). There was equal availability of confidentiality and informed consent protocols in STI/HIV/VCT facilities in the public sector (72%). However, in the private sector fewer health facilities had informed consent protocols as compared to confidentiality protocols (73% versus 91%). While informed consent protocols were equally available in public and private sector STI/HIV/VCT facilities, fewer of these facilities had confidentiality protocols in place in the public sector than in the private sector.

Table 6.4. Percentage of STI/HIV/VCT facilities that have confidentiality protocols in place for VCT clients; percentage of STI/HIV/VCT facilities that have informed consent protocols for VCT testing (by state, location, facility type, and program presence), 2009

	Confidentiality protocols	N	Informed consent protocols (a)	N
State				
Bauchi	-	9	-	9
FCT	-	0	-	0
Kano	-	7	-	7
Lagos	-	8	-	8
Nasarawa	-	6	-	6
Location				
Urban	82.4	17	70.6	17
Semi-urban	-	6	-	6
Rural	-	7	-	7
Facility type				
Public sector	72.2	18	72.2	18
Private sector	90.9	11	72.7	11
PMV or Dispensary	-	1	-	1
KLN Total	71.4	21	66.7	21
Total	76.4	30	70.0	30

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

Data pertain to facilities that provide VCT services.

(-) = Small sample size.

CHAPTER 7. TRENDS IN HEALTH FACILITY INDICATORS

Anastasia J. Gage

This chapter presents findings from the Nigeria Reproductive Health, Child Health and Education surveys conducted in 2005 and 2009 in order to examine the degree to which indicators of interest changed over the five-year period. The 2005 baseline survey was implemented in the same 51 LGAs in the states of Bauchi, Federal Capital Territory, Kano, Lagos, and Nasarawa as the endline survey. It is important to be aware that although the baseline and endline surveys were conducted in the same LGAs and used the same sampling design and survey instruments, the degree of change observed in the indicators presented below may not be entirely due to the COMPASS project. The evaluation design for the COMPASS project was a pretest-posttest design and did not include a control or comparison group, which made it difficult to attribute change to the project. In addition, with a pretest-posttest design, several factors could make it difficult to determine the true effect of the project. The first factor is termed a “history effect,” which is caused when events happen during the life of a project that tend to either increase or decrease the expected outcomes. These events are outside of the project or intervention and they produce an effect that influences the study results. The second factor is maturation, which happens because people, communities and organizations tend to change over time. This process can produce changes that are independent of the changes that a project is designed to produce (for further information, see Fisher and Foreit, 2002). It is important to consider these factors when interpreting the findings presented in this chapter.

7.1 Health Facility Characteristics

A total of 233 health facilities were included in the baseline survey and 286 health facilities in the endline survey. Table 7.1 shows the percentage of health facilities with electricity always or often and a protected water source on site. As can be seen from the table, there was a significant decline in the proportion of health facilities with electricity always or often, from 34% in 2005 to 20% in 2009. The largest declines were seen in Kano, Lagos and urban areas. In Kano, for example, 44% of health facilities reported having electricity always or often in 2005 compared to only 15% in 2009. Half as many urban health facilities reported having a fairly regular electricity supply in 2009 as in 2005 (21% versus 42%). Regarding health facility access to protected water source, two subgroups showed significant improvement. In Nasarawa, the proportion of health facilities with a protected water source increased by two-thirds, from 44% in 2005 to 74% in 2009. A significant increase was also noted in the proportion of public sector facilities with a protected water source (69% in 2005 versus 85% in 2009). Most other subgroups experienced a slight, though insignificant, decline in access to a protected water source during the project period.

Table 7.1. Percentage of health facilities that have electricity always or often and a protected water source: Baseline and end-of-project surveys

	Electricity Always or Often			Protected Water Source			N	
	2005	2009	Signi- ficance	2005	2009	Signi- ficance	2005	2009
State								
Bauchi	13.2	19.2		81.6	67.3		38	52
FCT	37.7	29.6		91.8	86.4		61	44
Kano	44.0	15.4	***	84.0	80.0		50	65
Lagos	42.1	18.6	**	89.5	86.1		57	87
Nasarawa	18.5	21.1		44.4	73.7	*	27	38
Location								
Urban	41.9	20.6	***	90.3	86.3		124	138
Semi-urban	33.3	22.4		92.3	79.0		39	79
Rural	20.0	12.1		62.9	69.7		70	69
Facility type								
Public sector	28.4	21.4		68.7	85.4	***	67	103
Private sector	42.9	27.5		85.7	79.7		49	70
PMV or Dispensary	33.3	14.2	***				117	113
KLN Total	28.3	24.0					134	190
Total	33.9	20.0	***	82.4	79.7		233	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** p < .01.

*** p < .001 based on χ^2 test.

Table 7.2 shows the percentage of public and private health facilities with a general waiting area and a separate waiting area for youth in 2005 and 2009. During both the baseline and end-of-project surveys most facilities had a waiting room for clients (more than 80%) but less than 8% had a separate waiting area for youth. In FCT, no health facility had a separate waiting area for youth in 2005 and 2009. In semi-urban areas, there was a slight increase over time in the availability of a separate waiting area for youth, from 0% in 2005 to 9% in 2009. However, this change was not statistically significant.

Table 7.2. Percentage of health facilities with waiting area and a separate waiting area for youth: Baseline and end-of-project surveys

	Any Waiting Room for Clients			Separate Waiting Area for Youth			N	
	2005	2009	Signi- ficance	2005	2009	Signi- ficance	2005	2009
State								
Bauchi	76.5	86.4		17.7	13.6		17	22
FCT	88.5	80.0		0.0	0.0		26	35
Kano	100.0	90.3		12.5	9.7		24	31
Lagos	89.3	79.3		7.1	11.3		28	53
Nasarawa	90.5	87.1		0.0	3.2		21	31
Location								
Urban	91.4	84.2		8.6	7.9		58	76
Semi-urban	100.0	83.0		0.0	8.5		19	47
Rural	82.1	86.1		7.7	4.7		39	43
Facility type								
Public sector	92.5	93.2		9.0	8.7		67	103
Private sector	85.7	69.6		4.1	5.8		49	69
KLN Total	93.2	84.4		6.9	8.7		73	115
Total	89.7	83.7		6.9	7.6		116	172

Note: PMVs and dispensaries are excluded from all calculations.

7.2 Service Provision

Table 7.3 shows that in the COMPASS LGAs, there was no significant change in the percentage of public and private sector health facilities providing family planning services. The largest absolute change in the percentage of public sector facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers (9 percentage points) was seen in public sector facilities. PMV and dispensaries experienced a slight decline in the provision of these family planning services. In Kano, Lagos and Nasarawa, the percentage of health facilities providing the services indicated in Table 7.3 rose slightly from 16% to 21%.

Table 7.3. Percentage of health facilities providing three or more modern contraceptive methods with at least one trained provider to administer each, and maintaining accurate standard registers: Baseline and end-of-project surveys

Facility Type	2005	N	2009	N	Significance
Public sector	28.4	67	36.9	103	Ns
Private sector	20.4	49	20.0	70	Ns
PMV or Dispensary	6.0	117	3.5	113	Ns
KLN Total	16.4	134	20.5	190	Ns
Total	15.5	233	19.6	286	Ns

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

ns = Not statistically significant based on χ^2 test.

Table 7.4 examines the percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training to administer each, and completed family planning records. In Kano, Lagos and Nasarawa, there was no change in service provision as defined below (16% in 2005 versus 17% in 2009). The largest change was seen in the public sector where the proportion of health facilities providing the services described increased from 28% in 2005 to 32% in 2009. Chi-square tests indicated that this change was not significant at the five percent level. According to the table, there was a slight decline over time in the proportion of private sector health facilities, PMVs and dispensaries providing the specified family planning services.

Table 7.4. Percentage of health facilities with at least two modern contraceptive methods available at the time of the survey, a trained provider who has undergone at least basic family planning training to administer each, and completed family planning records: Baseline and end-of-project surveys

Facility Type	2005	N	2009	N	Significance
Public sector	28.4	67	32.0	103	Ns
Private sector	18.4	49	17.1	70	Ns
PMV or Dispensary	5.1	117	3.5	113	Ns
KLN Total	16.4	134	16.8	190	Ns
Total	14.6	233	17.1	286	Ns

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

Ns = Not statistically significant based on χ^2 test.

Regarding youth health services, Kano, Lagos and Nasarawa states saw increases in the percentage of health facilities that made condoms available to youth (Table 7.5). In Nasarawa, there was substantial increase in this indicator from 19% in 2005 to 34% in 2009. However, this increase was not statistically significant, which may be due to small sample size. In some circumstances, as in Bauchi, FCT, and semi-urban areas, there was a statistically significant decrease in the percentage of health facilities that made condoms available to youth. While 39%

of health facilities in semi-urban areas made condoms available to youth in 2005, only 18% did so in 2009. Though condom service provision for youth declined in the total sample (from 26% in 2005 to 19% in 2009), the KLN states saw a slight improvement in the availability of this service over time (18% in 2005 versus 24% in 2009).

Table 7.5. Percentage of health facilities that make condoms available to youth (by state, location, facility type, and program presence): Baseline and end-of-project surveys

	2005	N	2009	N	Significance
State					
Bauchi	42.1	38	13.5	52	**
FCT	32.8	61	4.6	44	***
Kano	16.0	50	21.5	65	
Lagos	19.3	57	21.8	87	
Nasarawa	18.5	27	34.2	38	
Location					
Urban	25.8	124	19.7	138	
Semi-urban	38.5	39	18.4	79	*
Rural	18.6	70	21.2	69	
Facility type					
Public sector	31.3	67	23.3	103	
Private sector	16.3	49	14.3	70	
PMV or Dispensary	26.5	117	18.6	113	
KLN Total	17.9	134	24.2	190	
Total	25.8	233	19.2	286	

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

** $p < .01$.

*** $p < .001$ based on χ^2 test.

Table 7.6 shows the percentage of health facilities that sell or distribute insecticide-treated nets (ITNs) and the percentage that sell pre-packed intermittent preventive treatment (IPT). Forty percent of health facilities sold and distributed ITNs in 2009, an insignificant increase from 34% at baseline. While 47% of health facilities in Bauchi sold or distributed ITNs in 2005, only 21% did so in 2009, a statistically significant decrease. By comparison, in FCT, the proportion of health facilities that sold or distributed ITNs more than doubled during the project period, from 21% in 2005 to 50% in 2009. Significantly more private sector facilities sold or distributed ITNs in 2009 (35%) than in 2005 (18%). No significant changes were observed for this indicator in the KLN states. Although there was no major change in the percentage of health facilities selling or distributing ITNs during the project period, there was a significant increase in the percentage of health facilities that had pre-packaged IPT drugs between 2005 and 2009 (58% in 2005 as compared to 71% in 2009). With the exception of Kano, all subgroups shown in Table 7.6 experienced an increase in health facility availability of pre-packaged IPT. In FCT, Nasarawa, urban areas, the public sector, and KLN states, 2009 estimates represented a significant increase over baseline estimates. In the public sector, for example, 72% of health facilities had pre-packaged IPT in 2009 as compared to 49% in 2005. In Nasarawa, the proportion of health facility values with IPT increased six-fold over the project period, from 11% in 2005 to 68% in 2009.

Table 7.6. Percentage of health facilities that sell or distribute insecticide-treated nets and the percentage that have pre-packaged treatment drugs for malaria: Baseline and end-of-project surveys

	Sell or Distribute ITNs			Prepackaged IPT			N	
	2005	2009	Signi- ficance	2005	2009	Signi- ficance	2005	2009
State								
Bauchi	47.4	21.1	**	57.9	74.5		38	52
FCT	21.3	50.0	**	57.4	76.2	*	61	44
Kano	28.0	35.4		62.0	48.4		50	65
Lagos	42.1	45.4		75.4	85.0		57	87
Nasarawa	37.0	52.6		11.1	68.4	***	27	38
Location								
Urban	34.7	39.7		68.6	84.6	**	124	138
Semi-urban	30.8	39.5		59.0	66.7		39	79
Rural	34.3	42.4		37.1	50.0		70	69
Facility type								
Public sector	64.2	62.1		49.3	72.3	***	67	103
Private sector	18.4	34.8	*	53.1	70.8		49	70
PMV or Dispensary	23.1	23.9		64.1	70.1		117	113
KLN Total	35.8	43.4		57.5	68.9	*	134	190
Total	33.9	40.4		57.5	71.1	***	233	286

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

** $p < .01$.

*** $p < .001$ based on χ^2 test.

7.3 Standards for Priority Interventions

Table 7.7 examines changes over time in the availability of family planning educational materials. There have been significant increases in the percentage of family planning health facilities that have visual aids or books/pamphlets on STI/HIV/AIDS in the total population, from 46% in 2005 to 71% in 2009. Although all states saw an increase in the availability of visual aids and books/pamphlets at family planning health facilities, the change was significant only in FCT which had more than a two-fold increase and in Lagos and KLN states where the availability of educational materials at family planning clinics increased from 46% in 2005 to 78% in 2009 and from 49% in 2005 to 69% in 2009, respectively. The increase over time in the availability of educational materials in family planning clinics was also statistically significant in urban and semi-urban areas but not in rural areas. Regarding facility type, there was a significant increase in the availability of educational materials in private-sector family planning health facilities (from 46% in 2005 to 87% in 2009). Though the magnitude of the increase was large in the public sector and in PMVs/dispensaries, it was not statistically significant.

Table 7.7. Percentage of family planning health facilities that have visual aids or books/pamphlets on family planning and STI/HIV/AIDS (by state, location, facility type, and program presence): Baseline and end-of-project surveys

	2005	N	2009	N	Significance
State					
Bauchi	59.4	32	77.8	27	
FCT	32.7	52	77.8	9	*
Kano	55.0	40	61.5	39	
Lagos	46.3	41	78.4	37	**
Nasarawa	40.0	20	66.7	24	
Location					
Urban	45.1	102	71.6	67	***
Semi-urban	54.8	31	82.1	28	*
Rural	42.3	52	62.9	41	
Facility type					
Public sector	64.9	57	80.0	65	
Private sector	46.3	41	86.7	30	***
PMV or Dispensary	33.3	87	46.3	41	
KLN Total	48.5	101	69.0	100	**
Total	46.0	185	71.3	136	***

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

** $p < .01$.

*** $p < .001$ based on χ^2 test.

Table 7.8 shows the percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey. Overall, 47% of health facilities met the definition at baseline and 40% at endline. In the KLN states, the offer of ANC/PPC services on the day of the survey also declined over time from 41% in 2005 to 27% in 2009. However, this change was not significant. While declines in the offer of ANC/PPC services were also observed in Kano, Nasarawa, urban areas, rural areas, private sector health facilities and PMVs/dispensaries, no statistical differences were detected between baseline and endline values ($p > .05$). The only significant decline in the offer of ANC/PPC services occurred in Lagos, where the percentage of ANC/PPC providing ANC/PPC services on the day of the survey declined from 63% in 2005 to 35% in 2009.

Table 7.8. Percentage of ANC/PPC health facilities that offered ANC/PPC services on the day of the survey (by state, location, facility type, and program presence): Baseline and end-of-project surveys

	2005	N	2009	N	Significance
State					
Bauchi	62.5	24	63.0	27	
FCT	54.1	37	75.0	9	
Kano	30.6	36	21.9	32	
Lagos	62.5	32	35.3	34	*
Nasarawa	23.8	21	23.1	26	
Location					
Urban	55.8	77	46.9	49	
Semi-urban	40.7	27	42.3	26	
Rural	37.0	46	28.6	35	
Facility type					
Public sector	46.9	64	45.9	61	
Private sector	56.8	44	36.7	30	
PMV or Dispensary	38.1	42	28.0	25	
KLN Total	40.5	89	27.2	92	
Total	47.3	150	39.7	116	

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$ based on χ^2 test.

Table 7.9 presents data on the provision of routine immunization services in 2005 and 2009. At baseline, the percentage of health facilities offering any vaccine or immunization services was high, at over 90% in all subgroups. Significantly lower percentages were observed at endline in all states, locations, and facility types ($p < .001$). In KLN states, for example, only 48% of health facilities were providing immunization services in 2009 compared to 98% in 2005.

Table 7.9. Percentage of health facilities that offer any vaccine or immunization services (by state, location, facility type, and program presence): Baseline and end-of-project surveys

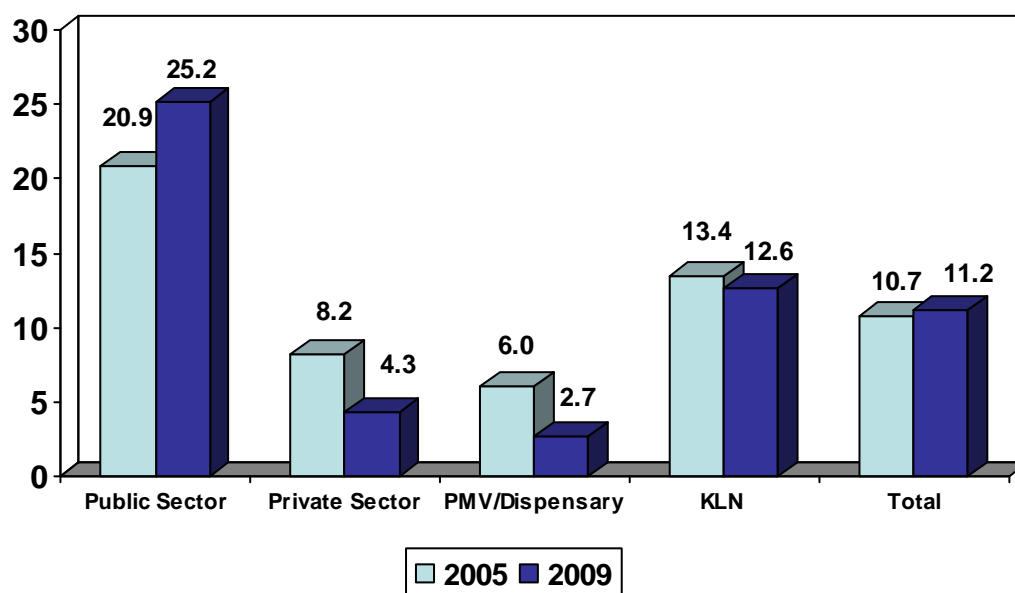
	2005	N	2009	N	Significance
State					
Bauchi	94.7	38	46.2	52	***
FCT	98.4	61	20.5	44	***
Kano	100.0	50	50.8	65	***
Lagos	98.3	57	41.9	87	***
Nasarawa	92.6	27	55.3	38	***
Location					
Urban	98.4	124	41.2	138	***
Semi-urban	100.0	39	34.2	79	***
Rural	94.3	70	59.1	69	***
Facility type					
Public sector	97.0	67	72.8	103	***
Private sector	95.9	49	39.1	70	***
PMV or Dispensary	98.3	117	18.6	113	***
KLN Total	97.8	134	47.6	190	***
Total	97.4	233	43.2	286	***

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

*** $p < .001$ based on χ^2 test.

Figure 7.1 illustrates the percentage of health facilities offering all the six antigens for child immunization (DPT1-3, Measles, OPV, and BCG), and in possession of completed immunization records in 2005 and 2009. At baseline, 11% of health facilities in the total sample and 13% in the KLN states offered all six antigens and had completed immunization records, compared to 11% and 13% at endline, respectively. Great variation existed across facility type in the percentage of health facilities offering all six essential antigens and possessing completed immunization records at baseline and endline, with public sector facilities having the highest observed levels. While private sector health facilities and PMVs/dispensaries showed a decline over time in the percentage of health facilities offering all six antigens and having completed immunization records, public sector health facilities showed a slight increase in this indicator, from 21% in 2005 to 25% in 2009. None of the changes observed were statistically significant at the five percent level.

Figure 7.1. Percentage of health facilities offering all the six essential antigens for child immunization (DPT1-3, Measles, OPV, and BCG) and possessing completed immunization records: Baseline and end-of-project surveys.



Notes: KLN refers to Kano, Lagos and Nasarawa states combined.
ns = Not statistically significant based on χ^2 test.

Table 7.10 shows the prevalence of vaccine outreach programs among health facilities offering any vaccine or immunization services for the baseline and endline surveys. Overall, less than 14% of facilities offering any vaccine or immunization services also offered immunization outreach services in the community at baseline; this number increased to over 40% at endline. Improvements were also observed in KLN states, urban areas, semi-urban areas, rural areas, private-sector health facilities, and PMVs/dispensaries. At endline, 33% of private sector facilities and 14% of PMV/dispensaries offered immunization outreach programs compared to less than 3% at baseline ($p < .001$).

Table 7.10. Percentage of health facilities that offer vaccination outreach programs, among facilities offering any vaccine or immunization services: Baseline and end-of-project surveys

	2005	N	2009	N	Significance
State					
Bauchi	13.9	36	33.3	24	
FCT	8.3	60	11.1	9	
Kano	16.0	50	36.4	33	*
Lagos	10.7	56	41.7	36	***
Nasarawa	28.0	25	76.2	21	***
Location					
Urban	9.0	122	35.2	56	***
Semi-urban	15.4	39	42.3	27	*
Rural	21.2	66	53.9	40	***
Facility type					
Public sector	44.6	65	53.3	75	
Private sector	2.1	47	33.3	27	***
PMV or Dispensary	0.9	115	14.3	21	***
KLN Total	16.0	131	47.8	90	***
Total	13.7	227	42.3	123	***

Notes: KLN refers to Kano, Lagos and Nasarawa states combined.

* $p < .05$.

*** $p < .001$ based on χ^2 test.

APPENDIX A. List of COMPASS Project Local Government Areas by State

Bauchi	FCT	Kano	Lagos	Nasarawa
Alkaleri	Abaji	Ajingi	Ajerome- Ife	Akwanga
Bauchi	Abuja Mun	Bebeji	Alimosho	Doma
Giade	Bw ari	Bichi	Badagary	Karu
Kirfi	Gwagwalada	Dala	Baju Lek	Keana
Misau	Kuje	Garbasawa	Eti Osa	Keffi
Ningi	Kwali	Garko	Ikorodu	Kokona
Taf Bal		Gaya	Kosofe	Wamba
Zaki		Gwale	Lagos Island	
		Gwarzo	Lagos Main	
		Gale	Mushin	
		Kano Mun	Ojo	
		Kibiya	Oshodi Is	
		Kula	Shomolu	
		Nasawara	Surulere	
		Tsanyawa		
		Warawa		

APPENDIX B. Summary of USAID Indicators Included in the Health Facility Report

	Indicator	Definition & Calculation	Data Source	Baseline Value (2005)	Endline Value (2009)
11	Facilities that offer family planning and reproductive health services	Percent of health facilities with at least two (2) modern contraceptive methods available at the time of the survey, a trained provider such as a physician, nurse-midwife, pharmacist, medical officer or community health extension worker (CHEW) who has undergone at least basic family planning training, and completed FP and ANC records	Health facility survey	15%	17%
12	Facilities that offer routine immunization	Percent of facilities offering all the six essential antigens for child immunization: DPT1 – 3, Measles, OPV, and BCG; and possess completed immunization records	Health facility survey	11%	11%

APPENDIX C. Health Facility Survey Questionnaire

**MEASURE EVALUATION FINAL SURVEY FOR COMPASS PROJECT 2009
HEALTH FACILITY QUESTIONNAIRE**

a. b. c. QUESTIONNAIRE IDENTIFICATION NUMBER									
d. e. LOCAL GOVERNMENT AREA									
BAUCHI		FCT		KANO		LAGOS		NASARAWA	
Alkaleri	01	Abaji	09	Bebeji	15	Badagary	31	Akwanga	45
Bauchi	02	Abuja Mun	10	Dala	16	Beji-Lek	32	Keffi	46
Misau	03	Gnagwala	11	Kabo	17	Lagos Is	33	Karu	47
Ningi	04	Kuje	12	Kano Mun	18	Lagos Mainl	34	Doma	48
Taf Bal	05	Bwari	13	Nasarawa	19	Mushin	35	Keana	49
Zaki	06	Kwali	14	Tsanyawa	20	Shomolu	36	Kokona	50
Giade	07			Kura	21	Surulere	37	Wamba	51
Kirfi	08			Warawa	22	Ajeromi-If	38		
				Ajingi	23	Kosofe	39		
				Gwale	24	Eti Osa	40		
				Garko	25	Alimosho	41		
				Kibiya	26	Ojo	42		
				Gaya	27	Oshodi Is	43		
				Bichi	28	Ikorodu	44		
				Gabasawa	29				
				Gwarzo	30				
COMMUNITY _____									
ENUMERATION AREA _____				<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>					
NAME OF FACILITY _____									
TYPE OF FACILITY PUBLIC SECTOR Teaching Hospital 01 Hospital 02 Comprehensive Health Care Center.....03 Primary Health Care Center/Maternity...04 Health Clinic.....05 Health Post.....06 Dispensary.....07				PRIVATE SECTOR Prvt. Hospital08 Military Hospital.....09 Missionary Hospital.....10 Prvt. Health Center/Maternity.....11 Prvt. Clinic.....12 PMV.....13 Other Private.....14				<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	
LOCALITY OF FACILITY		Urban 1 Semi-urban 2 Rural 3						<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	

INTERVIEWER VISITS				<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
	1	2	3	FINAL VISIT <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	

INTERVIEWER VISITS					
DATE				DAY	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME				NAME	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*				RESULT	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE				TOTAL NO. OF VISITS	
				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NO ONE AVAILABLE 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>					
SUPERVISOR NAME _____ DATE _____		OFFICE EDITOR 		KEYED BY 	
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	

2)

3) Facility Survey GPS Log

CHECKLIST

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

POSITION			
GPS UNIT NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		
WAYPOINT NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		
ALTITUDE (ELEV)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		
LATITUDE (N/S)	N/S/W/E	DEGREES	DECIMAL DEGREES
LONGITUDE (W/E)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

CONSENT AND TYPE OF SERVICES PROVIDED AT FACILITY

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIIP																																																															
100A	<p>FIND THE HEAD OF THE FACILITY OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. FOR PMV, FIND THE MOST SENIOR STAFF RESPONSIBLE FOR PROVIDING SERVICES. READ THE INFORMED CONSENT FORM.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <p>_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ DATE</p> </div> </div>																																																																	
100B	May I begin the interview?	YES 1 NO 2	→ STOP																																																															
100C	<p>RECORD THE TIME (START OF INTERVIEW)</p> <p>USE MILITARY TIME</p>	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																																																
101A-C	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="width: 33%;">A) Does this facility provide any of the following services or commodities?</td> <td colspan="2" style="width: 33%;">B) Do you (HEAD OF FACILITY/SENIOR WORKER) personally provide SERVICE?</td> <td colspan="2" style="width: 33%;">C) Which of the remaining services are provided by others?</td> </tr> <tr> <td></td><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td><td></td><td></td><td></td><td></td></tr> <tr> <td>1) Vaccinations</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>1) Vaccinations</td><td style="text-align: center;">202</td><td>1) Vaccinations</td><td style="text-align: center;">200a</td></tr> <tr> <td>2) Child Health</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>2) Child Health</td><td style="text-align: center;">305</td><td>2) Child Health</td><td style="text-align: center;">300a</td></tr> <tr> <td>3) Family Planning</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>3) Family Planning</td><td style="text-align: center;">405</td><td>3) Family Planning</td><td style="text-align: center;">400a</td></tr> <tr> <td>4) Antenatal</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>4) Antenatal</td><td style="text-align: center;">505</td><td>4) Antenatal</td><td style="text-align: center;">500a</td></tr> <tr> <td>5) Post-partum care</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>5) Post-partum care</td><td style="text-align: center;">505</td><td>5) Post-partum care</td><td style="text-align: center;">500a</td></tr> <tr> <td>6) Delivery & newborn care</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>6) Delivery & newborn care</td><td style="text-align: center;">605</td><td>6) Delivery & newborn care</td><td style="text-align: center;">600a</td></tr> <tr> <td>7) STI &/or VCT</td><td style="text-align: center;">1->B</td><td style="text-align: center;">2</td><td>7) STI &/or VCT</td><td style="text-align: center;">705</td><td>7) STI &/or VCT</td><td style="text-align: center;">700a</td></tr> </table>			A) Does this facility provide any of the following services or commodities?			B) Do you (HEAD OF FACILITY/SENIOR WORKER) personally provide SERVICE?		C) Which of the remaining services are provided by others ?			YES	NO					1) Vaccinations	1->B	2	1) Vaccinations	202	1) Vaccinations	200a	2) Child Health	1->B	2	2) Child Health	305	2) Child Health	300a	3) Family Planning	1->B	2	3) Family Planning	405	3) Family Planning	400a	4) Antenatal	1->B	2	4) Antenatal	505	4) Antenatal	500a	5) Post-partum care	1->B	2	5) Post-partum care	505	5) Post-partum care	500a	6) Delivery & newborn care	1->B	2	6) Delivery & newborn care	605	6) Delivery & newborn care	600a	7) STI &/or VCT	1->B	2	7) STI &/or VCT	705	7) STI &/or VCT	700a
A) Does this facility provide any of the following services or commodities?			B) Do you (HEAD OF FACILITY/SENIOR WORKER) personally provide SERVICE?		C) Which of the remaining services are provided by others ?																																																													
	YES	NO																																																																
1) Vaccinations	1->B	2	1) Vaccinations	202	1) Vaccinations	200a																																																												
2) Child Health	1->B	2	2) Child Health	305	2) Child Health	300a																																																												
3) Family Planning	1->B	2	3) Family Planning	405	3) Family Planning	400a																																																												
4) Antenatal	1->B	2	4) Antenatal	505	4) Antenatal	500a																																																												
5) Post-partum care	1->B	2	5) Post-partum care	505	5) Post-partum care	500a																																																												
6) Delivery & newborn care	1->B	2	6) Delivery & newborn care	605	6) Delivery & newborn care	600a																																																												
7) STI &/or VCT	1->B	2	7) STI &/or VCT	705	7) STI &/or VCT	700a																																																												
ALL RESPONDENTS CONTINUE TO 102 AND FIRST COMPLETE ALL SECTIONS CIRCLED FOR HEAD OF THE FACILITY. THEN COMPLETE ANY OTHER SECTIONS THAT ARE CIRCLED. IF PMV, SKIP TO Q107						PMV → 107																																																												

SECTION 1. GENERAL INFORMATION

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
102	Routinely, how many days each week is the facility open?	NUMBER OF DAYS <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8	
102a	How far is the facility from public transportation?	NUMBER OF KILOMETERS (if less than 1 Km, mark 0) <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8	
102b	How far is the facility from schools or places where youth spend time?	NUMBER OF KILOMETERS (if less than 1 Km, Mark 0) <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8	
103	What time is the facility scheduled to open and close? USE MILITARY TIME TO COMPLETE THE TIMES. IF OPEN 24 HOURS, RECORD 24:00 IN OPEN.	OPEN: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> : <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> CLOSE: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> : <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
104	Are there special hours that the facility is open to provide services for youth only?	YES 1 NO 2	→ 106
105	What are those hours?	OPEN: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> : <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> CLOSE: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> : <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
106	In what year did this facility open? IF THE RESPONDENT DOES NOT KNOW THE YEAR, PROBE TO FIND OUT HOW MANY YEARS OLD THE FACILITY IS.	YEAR OPENED <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS OLD <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW 9998	
ASK ALL RESPONDENTS			
107A-J	Now I have some questions about the staff who provide services . How many regular staff of each type does this facility have?		
	QUALIFICATION	TOTAL NUMBER	
	A) PHYSICIANS/SPECIALISTS (E.G., OB/GYN)	PHYSICIAN <input style="width: 40px; height: 20px;" type="text"/>	
	B) NURSE/MIDWIFE	NURSE/MIDWIFE <input style="width: 40px; height: 20px;" type="text"/>	
	C) NURSES	NURSE <input style="width: 40px; height: 20px;" type="text"/>	
	D) MIDWIVES	MIDWIFE <input style="width: 40px; height: 20px;" type="text"/>	
	E) AUXILLIARY NURSES	AUX NURSE <input style="width: 40px; height: 20px;" type="text"/>	
	F) COMMUNITY HEALTH OFFICER (CHO)	CHO <input style="width: 40px; height: 20px;" type="text"/>	
	G) COMMUNITY HEALTH EXTENSION WORKER (CHEW)	CHEW <input style="width: 40px; height: 20px;" type="text"/>	

	H) PHARMACISTS	PHARMACISTS	<input type="text"/>	<input type="text"/>
	I) PATENT MEDICINE VENDOR	PMV	<input type="text"/>	<input type="text"/>
	J) OTHER(S) _____ (SPECIFY)	OTHER	<input type="text"/>	<input type="text"/>
108A	SUM THE NUMBER OF STAFF REPORTED IN 107A-J AND ENTER TOTAL.	TOTAL.....	<input type="text"/>	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
108B	CHECK 108A: Just to make sure that I got this right: you have in TOTAL ____ Staff working at this facility who provide services. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 107A-J AS NECESSARY.				
IF PMV, SKIP TO Q132					PMV→132
109	Does this facility routinely admit inpatients for treatment?	YES 1 NO 2			→111
110	Does this facility have beds for overnight observation?	YES 1 NO 2			
111	Does this facility have any system for determining client opinion about the health facility or services?	YES 1 NO 2 DON'T KNOW 8			→115 →115
112a-d	Which of the following systems does the facility have for determining client opinion? a) Suggestions box b) Client survey form c) Client interview d) Other system		YES	NO	
		a) SUGGESTION BOX b) CLIENT SURVEY FORM c) CLIENT INTERVIEW d) OTHER	1 1 1 1	2 2 2 2	
113	Is there a procedure for reporting on client opinion?	YES 1 NO 2			
114	Have any changes been made in the program as a result of client opinion in the past 3 months? IF YES, DESCRIBE THE CHANGES MADE.	YES 1 (SPECIFY) NO 2 DON'T KNOW 8			
115	Does this facility monitor quality of care? This refers to a <u>ROUTINE</u> program for quality assurance.	YES 1 NO 2 DON'T KNOW 8			→118 →118
116	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY 1 ONLY SPECIFIC SERVICES 2			
117a-h	Are any of the following methods for quality assurance used?	YES	NO	DON'T KNOW	
	a) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records) based on Standards and Protocol	1	2	8	
	b) Supervisory checklist for health service provision (e.g. Observation Check list) based on Standards and Protocol	1	2	8	
	c) System for identifying and addressing quality of care that is implemented by staff or specific service level (e.g. not carried out facility wide)	1	2	8	
	d) Facility-wide review of mortality	1	2	8	

e) Periodic audit of medical records or service registers	1	2	8	
f) Quality Assurance committee/team	1	2	8	
g) Regional/Dist. Health Management Teams	1	2	8	
h) Other (SPECIFY) _____	1	2	8	

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP																								
118	Does this facility have an outreach program, that is a program where facility staff visit communities and/or schools on a regular basis to provide services?	YES 1 NO 2 DON'T KNOW 8	→ 124 → 124																								
119	Which of the following services are included in your outreach program? a) School-based health program? b) Peer health education? c) Information on insecticide treated nets (ITN)? d) Family planning counseling/provision? e) STI/HIV/AIDS prevention f) Immunization? g) Other services?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) SCHOOL-BASED HEALTH</td><td>1</td><td>2</td></tr> <tr> <td>b) PEER HEALTH EDUCATION</td><td>1</td><td>2</td></tr> <tr> <td>c) INFO ON ITN</td><td>1</td><td>2</td></tr> <tr> <td>d) FPCOUNSELING/PROVISION</td><td>1</td><td>2</td></tr> <tr> <td>e) STI/HIV/AIDS PREVENTION</td><td>1</td><td>2</td></tr> <tr> <td>f) IMMUNIZATION</td><td>1</td><td>2</td></tr> <tr> <td>g) OTHER _____ (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) SCHOOL-BASED HEALTH	1	2	b) PEER HEALTH EDUCATION	1	2	c) INFO ON ITN	1	2	d) FPCOUNSELING/PROVISION	1	2	e) STI/HIV/AIDS PREVENTION	1	2	f) IMMUNIZATION	1	2	g) OTHER _____ (SPECIFY)	1	2	
	YES	NO																									
a) SCHOOL-BASED HEALTH	1	2																									
b) PEER HEALTH EDUCATION	1	2																									
c) INFO ON ITN	1	2																									
d) FPCOUNSELING/PROVISION	1	2																									
e) STI/HIV/AIDS PREVENTION	1	2																									
f) IMMUNIZATION	1	2																									
g) OTHER _____ (SPECIFY)	1	2																									
CHECK 119a, IF NO (DOES NOT HAVE A SCHOOL-BASED HEALTH PROGRAM), SKIP TO 124. IF YES, ASK THE FOLLOWING:																											
120	In your outreach program, are primary schools included?	YES..... 1 NO 2 DON'T KNOW.....8	→124 → 124																								
121	What are the names of these schools?	<div></div> <div></div> <div></div> <div></div> <div>WRITE IN SCHOOL NAMES</div>																									
122	In your program, which classes are included? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	PRIMARY 1.....A PRIMARY 2.....B PRIMARY 3.....C PRIMARY 4.....D PRIMARY 5.....E PRIMARY 6.....F																									
123	In your school based health program, what topics are covered? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	NUTRITION.....A HYGIENE.....B INFO ON INSETICIDE TREATED NETS.....C FP COUNSELING.....D STI/HIV/AIDS PREVENTION.....E IMMUNIZATION.....F OTHER.....W SPECIFY																									
124	Does this facility have a formal relationship with traditional birth attendants (TBAs) in which training or other types of support are provided to the TBAs?	YES..... 1 NO 2	→126																								
125	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN 1 YES, DOCUMENT NOT SEEN 2 NO DOCUMENTATION..... 3																									
126	When was the last time a supervisor from OUTSIDE this facility visited the facility?	WITHIN THE LAST 6 MONTHS1 MORE THAN 6 MONTHS AGO 2 NEVER SUPERVISED FROM OUTSIDE FACILITY..... 3	→129 →129																								
127	The last time that a supervisor from outside the facility visited, did	<table border="1"> <thead> <tr> <th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	YES	NO																							
YES	NO																										

the supervisor:			
a) Check some registers/books?	a) CHECKED REGISTERS	1	2
b) Discuss problems?	b) DISCUSSED PROBLEMS	1	2
d) Discuss policy/administrative issues?	c) DISCUSSED POLICY	1	2
d) Discuss technical protocols/practices/issues?	d) DISCUSSED TECHNICAL	1	2
e) Hold an official staff meeting?	MATTERS	1	2
f) Observe individual staff providing services?	e) HELD STAFF MEETING	1	2
g) Meet with staff individually?	f) OBSERVE SERVICE PROVISION	1	2
h) Meet with clients?	g) MEET WITH STAFF INDIVIDUALLY	1	2
i) Do anything else?	h) MEET WITH CLIENTS	1	2
	i) OTHER_____	1	2
	(SPECIFY)		

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

CIRCLE ALL MENTIONED	CONVULSIONS.....E
	FATIGUE/MALAISE.....F
	OTHER.....W
	SPECIFY
	DONT KNOW.....Z

NO.	QUESTIONS AND FILTERS	CODE CLASSIFICATION	SKIP				
142	What do you do if a child is experiencing convulsions? DO NOT READ RESPONSES. CIRCLE ALL MENTIONED	GIVE PPT.....A REFER TO HEALTH FACILITY.....B SEND HOME.....C GIVE OTHER MEDICINE.....D SPECIFY OTHERW SPECIFY DON'T KNOW.....Z					
IF PMV, SKIP TO 149			PMV→149				
143	Does this facility have a working phone or short-wave radio?	YES 1 NO 2					
144	Now I would like to ask you some questions about the infection prevention procedures that this facility follows. What is the method most commonly used for sterilizing or disinfecting syringes and needles?	DRY HEAT STERILIZATION 1 AUTOCLAVE..... 2 STEAM STERILIZATION 3 BOILING 4 CHEMICAL 5 OTHER 6 USE DISPOSABLES ONLY 7					
145	What is the most commonly used method for sterilizing or disinfecting other medical equipment (e.g., surgical instruments)?	DRY HEAT STERILIZATION..... 1 AUTOCLAVE 2 STEAM STERILIZATION 3 BOILING 4 CHEMICAL 5 OTHER 6 (SPECIFY) NONE 7					
146	How does this facility dispose of potentially contaminated waste and items that are not reused (e.g. bandages, syringes)?	BURNED IN INCINERATOR 1 BURNED IN OPEN PIT 2 BURNED AND BURIED 3 THROW IN TRASH/OPEN PIT 4 THROW IN PIT LATRINE..... 5 OTHER 6 (SPECIFY)					
147	INTERVIEWER: ASK TO SEE PLACE USED FOR CONTAMINATED WASTE DISPOSAL	WASTE VISIBLE, <u>NOT</u> PROTECTED 1 WASTE VISIBLE,PROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED..... 8					
148	ASSESS GENERAL CLEANLINESS OF FACILITY -A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED, COUNTERS/TABLES ARE WIPED AND FREE FROM OBVIOUS DIRT OR WASTE.	FACILITY CLEAN..... 1 FACILITY NOT CLEAN 2					
ASK ALL RESPONDENTS THE REMAINING QUESTIONS BELOW IN THIS SECTION							
149	Now, I'd like to ask you some questions concerning your training and experience. In what year did you start working at this facility?	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
150	In total how many years of primary and secondary education did you complete?	YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
151	What is your present technical qualification	PHYSICIAN/SPECIALIST 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILLIARY NURSE..... 5 CHEW 6					

		CHO.....7 PHARMACIST.....8 NO TECHNICAL QUALIFICATION.....9 OTHER.....96 (SPECIFY)	→153
152	Which year did you graduate with this qualification?	YEAR..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div>	
		NO YEAR OF GRADUATION/NA.....9998	
153	Are continuing education activities offered at this facility for health staff?	YES.....1 NO.....2	→155
154	When was the last time a continuing education activity was offered?	LAST 3 MONTHS.....1 LAST 6 MONTHS.....2 LAST 12 MONTHS.....3 MORE THAN 12 MONTHS.....4 DON'T KNOW.....8	
155	Now, I would like to ask you what you think is the most important issue which you feel need to be addressed for you to improve your work? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING..... 4 MORE FEEDBACK ON STAFF PERFORMANCEEE 5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)	
156	What activities has this organization done in the past 6 months to improve services?	CLEAN UP THE CLINIC.....1 REDUCE WAITING TIME.....2 INTRODUCE WATER SOURCE.....3 BUILD LATRINE.....4 HIRE MORE MEDICAL OR ADMINISTRATIVE STAFF.....5 OTHER (specify).....	
GO TO Q200			→200

2. VACCINE LOGISTIC SYSTEM

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q201		
200a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.		
	Do you have any questions for me? Do I have your agreement to participate?		
	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> DATE	
200b	May I begin the interview?	YES 1 NO 2	→ STOP
201	Now I would like to find out information about immunization services provided to children or pregnant women either by or at your facility? Are immunization services provided to children only, pregnant women, or both?	YES, CHILDREN ONLY 1 YES PREGNANT WOMEN ONLY 2 BOTH CHILDREN AND PREGNANT WOMEN 3	
202	Does this facility maintain records on immunizations given (completed immunizations records)?	YES, RECORDS SEEN 1 YES, RECORDS NOT SEEN 2 NO RECORDS KEPT 3 DON'T KNOW 8	→ 204 → 204 → 204
203	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2	
204	Does this facility routinely store <u>all</u> vaccines, any vaccines or are all vaccines either picked up from another facility or delivered when providing services?	STORE ALL VACCINES 1 STORES SOME VACCINES 2 STORES NO VACCINES 3	→ 208
205	ASK TO GO WHERE VACCINES ARE STORED AND EXPLAIN. I want to find out about your system for keeping vaccines. What type of equipment do you use to store your vaccines? RECORD ALL MENTIONED	REFRIGERATOR A COLD BOX B FREEZER C OTHER D (SPECIFY)	
206	IF MULTIPLE EQUIPMENT ARE USED TO STORE VACCINES, SELECT THE ONE THAT IS MOST USED OR CURRENTLY BEING USED AND WRITE IN THE TYPE OF EQUIPMENT IT IS (E.G., REGRIFERATOR, COLDBOX, FREEZER, OTHER) AND INDICATE THE TEMPERATURE INSIDE. CIRCLE "+ OR -" BY TEMPERATURE	TYPE OF EQUIPMENT: <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> TEMPERATURE + / - ° CENTIGRADE NOT OBSERVED 88 NO THERMOMETER 99	
207	Do you have a cold chain temperature monitoring chart? IF YES: may I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO 3	→ 209 → 209
208a	CHECK THAT THE TEMPERATURE RECORD IS COMPLETED FOR EACH OF THE LAST TWO WEEKS (10 BUSINESS DAYS)	YES, COMPLETED 1 PARTIALLY COMPLETED 2 NO, NOT COMPLETED 3	→ 209
208b	COPY TEMPERATURES RECORDED FOR PREVIOUS 2 WEEKS. USING A CALENDAR, FILL IN THE DATES BELOW FOR THE 10 WORKDAYS (Mon-Fri) BEFORE TODAY. THEN WRITE DOWN THE TEMPERATURES FOR THE APPROPRIATE DATES & TIMES. DATE: DD-MM-YY	AM: 05:00 – 11:59am COLDBOX TEMPERATURE, Centigrade Indicate + or -	PM: 12 noon – 9pm COLDBOX TEMPERATURE, Centigrade. Indicate + or -
	10 WORKDAYS BEFORE:		
	9:		
	8:		
	7:		
	6:		
	5:		
	4:		
	3:		
	2:		
	1 WORKDAY BEFORE:		

209	Is there an inventory for the vaccines?	YES 1 NO 2 DON'T KNOW 8		
210	Have there been <u>any</u> stock-outs of vaccines in the last month?	YES 1 NO 2 DON'T KNOW 8		
211a	Which of the following vaccines are given at this facility?	YES	NO	DON'T KNOW
	1) Tetanus Toxoid	1->B	2	8
	2) BCG and Dilutant	1->B	2	8
	3) Oral Polio (OPV)	1->B	2	8
	4) DPT	1->B	2	8
	5) Measles & Dilutant	1->B	2	8
	6) Hepatitis B	1->B	2	8
	7) Yellow fever	1->B	2	8
	8) Others _____ SPECIFY	1->B	2	8
211b	Is this vaccine in stock?	YES	NO	
212	Does this facility determine the amount of vaccines required and order this amount, or is the amount that you receive determined elsewhere? (BOTH MAY BE THE RESPONSE IF THE FACILITY ORDERS AND KEEPS SOME VACCINES BUT RECEIVES OTHERS AS AN OUTREACH SERVICE FROM ANOTHER FACILITY).	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2 BOTH 3		
213	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the quantity you receive vary with the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL 1 STANDARD FIXED SUPPLY 2 DON'T KNOW 8		
214a-z	How do you decide how much of each vaccine to order?	A) Order to bring stock to fixed level B) Order the same quantity each time regardless of how many of each vaccine remains in stock? C) Order different amounts, based on calculations of prior utilization and expected future activity? D) Order depending on what you think is needed, without a specific method for calculating amounts? W) Other (SPECIFY) _____ Z) Don't know		
		A) ORDER TO FIXED LEVEL B) ORDER SAME QUANTITY C) ORDER DIFF AMOUNTS D) NO SPECIFIC METHOD W) OTHER _____ SPECIFY Z) DON'T KNOW	YES 1 1 1 1 1	NO 2 2 2 2 2
215a-z	How do you decide when to order vaccines? Do you:	A) Place an order whenever stock levels fall to a pre-determined level? B) Have a fixed time when you are supposed to submit orders for the vaccines? IF YES, INDICATE HOW OFTEN THE ORDER IS SUBMITTED. C) The facility can place an order whenever there is believed to be a need. The stock does not have to be below a specific level. W) Other (SPECIFY) _____ Z) Don't know		
		A) ORDER AT PRE-DETERMINED LEVEL B) ORDER AT FIXED TIME EVERY _____ MONTHS C) ORDER WHENEVER NEED W) OTHER _____ SPECIFY Z) DON'T KNOW	YES 1 1 1 1	NO 1 2 2 2
216	What type of injection equipment is used during routine immunization sessions at this facility?	SINGLE USE 1 STERILIZABLE 2 OTHER _____ 6 (SPECIFY)		
GO TO Q300				300

SECTION 3. CHILD HEALTH SERVICES

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO																																																											
IF INTERVIEWING THE SAME PERSON, SKIP TO Q305,																																																														
300a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM. Do you have any questions for me? Do I have your agreement to participate? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> INTERVIEWER'S SIGNATURE <small>(Indicates respondent's willingness to participate)</small> </div> <div style="width: 45%; text-align: center;"> DATE </div> </div>																																																													
300b	May I begin the interview?	YES 1 NO 2	→ STOP																																																											
301	In what year did you start working at this facility?	YEAR..... 																																																												
302	In total how many years of primary and secondary education did you complete?	YEARS..... 																																																												
303	What is your present technical qualification?	PHYSICIAN/SPECIALIST 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILLIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>																																																												
304	Which year did you graduate with this qualification?	YEAR 																																																												
ASK ALL RESPONDENTS																																																														
305	For how many years in total have you provided child health care services or products? (May be from another facility)	YEARS 																																																												
IF LESS THAN ONE YEAR, RECORD "00".																																																														
306a-b	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months? 1) EPI/cold chain? 2) ARI treatment? 3) Diarrhea treatment? 4) Malaria treatment? 5) Nutrition/micro-nutrient deficiencies? 6) Breastfeeding? 7) Mother to child transmission of HIV/AIDS? 8) Integrated Management of Childhood Illness (IMCI) 9) Other? <div style="text-align: center;">(SPECIFY)</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">306a. EVER TRAINED</th> <th colspan="2">306b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) EPI/COLD</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) ARI</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3) DIARRHEA</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) MALARIA</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>5) NUTRITION</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>6) BREASTFEED</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>7) MTC TRANSM</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>8) IMCI</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>9) OTHER</td> <td>1->B</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="5" style="text-align: center;">SPECIFY</td> </tr> </tbody> </table>		306a. EVER TRAINED		306b. LAST 24 MONTHS		YES	NO	YES	NO	1) EPI/COLD	1->B	2	1	2	2) ARI	1->B	2	1	2	3) DIARRHEA	1->B	2	1	2	4) MALARIA	1->B	2	1	2	5) NUTRITION	1->B	2	1	2	6) BREASTFEED	1->B	2	1	2	7) MTC TRANSM	1->B	2	1	2	8) IMCI	1->B	2	1	2	9) OTHER	1->B	2	1	2	SPECIFY					
	306a. EVER TRAINED			306b. LAST 24 MONTHS																																																										
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1) EPI/COLD	1->B	2	1	2																																																										
2) ARI	1->B	2	1	2																																																										
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5) NUTRITION	1->B	2	1	2																																																										
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7) MTC TRANSM	1->B	2	1	2																																																										
8) IMCI	1->B	2	1	2																																																										
9) OTHER	1->B	2	1	2																																																										
SPECIFY																																																														
307a-f	Now, I would like to ask you specifically about child health services. For each of the following services please tell me if the service is offered by your facility, and if yes, how many days per week the service is provided AT THE FACILITY																																																													
	CHILD HEALTH SERVICE	# Days per week service provided at facility	Service only provided as outreach	Service not offered																																																										
	a) Consultation / curative services for the Sick Child?	# DAYS 	11	95																																																										

	b) GROWTH MONITORING or growth promotion (where the HEALTHY CHILD routinely weighed and charted on growth chart?	# DAYS <input type="text"/>	11	95
	c) Immunization services for children?	# DAYS <input type="text"/>	11	95
	d) Food demonstration?	# DAYS <input type="text"/>	11	95
	e) Health education?	# DAYS <input type="text"/>	11	95
	f) Dispense drugs for treating child illness?	# DAYS <input type="text"/>	11	95
	IF PMV, SKIP TO Q318			PMV→318
308a	CHECK 307C AND INDICATE IF CHILD IMMUNIZATIONS ARE PROVIDED AT THE FACILITY	YES.....1 NO.....2		→315
308b	Does this facility provide outreach immunization services, i.e., visit communities to vaccinate children?	YES.....1 NO.....2		
309	Are immunization services being offered at the facility today?	YES.....1 NO.....2		
310a-g	Does the facility have the following items to provide immunizations?			
		YES	NO	DON'T KNOW
a)	Sharps box for needles	1	2	8
b)	5 or more 1 ml syringes (w/needles).	1	2	8
c)	5 or more 3 ml syringes (w/ 19 gauge needles)	1	2	8
d)	Hand-washing items (soap, towel)?	1	2	8
e)	Water for hand-washing?	1	2	8
f)	Blank, individual child immunization cards	1	2	8
g)	Immunization tally/register sheets	1	2	8
311	CHECK 307a: SICK CHILD CONSULTATIONS OFFERED AT FACILITY			
	SICK CHILD CONSULTATIONS	<input type="text"/>	NO SICK CHILD CONSULTATIONS	<input type="text"/> →→→
		↓ V V		→318
312a-i	Does this facility have the following items available and in working order to provide consultations for sick children?	YES	NO	DON'T KNOW
a)	Hand-washing Items (soap, towel)	1	2	8
b)	Water for hand-washing	1	2	8
c)	Infant Scale	1	2	8
d)	Child Scale	1	2	8
e)	Thermometer	1	2	8
f)	Timer/Watch with second hand	1	2	8
g)	Jar/Pitcher for ORS	1	2	8
h)	ORS treatment	1	2	8
i)	Cup and spoon	1	2	8
313a-e	Does this facility have the following protocols and materials?			
a)	Medical Protocols for treating CHILD ILLNESS	1	2	8
b)	National Standing Orders	1	2	8

	c) Integrated Management of Childhood Illness (IMCI) Chart Booklet	1	2	8	
	d) National Immunization policy guidelines	1	2	8	
	e) Visual aids for teaching caretaker	1	2	8	
314	Are immunizations offered in the facility on every day that sick child consultations are provided?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
315	Is there a patient register where information on each child consultation is written? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE CHILD AGE AND DIAGNOSIS TO BE VALID.	YES, REGISTER SEEN..... 1 YES, REGISTER NOT SEEN..... 2 NO REGISTER KEPT..... 3			→ 317 → 317

316	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
317	Are individual child health cards /records maintained at this facility? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, OBSERVED CARD 1 YES, CARD NOT SEEN 2 NO INDIVIDUAL CARDS 3				
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION						
318	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your child health work or observe your work?	YES 1 NO 2 DON'T KNOW 8				
319	How many times in the last six months has your child health work been supervised?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98				
320A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW		
	a) Check your records/reports	1	2	8		
	b) Observe your work	1	2	8		
	c) Provide feedback on your performance	1	2	8		
	d) Provide updates on administrative or technical issues related to your work	1	2	8		
	e) Discuss problems you have encountered	1	2	8		
	f) Discuss job expectations	1	2	8		
	g) Anything else (SPECIFY)	1	2	8		
321	What is the most important issue that you feel needs to be addressed to improve your work in child health? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY)				
GO TO Q400						
				400		

SECTION 4. FAMILY PLANNING SERVICES

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP																																																						
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q405,																																																								
400A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM. Do you have any questions for me? Do I have your agreement to participate? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>																																																								
400B	May I begin the interview?	YES1 NO2	→ STOP																																																						
401	In what year did you start working at this facility?	YEAR..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																							
402	In total many years of primary and secondary education did you complete?	YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																							
403	What is your present technical qualification?	PHYSICIAN1 NURSE/MIDWIFE.....2 NURSE3 MIDWIFE4 AUXILIARY NURSE.....5 CHEW6 CHO7 PHARMACIST8 OTHER96 <div style="text-align: center;">(SPECIFY)</div>																																																							
404	What year did you graduate with this qualification?	YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																							
ASK ALL RESPONDENTS																																																									
405	For how many years in total have you provided family planning services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																							
406A-B	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you ever received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months? 1) Family planning counseling? 2) IUD insertion? 3) Mini-laparotomy? 4) No-scalpel vasectomy? 5) Implants (e.g., Norplant)? 6) STI Syndromic Management? 7) Other, STI diagnosis and treatment? 8) Postabortion Care (PAC)? 9) Other? <div style="text-align: center;">(SPECIFY)</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th><th colspan="2">406A. EVER TRAINED</th><th colspan="2">406B. LAST 24 MONTHS</th></tr> <tr> <th>YES</th><th>NO</th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>1) FP COUNS</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>2) IUD</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>3) MINI-LAP</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>4) NSV</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>5) IMPLANT</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>6) STI SYND</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>7) OTHER STI</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>8) PAC</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>9) OTHER</td><td>1->B</td><td>2</td><td>1</td><td>2</td></tr> </tbody> </table>		406A. EVER TRAINED		406B. LAST 24 MONTHS		YES	NO	YES	NO	1) FP COUNS	1->B	2	1	2	2) IUD	1->B	2	1	2	3) MINI-LAP	1->B	2	1	2	4) NSV	1->B	2	1	2	5) IMPLANT	1->B	2	1	2	6) STI SYND	1->B	2	1	2	7) OTHER STI	1->B	2	1	2	8) PAC	1->B	2	1	2	9) OTHER	1->B	2	1	2	
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8) PAC	1->B	2	1	2																																																					
9) OTHER	1->B	2	1	2																																																					
407	How many days in a week are family planning services or products provided at this facility?	# DAYS <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																																							
408	Are family planning services or products being provided today?	YES1 NO2																																																							

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION						SKIP		
409A	Which of the following methods of contraception are provided at this facility? READ ALL	YES	NO	DK	409B) Is this method in stock?		409C) Have you ever received training to provide this method?		409D) Is there anyone else here that provides FP that has been trained in this method?	
					YES	NO	YES	NO	YES	NO
	1) Combined oral pill	1→B	2	8	1	2	1	2>D	1	2
	2) Progesterone only pill	1→B	2	8	1	2	1	2>D	1	2
	3) IUD/Coil	1→B	2	8	1	2	1	2>D	1	2
	4) Injectable Depo Provera (1 every 3 months)	1→B	2	8	1	2	1	2>D	1	2
	5) Injectable Noristerat (1 every 2 months)	1→B	2	8	1	2	1	2>D	1	2
	6) Implant (e.g., Norplant)	1→B	2	8	1	2	1	2>D	1	2
	7) Diaphragm/cap	1→B	2	8	1	2	1	2>D	1	2
	8) Male condom	1→B	2	8	1	2	1	2>D	1	2
	9) Female condom	1→B	2	8	1	2	1	2>D	1	2
	10) Foaming tablets/spermicides	1→B	2	8	1	2	1	2>D	1	2
	11) Emergency Contraception (e.g., after sex pill)	1→B	2	8	1	2	1	2>D	1	2
	12) Counseling about natural family planning	1→C	2	8			1	2>D	1	2
	13) Counseling on dual protection (prevention of pregnancy and STI/HIV/AIDS)	1→C	2	8			1	2>D	1	2
IF 409A.8 (Condoms) IS NO, GO TO 411									IF 409A.8 IS NO → 411	
410	Are condoms made available to youth at this facility?	YES..... 1 NO 2 DON'T KNOW..... 8								
IF PMV, SKIP TO Q412									PMV → 412	
411	Does this facility have a ROUTINE system for taking physical measurements for FP clients prior to the consultation (e.g., weight and blood pressure)?	YES 1 NO 2 DON'T KNOW 8								
ASK ALL RESPONDENTS										
412a-f	Are any of the following visual aids for teaching available in the counseling or service provision area ?	YES	NO	DON'T KNOW						
	a) Different family planning methods	1	2	8						
	b) Visual aids for teaching about STIs	1	2	8						
	c) Visual aids for teaching about HIV/AIDS	1	2	8						
	d) Model for demonstrating use of condom	1	2	8						
	e) Posters on family planning	1	2	8						
	f) Visual aids for teaching about self-breast exams	1	2	8						
	g) Cue cards	1	2	8						
413a-f	Are any of the following information booklets/pamphlets available for clients to take home?	YES	NO	DON'T KNOW						
	a) On family planning?	1	2	8						
	b) On STIs?	1	2	8						
	c) On HIV/AIDS?	1	2	8						
	d) On breast cancer?	1	2	8						
	e) On cervical cancer?	1	2	8						
	f) Other SPECIFY	1	2	8						
	g) Motivational leaflets	1	2	8						
414a-d	Are any of the following service delivery protocols available?	YES	NO	DON'T KNOW						
	a) National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice (SOP) for Family Planning Service in Nigeria	1	2	8						
	b) National Family Planning/Reproductive Health Service Protocols	1	2	8						
	c) Guidelines for Management of Syndromic Diagnosis and Treatment of STIs	1	2	8						

	d) Infection prevention wallchart	1	2	8	
	e) Clinical protocol and service guidelines for adolescent health	1	2	8	
415	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, REGISTER SEEN1 YES, REGISTER NOT SEEN2 NO8			→417 →417
416	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS1 > 7 DAYS2			
417	Are individual client cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD.	YES, OBSERVED CARD1 YES, CARD NOT SEEN.....2 NO INDIVIDUAL CARDS3			

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP
418	Are clients routinely treated for STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS1 REFERS TO OTHER PROVIDER /LOCATION2 NO TREATMENT PROVIDED3 DON'T KNOW.....8			
419	Are antenatal care clients routinely counseled about family planning?	YES.....1 NO.....2 DON'T KNOW.....8			
420	Are postpartum clients routinely counseled about family planning	YES.....1 NO.....2 DON'T KNOW.....8			
	IF PMV, GO TO 433				PMV→ 433
421A-G	Does this facility have the following items to provide family planning services?	YES	NO	DON'T KNOW	
	a) A working spotlight source (flashlight or examination light accepted)	1	2	8	
	b) Table and stool for gynecological exam	1	2	8	
	c) Hand-washing items (soap and towel)	1	2	8	
	d) Water for hand-washing	1	2	8	
	e) Clean and sterilized gloves	1	2	8	
	f) Sharps container	1	2	8	
	g) Decontamination solution for clinical equipment	1	2	8	
422A-D	OTHER EQUIPMENT	Section 1.02			
	A) Blood pressure gauge	1	2	8	
	B) Stethoscope	1	2	8	
	C) Weighing scale	1	2	8	
	D) Sterile needle and syringe	1	2	8	
423	Does this facility offer mini-laparotomy female sterilization under local anesthesia?	MINI LAP OFFERED.....1 MINI LAP NOT OFFERED.....2			→425
424A-O	Does this facility have the following equipment and supplies available and in working order for mini-laparotomies?	YES	NO	DON'T KNOW	
	a) Tubal hook	1	2	8	
	b) Uterine elevator	1	2	8	
	c) Forceps baby babcock	1	2	8	
	d) Retractor	1	2	8	
	e) Sponge holding forceps	1	2	8	
	f) Kocher forceps (long)	1	2	8	
	g) Straight artery forceps 5"	1	2	8	
	h) Vaginal speculum	1	2	8	
	i) Dissecting scissors	1	2	8	
	j) Blunt dissecting forceps	1	2	8	
	k) Toothed dissecting forceps	1	2	8	
	l) Needle holder	1	2	8	
	m) Kidney dish	1	2	8	
	n) Round body needle	1	2	8	
	o) Cutting needle	1	2	8	

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

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION			SKIP		
430a-f	Does this facility have the following materials for the IUD:	YES	NO	DON'T KNOW			
	a) Speculum	1	2	8			
	b) Sponge holding forceps	1	2	8			
	c) Uterine sound	1	2	8			
	d) Tenacula	1	2	8			
	e) IUD forceps extractor (crocodile)						
	f) Sterile IUD kit which includes Tenacula and uterine sound	1	2	8			
	g) Small size speculum	1	2	8			
431	Does this facility offer Norplant?	NORPLANT OFFERED..... 1 NORPLANT NOT OFFERED 2			→ 433		
432A-E	Does this facility have the following materials for Norplant:	YES	NO	DON'T KNOW			
	a) Local anesthetic (e.g., lidocaine)	1	2	8			
	b) Sterile syringe and needle	1	2	8			
	c) Any forceps for grasping implant (artery forceps/ hemostat/ tweezer / mosquito forceps)	1	2	8			
	d) Scalpel with blade	1	2	8			
	e) Minor surgical kit with scalpel, blade, and some forceps for grasping implant	1	2	8			
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION							
433	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your family planning work or observe your work?	YES1 NO2 DON'T KNOW.....8			→ 436 → 436		
434	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
435A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW			
	a) Check your records/reports	1	2	8			
	b) Observe your work	1	2	8			
	c) Provide feedback on your performance	1	2	8			
	d) Provide updates on administrative or technical issues related to your work	1	2	8			
	e) Discuss problems you have encountered	1	2	8			
	f) Discuss job expectations	1	2	8			
	g) Anything else (SPECIFY)	1	2	8			
436	What is the most important issue that you feel needs to be addressed to improve your work in family planning? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT.....2 BETTER PAY3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCEE5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER.....96 (SPECIFY)					
GO TO Q500					500		

SECTION 5. ANTENATAL AND POSTPARTUM CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																													
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q505,																															
500A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM. Do you have any questions for me? Do I have your agreement to participate? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>																															
500B	May I begin the interview?	YES..... 1 NO..... 2	→ STOP																													
501	In what year did you start working at this facility?	YEAR..... 																														
502	In total many years of primary and secondary education did you complete?	YEARS..... 																														
503	What is your present technical qualification?	PHYSICIAN 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE..... 5 CHEW..... 6 CHO..... 7 PHARMACIST 8 OTHER..... 96 <div style="text-align: center;">(SPECIFY)</div>																														
504	Which year did you graduate with this qualification?	YEAR..... 																														
ASK ALL RESPONDENTS																																
505	Do you currently personally provide either antenatal care services or products or postpartum care services or products or both?	YES,ANC 1 YES,POSTPARTUM 2 YES BOTH 3																														
	IF PMV, ASK THE FOLLOWING. ALL OTHERS, SKIP TO 507		NON-PMV→507																													
506	What type of antenatal care or postpartum care products do you provide?	VITAMINS.....1 MEDICINES.....2 OTHER.....3 <div style="text-align: center;">(SPECIFY)</div>																														
ASK ALL RESPONDENTS																																
507	For how many years in total have you provided antenatal and/or postpartum care services or products? (May be from another facility)	YEARS 																														
	IF LESS THAN ONE YEAR, RECORD "00".																															
508a-b	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES , Did you receive this training in the last 24 months? 1 Antenatal care? 2) Counseling/health education for maternity clients? 3) Management of risk pregnancies? 4) Mother to child transmission of HIV/AIDS? 5) Postnatal care? 6) Family Planning?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">508a. EVER TRAINED</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) ANC</td> <td>1->b</td> <td>2</td> </tr> <tr> <td>2) COUNSEL</td> <td>1->b</td> <td>2</td> </tr> <tr> <td>3) MGT PREG</td> <td>1->b</td> <td>2</td> </tr> <tr> <td>4) MCT HIV/AIDS</td> <td>1->b</td> <td>2</td> </tr> </tbody> </table>		508a. EVER TRAINED		YES	NO	1) ANC	1->b	2	2) COUNSEL	1->b	2	3) MGT PREG	1->b	2	4) MCT HIV/AIDS	1->b	2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">508b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	508b. LAST 24 MONTHS		YES	NO	1	2	1	2	1	2	1	2
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1	2																															
1	2																															
1	2																															
1	2																															

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO	
	7) Sexually transmitted infections? 8) Other _____? (SPECIFY)	5) POSTNATAL	1->b	2	1	2
		6) FP	1->b	2	1	2
		7) STI	1->b	2	1	2
		8) OTHER _____ SPECIFY	1->b	2	1	2
509	How many days in a week are antenatal care services or products provided at the facility?	# DAYS <input type="text"/>				
509a	Do young clients have separate ANC days?	YES 1 NO 2				
510	Are antenatal care services or products being provided at the facility today?	YES 1 NO 2				
	IF PMV, SKIP TO 522				PMV→522	
511	Does this facility have a ROUTINE system for measuring vital signs (e.g., weight, blood pressure) of ANC clients prior to the consultation?	YES 1 NO 2 DON'T KNOW 8				
512a-e	Does this facility offer the following services:	YES	NO	DON'T KNOW		
	a) Are tetanus toxoid vaccination services available each day ANC services are provided?	1	2	8		
	b) Is preventive anti-malarial medication routinely provided?	1	2	8		
	c) Are iron and folic acid routinely provided?	1	2	8		
	d) Are clients routinely counseled about family planning?	1	2	8		
	e) Does the facility routinely offer to provide voluntary counseling and testing for HIV/AIDS?	1	2	8		
513	Does the ANC provider(s) routinely treat STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS 1 REFERS 2 NO TREATMENT PROVIDED 3				
514a	Is there a register where client information from ANC visits is recorded? IF YES, ASK TO SEE REGISTER. ANC STATUS (1ST OR FOLLOW-UP) MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3			→515a →515a	
514b	How recent is the date of the most recent entry for ANC?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
515a	Is there a register where client information from postpartum visits is recorded? IF YES, ASK TO SEE REGISTER. DAYS PP AND INDICATION OF COMPLICATIONS OR NOT MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3			→516 →516	
515b	How recent is the date of the most recent entry for postpartum care?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2				
516	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD?	YES, OBSERVED BLANK CARD 1 YES, NO BLANK CARD OBSERVED 2 NO INDIVIDUAL CARDS 3				
517a-g	Does this facility have the following items available and in working order to provide ANC/PP services?	YES	NO	DON'T KNOW		
	a) Spotlight source (flashlight or examination light accepted)	1	2	8		
	b) Table and stool for gynecological exam	1	2	8		
	c) Hand-washing items (soap and towel)	1	2	8		
	d) Water for hand-washing	1	2	8		
	e) Clean gloves	1	2	8		
	f) Sharps container	1	2	8		
	g) Decontamination solution for clinical equipment	1	2	8		
518a-g	Does this facility have the following equipment for ANC/PP services?	YES	NO	DON'T KNOW		
	a) Blood pressure gauge	1	2	8		
	b) Stethoscope	1	2	8		
	c) Fetal Stethoscope	1	2	8		
	d) Thermometer	1	2	8		
	e) Tape rule	1	2	8		
	f) Infant scale	1	2	8		
	g) Height scale	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO		
519a-b	Does this facility have the following materials? a) Guidelines/protocols for maternal health care b) Teaching aids for ANC	YES 1	NO 2	DON'T KNOW 8			
520	Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?	YES 1 NO 2 DON'T KNOW.....8			→ 522 → 522		
521	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN 1 YES, DOCUMENT NOT SEEN 2 NO DOCUMENTATION 3					
ASK ALL RESPONDENTS TO ANSWER THE REMAINING QUESTIONS BELOW IN THIS SECTION							
522	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your ANC and/or PP work or observe your work?	YES 1 NO 2 DON'T KNOW.....8			→ 525 → 525		
523	How many times in the last six months has your ANC and/or PP work been supervised?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
524A-G	What did your supervisor do the last time he/she supervised you? a) Check your records/reports b) Observe your work c) Provide feedback on your performance d) Provide updates on administrative or technical issues related to your work e) Discuss problems you have encountered f) Discuss job expectations g) Anything else _____ (SPECIFY)	YES 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2	DON'T KNOW 8 8 8 8 8 8 8 8			
525	What is the most important issue that you feel needs to be addressed to improve your work in family ANC and/or PP? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES.....6 EMERGENCY TRANSPORT FOR PATIENTS7 BETTER PHYSICAL ENVIRONMENT.....8 BETTER SECURITY.....9 OTHER96 (SPECIFY)					
GO TO Q600					600		

SECTION 6.DELIVERY AND NEWBORN CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																		
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q605,																																				
600a	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM.																																				
	Do you have any questions for me? Do I have your agreement to participate?																																				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>																																				
600b	May I begin the interview?	YES..... 1 NO 2	➔STOP																																		
601	In what year did you start working at this facility?	YEAR..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																			
602	In total many years of primary and secondary education did you complete?	YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																			
603	What is your present technical qualification?	PHYSICIAN1 NURSE/MIDWIFE.....2 NURSE3 MIDWIFE4 AUXILIARY NURSE.....5 CHEW6 CHO7 PHARMACIST8 OTHER96 <div style="text-align: center;">(SPECIFY)</div>																																			
604	Which year did you graduate with this qualification?	YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																			
ASK ALL RESPONDENTS																																					
605	Do you currently personally provide delivery care? By this, I mean conducting the actual delivery.	YES..... 1 NO 2	➔609																																		
606	For how many years in total have you conducted deliveries? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																			
607	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in (SUBJECT)? IF YES, Did you receive this training in the last 24 months? 1) Care during labor or delivery? 2) Use of partograph? 3) Life saving skills/emergency complications? 4) Other? <div style="text-align: center;">(SPECIFY)</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">607a. EVER TRAINED</th> <th colspan="2">607b. LAST 24 MONTHS</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1) DELIVERY CARE</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>2) PARTOGRAP</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>3)LIFE SAV/EM</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>4) OTHER</td> <td>1->b</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="5">SPECIFY</td> </tr> </tbody> </table>		607a. EVER TRAINED		607b. LAST 24 MONTHS		YES	NO	YES	NO	1) DELIVERY CARE	1->b	2	1	2	2) PARTOGRAP	1->b	2	1	2	3)LIFE SAV/EM	1->b	2	1	2	4) OTHER	1->b	2	1	2	SPECIFY					
	607a. EVER TRAINED			607b. LAST 24 MONTHS																																	
	YES	NO	YES	NO																																	
1) DELIVERY CARE	1->b	2	1	2																																	
2) PARTOGRAP	1->b	2	1	2																																	
3)LIFE SAV/EM	1->b	2	1	2																																	
4) OTHER	1->b	2	1	2																																	
SPECIFY																																					
608	When was the last time you used a partograph?	NEVER 0 IN PAST WEEK 1 IN PAST MONTH..... 2 IN PAST 6 MONTHS 3 6 MONTHS AGO OR LONGER 4 DON'T KNOW 8																																			
609	Do you presently personally provide newborn care?	YES..... 1 NO 2																																			
610	For how many years in total have you provided these services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>																																			
611	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in (SUBJECT)? IF YES, Did	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>612a. EVER TRAINED</th> <th>612b. LAST 24 MONTHS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		612a. EVER TRAINED	612b. LAST 24 MONTHS																																
	612a. EVER TRAINED	612b. LAST 24 MONTHS																																			

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

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO		
		YES	NO	DON'T KNOW			
623a-k	Now, I want to ask you about routine practices for the newborn for the newborn infant. That is, the activity occurs for essentially all newborns. Please indicate which of the following are done/provided routinely.						
	a) Suction newborn using catheter?	1	2	8			
	b) Score APGAR?	1	2	8			
	c) Weigh newborn ?	1	2	8			
	d) Measure newborn (height)?	1	2	8			
	e) Put baby to mother's breast within 1 hour of birth	1	2	8			
	f) Rooming-in with mother	1	2	8			
	g) Give pre-lacteal liquids?	1	2	8			
	h) Give first dose of OPV prior to discharge?	1	2	8			
	i) Give BCG prior to discharge?	1	2	8			
	j) Give Hep B (HbV1) prior to discharge?	1	2	8			
	k) Give full bath (immerse in water) within first 24 hours?	1	2	8			
	w) Other (specify) _____	1	2	8			
624	Is rooming-in the normal practice in this facility? That is, does the baby stay in the same room with the mother?	YES 1 NO 2 DON'T KNOW 8					
625	Does this facility routinely provide Vitamin A to the mother prior to discharge?	YES 1 NO 2 DON'T KNOW 8					
626	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS 1 YES, FOR NEWBORNS 2 YES, FOR BOTH 3 NO DO NOT PARTICIPATE 4					
627	Now, I'd like to ask you some questions about supervision. In the last six months, have you had a supervisor speak with you about your delivery and/or newborn care work or observe your work?	YES 1 NO 2 DON'T KNOW 8			→ 630 → 630		
628	How many times in the last six months has your family planning work been supervised?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
629A-G	What did your supervisor do the last time he/she supervised you?	YES	NO	DON'T KNOW			
	a) Check your records/reports	1	2	8			
	b) Observe your work	1	2	8			
	c) Provide feedback on your performance	1	2	8			
	d) Provide updates on administrative or technical issues related to your work	1	2	8			
	e) Discuss problems you have encountered	1	2	8			
	f) Discuss job expectations	1	2	8			
	g) Anything else (SPECIFY) _____	1	2	8			
630	What is the most important issue that you feel needs to be addressed to improve your work in delivery and newborn care? DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.	MORE STAFF 1 BETTER STAFF TREATMENT 2 BETTER PAY 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER 96 (SPECIFY) _____					
GO TO Q700					700		

SECTION 7. STI AND VCT

NO.	QUESTIONS AND FILTERS	CODE CLASIFICATION	SKIP
	IF INTERVIEWING THE SAME PERSON, SKIP TO Q805,		
700A	IF INTERVIEWING A NEW PERSON, READ INFORMED CONSENT FORM. Do you have any questions for me? Do I have your agreement to participate? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> _____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate) </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>		
700B	May I begin the interview?	YES 1 NO 2	→ STOP
701	In what year did you start working at this facility?	YEAR..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
702	In total many years of primary and secondary education did you complete?	YEARS..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
703	What is your present technical qualification	PHYSICIAN 1 NURSE/MIDWIFE 2 NURSE 3 MIDWIFE 4 AUXILIARY NURSE 5 CHEW 6 CHO 7 PHARMACIST 8 OTHER 96 <div style="text-align: center; margin-top: 5px;">(SPECIFY)</div>	
704	Which year did you graduate with this qualification?	YEAR..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
ALL RESPONDENTS			
705	First I want to ask specifically about services and products for STIs. Does this facility offer STI services or commodities to treat STIs?	YES 1 NO 2	→ 713
706	Do you currently personally provide either services or products for treating sexually transmitted infections (STIs)?	YES 1 NO 2	→ 708
707	For how many years in total have you provided STI services or products? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00"	YEARS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
708	Are STI services/commodities being offered at the facility today?	YES 1 NO 2	
709	How many days in a week are STI services or products provided at the facility?	# DAYS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
IF PMV, GO TO 722			
710A-B	Does this facility have protocols on the following:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">YES</div> <div style="text-align: center;">NO</div> <div style="text-align: center;">DON'T KNOW</div> </div>	
	a) Confidentiality Protocol for STI clients?	1 2 8	
	b) Informed Consent Protocol for STI testing?	1 2 8	

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

g) Anything else (SPECIFY)		1	2	8
725	<p>What is the most important issue that you feel need to be addressed to improve your work in STI/VCT?</p> <p>DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE FOR THE MOST IMPORTANT ISSUE.</p>	<p>MORE STAFF 1</p> <p>BETTER STAFF TREATMENT 2</p> <p>BETTER PAY 3</p> <p>MORE TRAINING 4</p> <p>MORE FEEDBACK ON STAFF PERFORMANCE 5</p> <p>MORE/BETTER EQUIPMENT OR SUPPLIES 6</p> <p>EMERGENCY TRANSPORT FOR PATIENTS 7</p> <p>BETTER PHYSICAL ENVIRONMENT 8</p> <p>BETTER SECURITY 9</p> <p>OTHER 96</p> <p>(SPECIFY)</p>		
ALL RESPONDENTS GO TO 800				→ 800

(a)

SECTION 8. SELECT MEDICATIONS

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

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

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

INJECTABLE MEDICATIONS

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

INTRAVENOUS SOLUTIONS

INTRAVENOUS SOLUTIONS					
823	Normal Saline	1	2	3	8
824	Dextrose and saline	1	2	3	8
825	Ringers Lactate	1	2	3	8
826	RECORD THE TIME.	<div> <div>HOUR</div> <div>MINUTES</div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> </div>			

READ THE FOLLOWING THANK YOU STATEMENT:

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

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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT(S):

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

APPENDIX D. List of Interviewers and Supervisors

Survey Director
Dr. Alfred A. Adewuyi

ABUJA

Supervisors	Fieldworkers/Interviewers
Dr. Folorunso B. A.	Akhidenor Lawrence O.
Dr. Ajala O. A.	Sunday Anieti Udo
Dr. Osezua E. M.	Emmanuel I. Uzoanaya
Dr. Adeoye Nathaniel	Osemene Hilary O.
Dr. Ojo Bukky (Mrs.)	Mrs. Eniola Odunewu
Dr. Aregbesola (Mrs.)	Hajiya Hadiza Aliyu
Miss. Tayo Odu	Mrs. Aishat Ladan
Bello Richard	Mrs. Foluke Adejuyitan
	Abdullahi Moses Akeem (Bwari)
	Akaiku Adama (Kwali)
	Gana Adamu (Abaji)
	Kolo Timothy
	Tammi Hajjatu
	Tifase Ololade Grace
	Idowu Oludare
	Nancy Osuya
	Akinlo Bayo
	Yemi Osuntuyi
	Lola Ojo
	Janet Adedeji O.
	Asa Folasade M
	Olomola Omolara
	Joy Imafidon
	Adesina Sunday
	Augustina Osadebe
	Daniel Abigael Mapis
	Aisha Adejo Ojeifo
	Seun Awoyale
	Ginikanwa C. Ihuoma
	Mercy Abang
	Friday Aguele

NASARAWA

Supervisors	Fieldworkers/Interviewers
Prof. F. A. Adesina Adesina	Ogah Lois
Ambrose Akinlo	Yiga Esther
Caleb Aborisade	Abraham Odeh
Emmanuel Dung	Tahib Anderew
Dr. Adediwura	Aranilu Toba
Ayotunde Titilayo	Emmanuel Esther
Dr. Bamidele Faleye	Tanze D.S
Victor Akamen	Salamatu A. Oga
Dr. Oluyemisi Obilade	Esther J.A.
Olusola Ologunde (Mrs)	Lucas
	Francis Abami
	R. A. Alabi
	Tijani A. Tanko
	Mary Gogo
	Doris Anto
	Christianah John
	Sakuma R.M.
	Esther Shade
	Yahaya Haruna
	Pam Ayuba
	Esther AUTA
	Gyang DUNG
	Abosede GBENGA-AKINBIOLA
	Siyaka ITOPA
	Martina KAURA
	Hannah DAVID
	Dauda Amos NUNGHE

BAUCHI

Supervisors	Fieldworkers/Interviewers
Dr. Orimoogunje, O.I	Isty A. Yusuf
Dr. S.O. Ajadi	Jumai Joshua
Dr. Anthony Dami	Paul B. Daniel
Dr. L. Bisiriyu	Salihu Moh. Bello
M.O. Olawole	Amos E Emmanuel
A.A. Akinjokun	Grace U. Leman
A. Alabi	Asabe Simon
Dr. S. Adekilekun	Elizabeth Gajere
O.M. Agunbiade	Regina Wakama Lee
	Eng. Fidelis Dami
	Watah Jimmy Daniel
	Michael Dami
	Illya A. Ahmed
	Grace John
	Abubakar Baraza
	Naomi Yar'da
	Asabe Lekwot
	Charity Alabi
	Juliana Enock
	Musibau Ajadi
	Yakubu Adamu
	Abdul Salihu Isah
	Sulismaya Rose
	Sanni Yinusa
	Vashiti Yakubu
	Mayowa Adesina
	Odu Ibidapo
	Olorunfemi Tooyin
	Olukoga E. Olutunde
	Shittu S. Babatunde
	Uthman Abiodun

KANO

Supervisors	Fieldworkers/Interviewers
Dr. Akanni Akinyemi	Kulu Sulaieman
Mr. Damian Afolabi	Rakiya Isa Tahir
Mr. Ajibola Thomas	Charles Kaskumar
Mr. Sanya Oria	Ayeni Olaide
Mr. Sunday Adedini	Hafsat Yakassai
Mr Sikiru Adedokun	Fauziya Ibrahim
Dr. Adelodun	Bilkisu Sadi
Dr. Femi Osubitan	Modinat Ibrahim
Dr. Joshua Aransiola	Musa Haruna
Mr. Adisa	Fauziya Abdulahi
Mr. Albert Abegunde	Safiya Danmaraya
Mr. Mustapha Opatola	Aishat Abdulahi Mohammed
Mr. Lanre Ikuteyijo	Omoyeni Adeniyi
	Semira Tafida
	Madu Stephen
	Munzali Hamza Baba
	Hadiza Suleiman
	Lu'ubatu Sule Adamu
	Jummi Nafiu
	Hauwa Miko Abdullahi
	AbdulRasaq Suleiman
	Abubakar Yakubu
	Musa Sani Zakirai
	Adebisi Folakemi
	Samara Muhammed
	Emmanuel Umolo
	Zahra Suleiman
	Abereje Rotimi
	Habiba Ibrahim
	Bunmi Adegoke
	Hafsat Isa Ibrahim
	Abdulmajid Sani
	Fatima Suleiman
	Ummu Suleiman Mohammed
	Dauda Mohammed
	Khadijat Suleiman
	Olatunde Olapeju
	Ramat Habib
	Alabi Olatunji
	Zainab Yussuf
	Abdulahi Idris Fauziya
	Ibrahim Aliu
	Jumai Mijinyawa

Supervisors	Fieldworkers/Interviewers
	Hassana Dikko
	Maryam Tafida
	Maimuna Yahaya
	Nafisat Hassan
	Jamilu Addo
	Obisesan Oluwasanmi
	Zainab Abdulahi

LAGOS

Supervisors	Fieldworkers/Interviewers
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