R4S
Assessment of the Scale, Reach, Quality, and Cost
of Service Delivery High Impact Practices for Family Planning
Readiness Assessment for PAFP: Health Facility Assessment

Remember:

- ***Ask one question at a time***
- ***Do NOT read the response options, unless otherwise instructed.***
- ***Circle or record only one response to each question, unless otherwise instructed.***

Section B. Unique Identifier

NO.	QUESTION	RESPONSE	CODE	SKIP
id1.	State	Lagos	1	
		Kaduna	2	
id2.	Local Government Area CODE	LGA 1	1	
		LGA 2	2	
		LGA 3	3	
		LGA 4	4	
		LGA 5	5	
		LGA 6	6	
		LGA 7	7	
id3.	FACILITY CODE	[____|____]		
id5	Full ID: ***Calculated field, based on id1, id2, id3.***	[____] - [_____]- [____|____] ***State LGA Facility***		

Section A. Eligibility

NO.	QUESTIONS	RESPONSE	CODE		SKIP
e1	How old were you on your last birthday?	[____|____]			**< 18→STOP**
e2	What is your role at the facility?	In-charge/manager	1		
		Other staff	2		**→STOP**
		No response	99		**→STOP**
e3	Which of the following maternal health services are provided at this facility? ***Read response options.***		Y	N	
		a) Antenatal	1	0	
		b) Delivery	1	0	
		c) Postnatal	1	0	
		d) Postabortion care	1	0	
		e) Family planning	1	0	
		f) No response	1	0	

ADMINISTER INFORMED CONSENT, THEN PROCEED				
e4	Did the participant consent to participate in this survey?	Yes No	1 0	 → **STOP**

Read: To start, I would like to ask you a few questions about this facility.

1. General Information

NO.	QUESTION	RESPONSE	CODE	SKIP
101.	What is the managing authority of this facility? By this, I mean the organization or institution that runs this site and/or is primarily responsible.	Public/MOH Private NGO-run Faith-based organization Don't know No response	1 2 3 4 88 99	
102.	How many medical staff does this facility have who provide post-abortion care services? ***Enter 88 for don't know, 99 for no response.***	[____|____]		
104.	Where are PAC services provided? ***Select all that apply.***	 a) Operating room b) Delivery room c) Antenatal care room d) Other (specify):_____ e) No response	Y / N 1 / 0 1 / 0 1 / 0 1 / 0 1 / 0	
105.	How long have you been in the in-charge/manager/ maternity unit in-charge at this facility? ***Select 1 for months, Select 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88, If no response, record 99***	Number **Unit** Months Years	[__|__] 1 2	

2. SUPPLIES, EQUIPMENT, AND METHODS

READ: Thank you. Now I would like to ask about the contraceptive products, equipment and supplies at this facility.

NO.	QUESTION	RESPONSE	CODE		SKIP/ Relevance
201.	Are any of the following FP services provided in this facility? READ OPTIONS AND SELECT THE APPROPRIATE RESPONSE FOR EACH *Note:* ***Will be adjusted for country method mix.***		**YES**	**NO**	
		Intrauterine device (IUD) (a)	1	0	
		Implants (b)	1	0	
		Injectables – Depo Provera (c)	1	0	
		Injectables – Sayana Press (d)	1	0	
		Pill – progestin only (e)	1	0	
		Pill – combined oral contraceptives (f)	1	0	
		Emergency contraception (g)	1	0	
		Male condom (h)	1	0	
		Female condoms (i)	1	0	
		Standard days/Cycle Beads (j)	1	0	
		Female sterilization (k)	1	0	
		Male sterilization (l)	1	0	

READ: Can you show me where you keep your commodities and equipment for family planning?

NO.	QUESTION	RESPONSE		CODE		SKIP/ RELEVANCE
202.	Are any of the following contraceptive commodities available today? ASK TO OBSERVE. ***Select all that apply***	**Observed**		**Not observed**		
	a	At least one non-expired	Available, all expired	Reported available	Provided, not available today/DK	Not provided
	Intrauterine device (IUD) (a)	1	2	3	4	5
	Implants (b)	1	2	3	4	5
	Injectables – Depo Provera (c)	1	2	3	4	5
	Injectables – Sayana Press (d)	1	2	3	4	5
	Pill – progestin only (e)	1	2	3	4	5
	Pill – combined oral contraceptives (f)	1	2	3	4	5
	Emergency contraception (g)	1	2	3	4	5
	Male condom (h)	1	2	3	4	5
	Female condom (i)	1	2	3	4	5
	Standard days/Cycle Beads (j)					

NO.	QUESTION	RESPONSE	CODE			SKIP/ RELEVANCE
203.	For each method, have you experienced any stock outs in the past 3 months? *Note: question will be adjusted for country method mix.* ***IF THEY DO NOT PROVIDE THE METHOD, SELECT NA***		Yes	No	NA	
		Intrauterine device (IUD) (a)	1	2	9	
		Implants (b)	1	2	9	
		Injectables – Depo Provera (c)	1	2	9	
		Injectables – Sayana Press (d)	1	2	9	
		Pill – progestin only (e)	1	2	9	
		Pill – combined oral contraceptives (f)	1	2	9	
		Emergency contraception (g)	1	2	9	
		Male condom (h)	1	2	9	
		Female condom (i)	1	2	9	
		Standard days/Cycle Beads (j)	1	2	9	
204.	If the IUD is out of stock or not offered at this facility, is there another facility where women who want the IUD could be referred?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			
205.	If the implant is out of stock or not offered at this facility, is there another facility where women who want the implant could be referred?	Yes	1			
		No	0			
		Don't know	88			
		No response	99			

NO.	QUESTION	RESPONSE		CODE		SKIP/ RELEVANCE
206.	Does this facility have the following supplies and equipment for inserting implants and IUDs?		Yes, Obs	Yes, not obs	No	**If 101(c)=1 OR 101(d)=1 OR 101(e)=1**
		Consumables		2		
		Antiseptic such as iodine (a)	1	2	0	
		Cotton balls (b)	1	2	0	
		Sterile gloves (c)	1	2	0	
		3 to 5ml syringe (d)	1		0	
		25-gauge needle or filter needle (if local anesthetic supplied in glass ampule) (e)	1	2	0	
		Local anesthetic (1-2% lidocaine or equivalent) (f)	1	2 2	0	
		Sterile gauze (g)	1	2	0	
		Sterile band-aid/Elastoplast (h)	1	2	0	
		Clean gloves (i)	1		0	
		Equipment		2		
		Examination table (j)	1	2	0	
		Light source (k)	1	2	0	
		Sterile dry surgical drape (l)	1	2	0	
		High-level disinfected tray for instruments (m)	1	2	0	
		Clean dish for antiseptic (n)	1		0	
		Ringed forceps (or any other holding forceps to hold cotton balls when applying antiseptic) (o)	1	2 2 2 2	0 0 0	
		Uterine sound (p)	1	2	0	
		Tenaculum (q)	1		0	
		Large surgical scissors (r)				
		Bivalve speculum (Sims or Cusco or Graves) (s)				

3. HEALTH FACILITY STAFF

READ: Thank you. Now, I would like to ask you some questions about the staff at this facility.

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
301.	Does this facility have personnel trained to offer family planning counseling as part of post-abortion care?	Yes	1	
		No	0	**→203**
		Don't Know	88	**→203**
		No response	99	**→203**

302.	Has at least one person from each of the following cadres been trained? ***If cadre is not at this facility, select NA***		Yes	No	NA	
		Doctor(s)	1	2	9	
		Nurse(s)	1	2	9	
		Midwife(ves)	1	2	9	
		Medical Technician	1	2	9	
		CHEWs	1	2	9	
		Other (specify):	1	2	9	
		No response	1	2	9	

303.	Does this facility have personnel trained to offer family planning methods to mothers receiving post-abortion care and before discharge from the facility?	Yes	1	
		No	2	**→205**
		Don't Know	88	**→205**
		No response	99	**→205**

304.	Which personnel have been trained? ***If cadre is not at this facility, select NA***		Yes	No	NA	
		Doctor(s)	1	2	9	
		Nurse(s)	1	2	9	
		Midwife(ves)	1	2	9	
		Medical Technician	1	2	9	
		CHEWs	1	2	9	
		Other (specify):	1	2	9	
		No response	1	2	9	

305.	Is there a national training curriculum used to train for post-abortion family planning counseling and service provision?	Yes	1	
		No	0	
		No response	99	

4. SERVICE DELIVERY

READ: Thank you. Now, I would like to ask you a few questions about how services are organized at this facility.

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
401.	During normal operating hours for the facility, how often is there someone available (either on-site or on-call) to provide post-abortion care services?	Always	1	
		Sometimes	2	
		Rarely	3	
		Never	4	
		Don't know	88	
		No response	99	

NO.	QUESTION	RESPONSE	CODE	SKIP/ Relevance
402.	Outside of normal operating hours for the facility, how often is there someone available (either on-site or on-call) to provide post-abortion care services?	Always Sometimes Rarely Never Don't know No response	1 2 3 4 88 99	
403.	During hours when PAC services are offered, how frequently is there someone available (either on-site or on-call) to provide family planning services to post-abortion care clients?	Always Sometimes Rarely Never Don't know No response	1 2 3 4 88 99	
404.	Are there standard operating procedures (SOPs) and/or guidelines available at this facility for the provision of family planning including during post-abortion care?	Yes No Don't know No Response	1 0 88 99	 **→306** **→306** **→306**
406.	Do job descriptions for PAC providers include FP counseling and provision?	Yes No Don't know No Response	1 0 88 99	
407.	Which of the following topics are discussed with the woman during post-abortion care? ***Read responses and select all that apply***		YES / NO / DK	
		Return to fertility (a)	1 / 0 / 88	
		Healthy spacing and timing of pregnancy (b)	1 / 0 / 88	
		Long-acting FP method options (c)	1 / 0 / 88	
		Short-acting FP methods (d)	1 / 0 / 88	
		No response (e)	1 / 0 / 88	
408.	For which of the following health topics do providers screen, offer services onsite, or refer clients to services off-site (another agency or organization)? ***Read responses and select all that apply***		Screen / Offer onsite / Refer offsite	
		a. Post-abortion mental health	1 / 2 / 3	
		b. Gender based violence	1 / 2 / 3	
		c. STI screening/treatment	1 / 2 / 3	
		d. HIV testing	1 / 2 / 3	
409.	Are women offered a family planning method during a post-abortion visit if they are interested?	Yes, always Yes, sometimes No Don't know No response	1 2 3 88 99	 **→401** **→401** **→401**

NO.	QUESTION	RESPONSE	CODE			SKIP/ Relevance
410.	Are FP services (counseling and method provision) that are offered to post-abortion clients provided: ***Read responses***	In the same place and at the same time as other post-abortion care (prior to discharge)	1			
		At the same time (prior to discharge), but in a different place in the facility	2			
		Don't know	88			
		No response	99			
411.	Which methods can women obtain during a PAC visit?		**YES**	**NO**	**DK**	
				0		
		Intrauterine device (IUD) (a)	1	0	88	
		Implants (b)	1	0	88	
		Injectables – Depo Provera (c)	1	0	88	
		Injectables – Sayana Press (d)	1	0	88	
		Pill – progestin only (e)	1	0	88	
		Pill – combined oral contraceptives (f)	1	0	88	
		Emergency contraception (g)	1	0	88	
		Male condom (h)	1	0	88	
		Female condoms (i)	1	0	88	
		Female sterilization (j)	1	0	88	
					88	
412.	Which post-abortion FP methods require a referral somewhere else?		**YES**	**NO**	**DK**	
				0		
		Intrauterine device (IUD) (a)	1	0	88	
		Implants (b)	1	0	88	
		Injectables – Depo Provera (c)	1	0	88	
		Injectables – Sayana Press (d)	1	0	88	
		Pill – progestin only (e)	1	0	88	
		Pill – combined oral contraceptives (f)	1	0	88	
		Emergency contraception (g)	1	0	88	
		Male condom (h)	1	0	88	
		Female condoms (i)	1	0	88	
		Female sterilization (j)	1	0	88	
			1		88	
413	Does this facility advertise availability of contraception where PAC takes place? This can be through posters, signs, etc.	Yes	1			
		No	0			
		Don't know	88			
		No response	99			
414	Does the facility have funds specifically to support the provision of postabortion family planning?	Yes	1			
		No	2			
		Don't Know	88			
		No response	99			

5. FACILITY RECORDS

READ: Now, I will ask you about the facility records. Can you please show me where you keep your registers?
For each, check the relevant document for the last completed month (do not check client cards, but only relevant facility registers)

NO.	QUESTION	RESPONSE	CODE		SKIP
501.	Does this facility document numbers of PAC clients counseled on FP separately from total clients counseled on FP?	Yes No Not able to check	1 0 9		 **à503** **à503**
502.	Where are numbers of PAC clients counseled on FP documented? Note: adjust to country-specific response options		Yes	No	
		PAC register (a)	1	0	
		FP register (b)	1	0	
		Other (specify):_____ (c)	1	0	
		Not able to check (e)	1	0	
503.	Does this facility document numbers of clients who receive an FP method during a PAC visit separately from total FP clients?	Yes No Not able to check	1 0 9		 **à505** **à505**
504.	Where are numbers of PAC clients receiving FP documented? Note: adjust to country-specific response options		Yes	No	
		PAC register (a)	1	0	
		FP register (b)	1	0	
		Other (specify):_____ (c)	1	0	
		OPD register (d)	1	0	
		Gynecological/women's ward(f)	1	0	
505.	Does the documentation of the number of clients who receive a method during a PAC visit include the method received?	Yes No Not able to check	1 0 9		
506.	Does this facility document a PAC clients' intention to return at a later date for FP uptake?	Yes No Not able to check	1 0 9		

Thank you for your time. We appreciate the information you have given us.