



Date of assessment (day/month/year):/...../.....

Names and titles of the persons performing the assessment:.....

Healthcare Facilities (HF) Assessment

[Introduce yourself to those responsible for the HF and begin the discussion based on this questionnaire. The staff member should be able to put you in touch with other staff or additional resources as needed. Unless otherwise specified, please circle only one response for each question.]

1. INTRODUCTION

"Hello, my name is and I represent CARE International, which is working with the district health office to which this health facility belongs. We thank you for taking the time for this assessment and for allowing us to talk to you and your staff. Your participation in this assessment is totally voluntary, and all of the information you provide to us will be confidential. Once again, thank you for your time.

Do you have any questions? May I begin the interview?"

2. HF IDENTIFICATION INFORMATION

No.	Item	Response
2.1	HF Name	
2.2	Name of health district	
2.3	Name of Tehsil	
2.3	Name of region/province	
2.4	Type of HF	<div>Tehsil Head Quarter Hospital 1</div> <div>Rural Health Center 2</div> <div>Basic Health Unit 3</div> <div>GRD 4</div> <div>Other (specify)..... 5</div>
2.5	This HF belongs to:	<div>Health Ministry 1</div> <div>Religious 2</div> <div>Private 3</div> <div>Community 4</div> <div>NGO 5</div>

“To begin with, I’d like to ask you about the services you offer in family planning, post-abortion care and management of sexual violence cases.”

3. AVAILABILITY OF SERVICES IN FAMILY PLANNING (FP), POST-ABORTION CARE (PAC), AND MANAGEMENT OF SEXUAL VIOLENCE CASES

[The questions in this section should be directed to the persons responsible for FP services, PAC/maternity and general consultations. Unless otherwise specified, circle only one response in this section.]

3.1 Family Planning Services			
No.	Item	Response	Skip to
3.1.1	Is FP counseling provided at your HF?	Yes 1 No 0	If yes, → 3.1.3
3.1.2	Why is this service not available at your HF? [Select one or more responses]	<p style="text-align: right;">1= Mentioned, 0= Not mentioned</p> <p style="text-align: right;">a. Staff not trained 1 0</p> <p style="text-align: right;">b. Contraceptives not available 1 0</p> <p style="text-align: right;">c. The national policy doesn’t allow it 1 0</p> <p style="text-align: right;">d. Lack of demand 1 0</p> <p style="text-align: right;">e. Other (specify)..... 1 0</p>	For all responses → 3.2
3.1.3	What staff currently provide FP counseling at this HF? [Select one or more responses]	<p style="text-align: right;">1= Mentioned, 0= Not mentioned</p> <p style="text-align: right;">a. Obstetrician/Gynecologist 1 0</p> <p style="text-align: right;">b. Lady Doctor 1 0</p> <p style="text-align: right;">c. Male Doctor 1 0</p> <p style="text-align: right;">d. Registered Nurse-midwife 1 0</p> <p style="text-align: right;">e. Nurse-midwife 1 0</p> <p style="text-align: right;">f. Female Medical Technician 1 0</p> <p style="text-align: right;">g. Lady Health Visitor 1 0</p> <p style="text-align: right;">h. EPI technician 1 0</p> <p style="text-align: right;">i. Lady Health Workers 1 0</p> <p style="text-align: right;">j. Other (specify)..... 1 0</p>	
3.1.4	Have OCPs been provided in the last three (3) months?	Yes 1 No 0	If yes, → 3.1.6
3.1.5	Why have these methods not been provided? [Select one or more responses]	<p style="text-align: right;">1= Mentioned, 0= Not mentioned</p> <p style="text-align: right;">a. Staff not trained 1 0</p> <p style="text-align: right;">b. Contraceptives not available 1 0</p> <p style="text-align: right;">c. The national policy doesn’t allow it 1 0</p> <p style="text-align: right;">d. Lack of demand 1 0</p> <p style="text-align: right;">e. Other (specify)..... 1 0</p>	

No.	Item	Response	Skip to
3.1.6	Have injectable contraceptives been provided in the last three (3) months?	Yes 1 No 0	If yes, →3.1.8
3.1.7	Why have injectable contraceptives not been provided? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Contraceptives not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	
3.1.8	Have IUDs been inserted or removed in the last three (3) months?	Yes 1 No 0	If yes, →3.1.10
3.1.9	Why have IUDs not been provided? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Contraceptives not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	
3.1.10	Have implants been inserted or removed in the last three (3) months?	Yes 1 No 0	If yes, →3.1.12
3.1.11	Why have implants not been provided? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Contraceptives not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	
3.1.12	Have tubal ligations been performed in the last three (3) months?	Yes 1 No 0	If yes, →3.1.14
3.1.13	Why has this service not been performed? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Supplies not available 1 0 c. Facility not adequate 1 0 d. The national policy doesn't allow it 1 0 e. Lack of demand 1 0 f. Other (specify)..... 1 0	

No.	Item	Response	Skip to
3.1.14	Have vasectomies been performed in the last three (3) months?	Yes 1 No 0	If yes, →3.1.16
3.1.15	Why has this method not been administered? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Supplies not available 1 0 c. Facility not adequate 1 0 d. The national policy doesn't allow it 1 0 e. Lack of demand 1 0 f. Other (specify)..... 1 0	
3.1.16	Have condoms been provided in the last three (3) months?	Yes 1 No 0	If yes, → 3.2
3.1.17	Why have these methods not been provided? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Contraceptives not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	

3.2 Post-Abortion Care Services			
No.	Item	Response	Skip to
3.2.1	Is PAC provided at this HF?	Yes 1 No 0	If yes, →3.2.3
3.2.2	Why is this service not available? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Supplies not available 1 0 c. Facility not adequate 1 0 d. The national policy doesn't allow it 1 0 e. Lack of demand 1 0 f. Other (specify)..... 1 0	For all responses → Section 3.3
3.2.3	What staff currently provide PAC at this HF? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Obstetrician/Gynecologist 1 0 b. Lady Doctor 1 0 c. Male Doctor 1 0 d. Registered Nurse-midwife 1 0 e. Nurse-midwife 1 0 f. Female Medical Technician 1 0 g. Lady Health Visitor 1 0 h. EPI technician 1 0 i. Lady Health Workers 1 0 j. Other (specify)..... 1 0	
3.2.4	Has PAC with manual vacuum aspiration (MVA) been provided in the last three (3) months?	Yes 1 No 0	If yes →3.2.6
3.2.5	Why has this service not been performed? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. MVA kit not available 1 0 c. Supplies (other than MVA kit) not available 1 0 d. The national policy doesn't allow it 1 0 e. Lack of demand 1 0 f. Other (specify)..... 1 0	
3.2.6	Has PAC using medication (misoprostol) been provided in the last three (3) months?	Yes 1 No 0	If yes →3.2.8

No.	Item	Response	Skip to
3.2.7	Why has this service not been performed? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Supplies not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	
3.2.8	Has PAC been provided using any other procedures in the last 3 months?	Yes 1 No 0	If no, → 3.2.10
3.2.9	What other methods of PAC have been provided? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Dilation and curettage (D&C) 1 0 b. Dilation and evacuation (D&E) 1 0 c. Other (specify)..... 1 0	
3.2.10	Is FP offered to all PAC clients before they leave the facility?	Yes 1 No 0	If yes, → 3.2.12
3.2.11	Why is FP not offered to all PAC clients before they leave the facility? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Lack of equipment 1 0 c. Lack of supplies 1 0 d. Lack of contraceptives 1 0 e. The national policy doesn't allow it 1 0 f. Clients do not want it 1 0 g. Other (specify)..... 1 0	
3.2.12	Are FP supplies, equipment and contraceptives kept in the same room where PAC is performed?	Yes 1 No 0	

3.3 Management of Sexual Violence			
No.	Item	Response	Skip to
3.3.1	Is the management of sexual violence available at this HF?	Yes 1 No 0	If yes, → 3.3.3
3.3.2	Why is this service not available? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. Lack of reporting 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	For all responses → section 4
3.3.3	What staff <u>currently</u> provide management of sexual violence at this HF? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Obstetrician/Gynecologist 1 0 b. Lady Doctor 1 0 c. Male Doctor 1 0 d. Registered Nurse-midwife 1 0 e. Nurse-midwife 1 0 f. Female Medical Technician 1 0 g. Lady Health Visitor 1 0 h. EPI technician 1 0 i. Lady Health Workers 1 0 j. Other (specify)..... 1 0	
3.3.4.	Has emergency contraception (EC) been provided in the last three (3) months at this HF?	Yes 1 No 2	If yes, → 3.3.6
3.3.5	Why has emergency contraception not been provided at this HF? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. EC not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	
3.3.6	Has the PEP-HIV kit been provided in the last three (3) months?	Yes 1 No 2	If yes, → section 4
3.3.7	Why has the PEP KIT not been administered? [Select one or more responses]	1= Mentioned, 0= Not mentioned a. Staff not trained 1 0 b. PEP KIT not available 1 0 c. The national policy doesn't allow it 1 0 d. Lack of demand 1 0 e. Other (specify)..... 1 0	

"Now, I'd like for us to talk about the staff currently working at this HF and whether they provide reproductive health services. I'd like to ask a few questions about training in family planning and reproductive health at your establishment."

4. HUMAN RESOURCES

[Instructions: The following questions should be directed toward the director of the HF and the person responsible for maternity. Write N/A (not applicable) in the appropriate column. Unless otherwise specified, circle only one response in this section.]

4.1 Staff of this HF					
No.	Type	Total number of this type of staff at the HF	Total number of trained staff providing FP services	Total number of trained staff providing PAC services	Total number of trained staff providing management of sexual violence
4.1.1	Obstetrician/ Gynecologist				
4.1.2	Lady Doctor				
4.1.3	Male Doctor				
4.1.4	Registered Nurse-midwife				
4.1.5	Nurse-midwife				
4.1.6	Female Medical Technician				
4.1.7	Lady Health Visitor (LHV)				
4.1.8	EPI Technician				
4.1.9	Lady Health Worker (LHW)				
4.1.10	Lady Health Supervisor (LHS)				

4.2 Staff Availability at this HF			
No.	Item	Response	Skip to
4.2.1	What staff are <i>physically present at the HF</i> Monday-Friday during daytime hours? [Select one or more responses]	<p>1= Mentioned, 0= Not mentioned</p> <p>a. Obstetrician/Gynecologist 1 0</p> <p>b. Lady Doctor 1 0</p> <p>c. Male Doctor 1 0</p> <p>d. Registered Nurse-midwife 1 0</p> <p>e. Nurse-midwife 1 0</p> <p>f. Female Medical Technician 1 0</p> <p>g. Lady Health Visitor 1 0</p> <p>h. EPI technician 1 0</p> <p>i. Lady Health Workers 1 0</p> <p>j. Other (specify)..... 1 0</p> <p>k. N/A 1 0</p>	
4.2.2	What staff are <i>physically present at the HF</i> Monday-Friday during nighttime hours? [Select one or more responses]	<p>1= Mentioned, 0= Not mentioned</p> <p>a. Obstetrician/Gynecologist 1 0</p> <p>b. Lady Doctor 1 0</p> <p>c. Male Doctor 1 0</p> <p>d. Registered Nurse-midwife 1 0</p> <p>e. Nurse-midwife 1 0</p> <p>f. Female Medical Technician 1 0</p> <p>g. Lady Health Visitor 1 0</p> <p>h. EPI technician 1 0</p> <p>i. Lady Health Workers 1 0</p> <p>j. Other (specify)..... 1 0</p> <p>k. N/A 1 0</p>	
4.2.3	What staff are <i>physically present at the HF</i> on the weekends (Saturdays and Sundays) during daytime hours? [Select one or more responses]	<p>1= Mentioned, 0= Not mentioned</p> <p>a. Obstetrician/Gynecologist 1 0</p> <p>b. Lady Doctor 1 0</p> <p>c. Male Doctor 1 0</p> <p>d. Registered Nurse-midwife 1 0</p> <p>e. Nurse-midwife 1 0</p> <p>f. Female Medical Technician 1 0</p> <p>g. Lady Health Visitor 1 0</p> <p>h. EPI technician 1 0</p> <p>i. Lady Health Workers 1 0</p> <p>j. Other (specify)..... 1 0</p> <p>k. N/A 1 0</p>	

No.	Item	Response	Skip to
4.2.4	What staff are physically present at the HF on the weekends (Saturdays and Sundays) nighttime hours? [Select one or more responses]	<p>1= Mentioned, 0= Not mentioned</p> <p>a. Obstetrician/Gynecologist 1 0</p> <p>b. Lady Doctor 1 0</p> <p>c. Male Doctor 1 0</p> <p>d. Registered Nurse-midwife 1 0</p> <p>e. Nurse-midwife 1 0</p> <p>f. Female Medical Technician 1 0</p> <p>g. Lady Health Visitor 1 0</p> <p>h. EPI technician 1 0</p> <p>i. Lady Health Workers 1 0</p> <p>j. Other (specify)..... 1 0</p> <p>k. N/A 1 0</p>	

"Now I am going to perform an assessment of the general environment and on how the facility prevents infections. Please allow me to make some observations directly."

5. GENERAL ENVIRONMENT AND PREVENTION OF INFECTIONS

[Instructions: When going into the HF, please respond to the following questions based on your observations of the facility. Unless otherwise specified, circle only one response in this section.]

No.	Item	Response	Skip to
5.1	Was the HF open when you arrived?	Yes 1 No 0	
5.2	And was there some type of notice board showing the HF's hours of service?	Yes 1 No 0	
5.3	And was there a clearly visible display on the availability of reproductive health services? [At minimum, defined as a notice board outside of the HF, describing the availability of FP, rape care and PAC services, hours and prices/availability of free care]	Yes 1 No 0	
5.4	And are there brochures available on FP and PAC services in the HF or in the waiting room?	Yes 1 No 0	
5.5	Does the HF have power?	Yes 1 No 0	If no, → 5.8
5.6	Is the power source functioning currently?	Yes 1 No 0	

No.	Item	Response	Skip to
5.7	Is the power source available 24 hours a day?	Yes 1 No 0	
5.8	Does this HF have clean water for all uses (i.e., for the prevention of infections, use by patients and the caregivers, etc.)?	Yes 1 No 0	
5.9	How is the facility's clean water supplied? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Inside plumbing 1 0 b. Outdoor pump 1 0 c. Protected outdoor well 1 0 d. Rainwater catchment 1 0 e. Water delivery 1 0 f. Other (specify)..... 1 0	
5.10	Methods for handling medical waste [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Incinerator 1 0 b. Waste pit 1 0 c. Pit latrine 1 0 d. Outside dump 1 0 e. Burning 1 0 f. Discharging in a body of water 1 0 g. Other (specify)..... 1 0	
5.11	A sharps box is available	Yes 1 No 0	
5.12	Is the waste pit inside or outside the HF compound? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Inside the HF compound 1 0 b. Outside the HF compound 1 0 g. N/A 1 0	
5.13	Is the waste pit surrounded by a fence or wall?	Yes 1 No 0	
5.14	Is the waste pit at least 50m away from any water sources?	Yes 1 No 0	
5.15	Is the waste in the pit currently covered (e.g. with soil or a lid)?	Yes 1 No 0	
5.16	Are sharps separated from other waste?	Yes 1 No 0	

No.	Item	Response	Skip to
5.17	Where/how are sharps disposed of? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Pit latrine 1 0 b. Waste pit 1 0 c. Burned/incinerator 1 0 d. Other (specify)..... 1 0	
5.18	Are sharps containers used at this HF?	Yes 1 No 0	
5.19	Does the HF have a sterilizer (dry heat sterilizer or autoclave)?	Yes 1 No 0	
5.20	Does the HF have a handwashing station with soap?	Yes 1 No 0	
5.21	Does the HF have decontamination solution (e.g. chlorine solution)?	Yes 1 No 0	
5.22	Does the HF have decontamination containers with lids?	Yes 1 No 0	
5.23	Is the formula for preparing the decontamination solution posted on the wall?	Yes 1 No 0	
5.24	What is your general impression of the state of the building housing the HF?		
5.25	What is your general impression of the state of cleanliness inside the HF?		
5.26	What is your general impression of the state of cleanliness outside the HF?		

No.	Item	Response	Skip to
5.27	Is there telephone network coverage at this HF? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Mobile phone 1 0 b. Land line 1 0 c. Satellite phone 1 0 d. Radio communication 1 0 e. Other (specify)..... 1 0 f. N/A 1 0	
5.28	<u>Does the HF have any functional transportation (i.e., in good working order and with fuel)?</u>	Yes 1 No 0	
5.29	Type of transportation available at the HF [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Vehicle 1 0 b. Motorcycle 1 0 c. Animal-drawn cart 1 0 d. Bicycle 1 0 e. Boat 1 0 f. Ambulance 1 0	If no, → 5.30
5.30	Distance in kilometers between the HF and the nearest referral facility.	<input type="text"/> <input type="text"/> km	
5.31	Average trip time between the HF and the nearest referral facility during the rainy season. [Report the hours OR the minutes]	<input type="text"/> <input type="text"/> hours or <input type="text"/> <input type="text"/> minutes	
5.32	Thinking about the last time an emergency patient was transferred to the referral hospital, how long did it take from the time the decision to transfer was made until she reached the hospital? [Report the hours OR the minutes]	<input type="text"/> <input type="text"/> hours or <input type="text"/> <input type="text"/> minutes	
5.33	[If the time mentioned above is greater than the transfer time under normal circumstances, ask for the causes of the delay]: "What were the causes of the delay this last time?"		
5.34	Does the HF have a specific room just for FP?	Yes 1 No 0	

“Now, I’d like to ask you about the subject of payment for your services, especially during obstetric/gynecological emergencies.”

6. COSTS OF SERVICES

No.	Item	Response	Skip to
6.1	Is there a user fee that must be paid by the beneficiary of FP services (i.e., formal payment)?	Yes 1 No 0 N/A 2	
6.2	Is there a user fee that must be paid by the beneficiary of PAC services (i.e., formal payment)?	Yes 1 No 0 N/A 2	
6.3	Is there a user fee that must be paid by the beneficiary of rape care (i.e., formal payment)?	Yes 1 No 0 N/A 2	
6.4	Is there a user fee that must be paid by the beneficiary of emergency contraception services (i.e., formal payment)?	Yes 1 No 0 N/A 2	
6.5	If a woman or girl has symptoms of complications of abortion, is payment required before they receive care?	Yes 1 No 0 N/A 2	
6.6	Is the husband's authorization required before providing FP to a married woman at your facility?	Yes 1 No 0 N/A 2	
6.7	Is parental authorization required before providing FP to an adolescent at your facility?	Yes 1 No 0 N/A 2	
6.8	Is there a fee schedule for RH services posted in a visible public place?	Yes 1 No 0 N/A 2	
6.9	What is the standard cost (in local currency) of the following services: [Write “N/A” for any service that is not available]	a. PAC Service _____ b. OCPs _____ c. Injectable _____ d. IUD _____ e. Implant _____ f. Tubal ligation _____ g. Vasectomy _____ h. Emergency contraception _____	
6.10	Do the costs of care differ for refugees/displaced and the local population?	Yes 1 No 0 N/A 2	

7. SERVICE DELIVERY DATA

[Instructions: Look through patient records and files or other sources to obtain the monthly data below.]

7.1 Family Planning Data (2017)					
No.	Item	January	February	March	Total
7.1.1	Number of new clients who start any modern FP method ¹				
7.1.2	Number of clients who start an IUD				
7.1.3	Number of clients who start an implant				
7.1.4	Number of clients who receive a tubal ligation				
7.1.5	Number of clients who receive a vasectomy				
7.1.6	Number of clients who start an oral contraceptive				
7.1.7	Number of clients who start an injectable contraceptive				
7.1.8	Number of clients who receive emergency contraception for FP				
7.1.9	Number of clients who start using male condoms for FP				
7.1.10	Number of clients who start using female condoms for FP				
7.1.11	Number of clients received for rape management				
7.2 Post-Abortion Care Data (2017)					
No.	Item	January	February	March	Total
7.2.1	Number of clients treated for complications of abortion				
7.2.2	Uterine evacuation (PAC) with MVA				
7.2.3	Uterine evacuation (PAC) with D&C/D&E				

¹ Modern FP methods include IUDs, implants, tubal ligation, vasectomy, pills, and injectable contraceptives. Do not include condoms or emergency contraceptives here.

No.	Item	October	November	December	Total
7.2.4	Uterine evacuation (PAC) with misoprostol				
7.2.5	Number of PAC clients who accept an IUD				
7.2.6	Number of PAC clients who accept an implant				
7.2.7	Number of PAC clients who accept a tubal ligation				
7.2.8	Number of PAC clients who accept an oral contraceptive				
7.2.9	Number of PAC clients who accept an injectable contraceptive				
7.2.10	Number of childbirths in the facility				
7.3 Data on clinical rape care management (Year 2017)					
No.	Item	January	February	March	Total
7.3.1	Number of clients treated for rape				
7.3.2	Number of clients treated for rape who received emergency contraception				
7.3.3	Number of clients treated for rape who received the PEP-HIV kit				
7.3.4	Number of clients treated for rape and treated for STDs				
7.3.5	Number of clients treated for rape and admitted with physical injuries				
7.3.6	Number of clients received for rape whose pregnancy tests were positive				

7.4 Tools for Data Collection and Management			
No.	Item	Response	Skip to
7.4.1	Does the HF have printouts for the FP consultation?	Yes 1 No 0	
7.4.2	Does the HF have a printed record of FP?	Yes 1 No 0	
7.4.3	What are the other methods of record-keeping for FP clients?	1=Mentioned, 0=Not mentioned a. Books 1 0 b. Record boxes 1 0 c. Computer 1 0 d. None 1 0 e. Other (specify).....1 0 f. N/A 1 0	
7.4.4	Are the FP records up to date (do they contain information on all clients received the day of the visit)?	Yes 1 No 0	
7.4.5	Does the HF have a schedule?	Yes 1 No 0	If no, → 7.4.7
7.4.6	Is the schedule properly lined up with the records?	Yes 1 No 0	
7.4.7	Can the provider tell you how many clients under short-acting methods were seen last month and how many came back?	Yes 1 No 0	
7.4.8	Does the HF have printouts for PAC consultations?	Yes 1 No 0	
7.4.9	Does the HF have a printed record of PAC services?	Yes 1 No 0	
7.4.10	What are the other methods of record-keeping for PAC clients? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Books 1 0 b. Record boxes 1 0 c. Computer 1 0 d. None 1 0 e. Other (specify).....1 0 f. N/A 1 0	

No.	Item	Response	Skip to
7.4.11	What methods are used for filing PAC records at the HF? [Select one or more responses]	<p>1=Mentioned, 0=Not mentioned</p> <p>a. Wooden cabinet 1 0</p> <p>b. Metal cabinet 1 0</p> <p>c. Box 1 0</p> <p>d. Schedule 1 0</p> <p>e. None 1 0</p> <p>f. Other (specify).....1 0</p> <p>f. N/A 1 0</p>	
7.4.12	Does the HF have printouts for GBV consultations?	<p>Yes 1</p> <p>No 0</p>	
7.4.13	Does the HF have a printed record of GBV consultations?	<p>Yes 1</p> <p>No 0</p>	
7.4.14	What are the other methods of record-keeping for GBV clients? [Select one or more responses]	<p>1=Mentioned, 0=Not mentioned</p> <p>a. Books 1 0</p> <p>b. Record boxes 1 0</p> <p>c. Computer 1 0</p> <p>d. None 1 0</p> <p>e. Other (specify).....1 0</p>	
7.4.15	What methods are used for filing GBV records at the HF? [Select one or more responses]	<p>1=Mentioned, 0=Not mentioned</p> <p>a. Wooden cabinet 1 0</p> <p>b. Metal cabinet 1 0</p> <p>c. Box 1 0</p> <p>d. Schedule 1 0</p> <p>e. None 1 0</p> <p>f. Other (specify).....1 0</p>	
7.4.16	Date of the last visit of the HZ/DHO supervisory team?	Month ____ Year ____	

8. STOCK OF CONTRACEPTIVES AND SUPPLIES

No.	Types	Quantity available and seen during the assessment	Date of last stockout (month/year)	Reasons for stockout
8.1	IUD		/	
8.2	Jadelle		/	
8.3	Sino-Implant		/	
8.4	Implanon			
8.5	Depo-Provera		/	
8.6	Noristera		/	
8.7	Pills (number of cycles)		/	
8.8	Postinor		/	
8.9	MVA kit		/	
8.10	High-level disinfectant (chlorine power/solution) or glutaraldehyde 2% solution		/	
8.11	Analgesics		/	
8.12	IUD kit		/	
8.13	Kit Implant		/	
8.14	Sterile gloves		/	
8.15	PEP kit		/	

No.	Types	Quantity available and seen during the assessment	Date of last stockout (month/year)	Reasons for stockout
8.16	Emergency contraception		/	
8.17	STD medications (total number)		/	
8.18	Condoms		/	
8.19	Supplier of contraceptives and supplies [Select one or more responses]	1=Mentioned, 0=Not mentioned a. HZ or DHO 1 0 b. UNFPA 1 0 c. UNHCR 1 0 d. Purchased by clients 1 0 e. Purchased by HF, resold to clients 1 0 f. NGO (specify).....1 0 g. Other (specify).....1 0		
8.20	Supplier of PEP kits	1=Mentioned, 0=Not mentioned a. HZ or DHO 1 0 b. UNFPA 1 0 c. UNHCR 1 0 d. Purchased by clients 1 0 e. Purchased by HF, resold to clients 1 0 f. NGO (specify).....1 0 g. Other (specify).....1 0		
8.21	Supplier of emergency contraceptives	1=Mentioned, 0=Not mentioned a. HZ or DHO 1 0 b. UNFPA 1 0 c. UNHCR 1 0 d. Purchased by clients 1 0 e. Purchased by HF, resold to clients 1 0 f. NGO (specify).....1 0 g. Other (specify).....1 0		

No.	Types	Quantity available and seen during the assessment	Date of last stockout (month/year)	Reasons for stockout
8.22	Does the HF have any of the following supply management tools? [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Records of stock for each product 1 0 b. Printed purchase orders 1 0 c. Monthly supply management reports 1 0 d. Records of stock movements 1 0 e. Other (specify)..... 1 0		
8.23	Were these tools all up to date at the time of your visit?	Yes 1 No 0		
8.24	What is your overall impression of the HF's pharmacy? (cleanliness, organization, moisture, heat, racks/shelving, cobwebs, etc.)			
8.25	Methods for storing medications. [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Racks/shelving 1 0 b. Boxes 1 0 c. Cabinet 1 0 d. Other (specify)..... 1 0		
8.26	Ventilation of pharmacy	Yes 1 No 0		
8.27	Methods of temperature control [Select one or more responses]	1=Mentioned, 0=Not mentioned a. Air conditioning 1 0 b. Fan 1 0 c. None 1 0 d. Other (specify)..... 1 0		

No.	Types	Quantity available and seen during the assessment	Date of last stockout (month/year)	Reasons for stockout
8.28	Methods for preserving temperature-sensitive products, i.e., oxytocin [Select one or more responses]			<p><i>1=Mentioned, 0=Not mentioned</i></p> <p>a. Electric refrigeration 1 0</p> <p>b. Propane-powered refrigeration 1 0</p> <p>c. Soaking 1 0</p> <p>d. None 1 0</p> <p>e. Other (specify)..... 1 0</p>

9. EQUIPMENT

No.	Type	Available (Yes/no)	Quantity Seen	All Good Condition (Yes/no)
9.1.	Uterine sound			
9.2	Speculums: - <u>Small</u> - <u>Medium</u> - <u>Large</u>			
9.3	Forceps with crocodile action (Alligator forceps)			
9.4	Tenaculum			
9.5	MVA Kit (Aspiration Syringe and canulae with adapters)			
9.6	Electric autoclave			
9.7	Dry heat sterilizer			
9.8	Gas-fired autoclave			
9.9	Magill forceps			
9.10	IUD kit			
9.11	Implant kit			
9.12	Vasectomy kit			
9.13	Tubal ligation kit			

No.	Type	Available (Yes/no)	Quantity Seen	All Good Condition (Yes/no)
9.14	Cabinet for storing medications			
9.15	Drawer cabinet for storing files			
9.16	BP cuff			
9.17	Thermometer			
9.18	Scale			

Do you have other comments or observations regarding this HF?

1 - IDENTIFICATION

SUPERVISION AREA (HEALTH FACILITY)	
DISTRICT	
TEHSIL	
UNION COUNCIL	
URBAN OR RURAL	
COLONY/VILLAGE	
HOUSEHOLD NUMBER	
DATE OF INTERVIEW (DD/MM/YYYY)	____ / ____ / ____
INTERVIEWER'S NAME	
SUPERVISOR'S NAME	

2 - INTRODUCTION / INFORMED CONSENT

"Assalam-o-Alekum. My name is _____. I am working with your health center. In collaboration with CARE, the health department of the Government of Punjab is conducting a health survey in this district. The information we collect will help your health center improve its health services. Your household is selected for this survey. The questions usually take about 25 minutes. All answers you give will be confidential and will not be shared with anyone other than members of the survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your opinions are very important. We hope that you will fully participate in this survey as the views and information you share will be helpful in planning and improving health services. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you want more information about the survey, you may contact the person listed on this card."

"Do you have any questions?" **YES NO**

If "YES" list questions here and refer to your supervisor before leaving the survey location.

"May I begin the interview now?" **YES NO**

If "NO" list reasons given here and refer to your supervisor before leaving the survey location.

Thank you.

ELIMINATION QUESTIONS:

1) "Before we begin, may I ask how old were you at your last birthday?"

RECORD AGE HERE ____

➤ IF AGE IS BETWEEN 15-49, CONTINUE. IF NOT, END THE SURVEY AND THANK THE PARTICIPANT FOR HER TIME.

2) "Are you currently married?"

➤ IF 'YES', CONTINUE. IF 'NO', END THE SURVEY AND THANK THE PARTICIPANT FOR HER TIME.

3) "Are you currently pregnant?"

CIRCLE YOUR ANSWER: YES NO UNSURE

➤ IF 'NO' OR 'UNSURE', CONTINUE WITH SURVEY. IF 'YES', END THE SURVEY AND THANK HER FOR HER TIME.

START TIME: ____ : ____

**FOR ALL QUESTIONS, DO NOT READ THE ANSWER OPTIONS AND CIRCLE JUST ONE RESPONSE
UNLESS OTHERWISE INDICATED IN THE INSTRUCTIONS.**

3 - GENERAL INFORMATION

#	QUESTIONS	RESPONSES	SKIP
1	What is the highest level of school you attended : primary, secondary, or higher?	None Primary Secondary Higher Prefer not to answer	→ Go to 3 → Go to 3 → Go to 2 → Go to 3 → Go to 3
2	Did you complete secondary education?	Yes No Prefer not to answer	
3	What is your religion?	None Muslim Hindu Christian Other _____ (specify) Prefer not to answer	
4	What is your mother tongue?	Urdu Punjabi Sindhi Balochi Saraiki English Other _____ (specify) Prefer not to answer	

4 - BIRTH HISTORY

#	QUESTIONS	RESPONSES	SKIP
5	How many times have you been pregnant? IF NONE, RECORD '00.' RECORD RESPONDENT'S BEST GUESS. PROBE FOR ONE NUMBER EVEN IF SHE IS NOT 100% SURE.	Number of pregnancies _ _ Don't know Prefer not to answer	→ If 00, go to 14 → Go to 6 → Go to 6

#	QUESTIONS	RESPONSES	SKIP
6	<p>Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?</p> <p>IF NONE, RECORD '00'</p>	<p>Total ____</p> <p>Don't know</p> <p>Prefer not to answer</p>	<p>➔ If 00, go to 8</p> <p>➔ Go to 7</p> <p>➔ Go to 7</p>
7	<p>Have you ever received medical treatment for complications because of a miscarriage, an abortion or a stillbirth?</p>	<p>Yes</p> <p>No</p> <p>Don't know</p> <p>Prefer not to answer</p>	
8	<p>How many children have died after birth?</p> <p>IF NONE, RECORD '00'</p>	<p>Total dead ____</p> <p>Prefer not to answer</p>	
9	<p>Can I just check that you have ____ living children? Is this correct?</p> <p>BASED ON THE RESPONSES TO Q5 – 8:</p> <p># LIVING CHILDREN = TOTAL PREGNANCIES – (TOTAL MISCARRIAGES/ABORTIONS/STILLBIRTHS + # DEAD AFTER BIRTH)</p> <p>IF NEEDED, PLEASE REVISIT PREVIOUS QUESTIONS TO MAKE SURE YOU ARE GETTING THE CORRECT NUMBER OF LIVING CHILDREN.</p>	<p>Yes</p> <p>No</p>	<p>If '0' living children skip to 14</p>
10	<p>How old were you when you gave birth for the first time?</p>	<p>Age in completed years ____</p> <p>Don't know</p> <p>Prefer not to answer</p>	
11	<p>What's the current age of your youngest child?</p>	<p>Age in completed years __</p> <p>Don't know</p> <p>Prefer not to answer</p>	

#	QUESTIONS	RESPONSES	SKIP
12	<p>Who assisted with the delivery of your youngest child?</p> <p>Someone else?</p> <p>INSIST ON TYPES OF PERSONS AND CIRCLE EVERYTHING MENTIONED.</p>	<p>No one assisted</p> <p>Doctor</p> <p>Nurse/midwife</p> <p>Auxiliary midwife</p> <p>Traditional birth attendant</p> <p>Relative/friend</p> <p>Other _____ (specify)</p> <p>Don't know</p> <p>Prefer not to answer</p>	
5 - FERTILITY PREFERENCES			
#	QUESTIONS	RESPONSES	SKIP
VERIFY & CONTINUE	CHECK Q9: _____	<p>IF Q9 IS MORE THAN '0'</p> <p>IF Q9 IS '0'</p>	<p>→ Go to 13</p> <p>→ Go to 14</p>
13	<p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>None</p> <p>Number — —</p> <p>Don't know</p> <p>Prefer not to answer</p>	<p>→ For <u>ALL</u> answers, go to 15</p>
14	<p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>None</p> <p>Number — —</p> <p>Don't know</p> <p>Prefer not to answer</p>	
15	<p>Now, I have some questions about the future, would you like to have (a/another) child, or would you prefer not to have any (more) children?</p>	<p>No more/none</p> <p>Have (a/another) child</p> <p>Says she can't get pregnant</p> <p>Undecided/ don't know</p> <p>Prefer not to answer</p>	<p>→ Go to 17</p> <p>→ Go to 16</p> <p>→ Go to 17</p> <p>→ Go to 17</p> <p>→ Go to 17</p>

#	QUESTIONS	RESPONSES	SKIP
16	How long would you like to wait from now before the birth of (a/another) child?	Month(s) ____ Year(s) ____ Soon/ now Other ____ (specify) Don't know Prefer not to answer	
17	Is there an ideal time to wait after having a miscarriage or induced abortion before attempting to become pregnant again?	Yes No Don't know Prefer not to answer	→ Go to 18 → Go to 19 → Go to 19 → Go to 19
18	What is that ideal time? RECORD 'MONTHS' IF 2 YEARS OR LESS (0-24 MONTHS); 'YEARS' IF 3 OR MORE YEARS	Months ____ Years ____ Immediately Other (specify) _____	
6 - CONTRACEPTION			
#	QUESTIONS	RESPONSES	SKIP
19	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)? PROCEED DOWN THIS COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD. RECORD ALL METHODS MENTIONED. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 0 IF NOT RECOGNIZED. a. Female sterilization PROBE: Women can have an operation to avoid having any more children. b. Male sterilization PROBE: Men can have an operation to avoid having any more children.	Yes No Yes No	[QUESTION CONTINUES ON THE NEXT PAGE]

	<p>[QUESTION CONTINUED FROM PREVIOUS PAGE]</p> <p>c. IUD PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.</p> <p>d. Injectables PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>e. Implants PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> <p>f. Pills PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p>g. Condoms PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>h. Female condoms PROBE: Women can place a sheath in their vagina before sexual intercourse.</p> <p>i. Emergency contraception PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p> <p>j. Standard Days Method PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p> <p>k. Rhythm Method PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	<p>[QUESTION CONTINUES ON THE NEXT PAGE]</p>
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	<p>[QUESTION CONTINUED FROM PREVIOUS PAGE]</p> <p>l. Lactational Amenorrhea Method (LAM) PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.</p> <p>m. Withdrawal PROBE: Men can be careful and pull out before climax.</p> <p>n. Have you heard of other means or methods that a woman or a man can use to prevent pregnancy?</p> <p>o. Prefer not to answer</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes, another modern method: _____</p> <p>Yes, another traditional method: _____</p> <p>Yes No</p>	
20	Do you know of a place where you can obtain a method of family planning?	<p>Yes</p> <p>No</p> <p>Prefer not to answer</p>	
21	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	<p>Yes</p> <p>No</p> <p>Prefer not to answer</p>	<p>➡ Go to 22</p> <p>➡ Go to 24</p> <p>➡ Go to 24</p>
22	<p>Which method are you currently using?</p> <p>CIRCLE ALL METHODS THAT ARE MENTIONED. IF MORE THAN ONE METHOD MENTIONED, CHOOSE THE METHOD THAT IS HIGHEST ON THE LIST TO ANSWER THE FOLLOWING QUESTION (#23).</p>	<p>Female sterilization</p> <p>Male sterilization</p> <p>IUD</p> <p>Injectables</p> <p>Implants</p> <p>Pills</p> <p>Condoms</p> <p>Female condoms</p> <p>Emergency contraception</p> <p>Standard Days Method</p> <p>Rhythm Method</p> <p>Lactational Amenorrhea Method (LAM)</p> <p>Withdrawal</p> <p>Other modern method</p> <p>Other traditional method</p> <p>Don't know</p> <p>Prefer not to answer</p>	<p>➡ Go to 25</p> <p>➡ Go to 25</p>

#	QUESTIONS	RESPONSES	SKIP
23	<p>Where did you obtain (current method) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE IN "OTHER" SECTION.</p>	<p>Public Sector:</p> <p>Government hospital</p> <p>Government health center</p> <p>Family planning clinic (public)</p> <p>Mobile clinic (public)</p> <p>LHW (public)</p> <p>Private Sector:</p> <p>Private hospital/clinic</p> <p>Pharmacy</p> <p>Private doctor</p> <p>Mobile clinic (private)</p> <p>Fieldworker (private)</p> <p>Other:</p> <p>Shop</p> <p>Religious institution</p> <p>Friend/relative</p> <p>Other _____ (specify)</p> <p>Don't know</p> <p>Prefer not to answer</p>	<p>For ALL answers, go to 25</p>
24	<p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>CIRCLE ALL REASONS MENTIONED</p>	<p>Fertility-related:</p> <p>Desire to get pregnant</p> <p>Not having sex</p> <p>Infrequent sex</p> <p>Menopausal/hysterectomy</p> <p>Can't get pregnant</p> <p>Not menstruated since last birth</p> <p>Breastfeeding</p> <p>Up to god/ fatalistic</p> <p>Opposition to use:</p> <p>Respondent opposed</p> <p>Husband/partner opposed</p> <p>Others opposed</p> <p>Religious prohibition</p>	<p>[QUESTION CONTINUES ON THE NEXT PAGE]</p>

	[QUESTION CONTINUED FROM PREVIOUS PAGE]	<p>Lack of knowledge: Knows no method Knows no source</p> <p>Method-related: Side effects/ health concerns Lack of access/ too far Costs too much Preferred method not available No method available Inconvenient to use</p> <p>Other: Interferes with body's normal processes Other ____ (specify) Don't know Prefer not to answer</p>	
25	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	Mainly respondent Mainly husband/partner Joint decision Other _____ (specify) Prefer not to answer	
26	Over the past three months, have you visited [NAME OF HEALTH CENTER IN SAFPAC SUPERVISION AREA] for <u>a reason that was not related</u> to family planning?	Yes No Don't know Prefer not to answer	→ Go to 27 → Go to 29 → Go to 29 → Go to 29
27	During this visit, did your service provider discuss family planning with you?	Yes No Don't know Prefer not to answer	

#	QUESTIONS	RESPONSES	SKIP
28	<p>Tell me to what level on a scale of 1 to 10 (1 being 'strongly disagree' and 10 being 'strongly agree') you would recommend [NAME OF SAFPAC FACILITY IN SA] to your friends or family if they wanted to learn more about family planning.</p> <p>CIRCLE THE NUMBER NAMED BY THE RESPONDENT.</p>	<p>(strongly disagree) 1</p> <p>2</p> <p>3</p> <p>4</p> <p>(neither agree or disagree) 5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>(strongly agree) 10</p>	
29	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	<p>Yes</p> <p>No</p> <p>It depends/not sure</p> <p>Prefer not to answer</p>	
7 - EXPOSURE TO CARE ACTIVITIES			
#	QUESTIONS	RESPONSES	SKIP
30	In the past three months, have you attended a group discussion session on family planning?	<p>Yes</p> <p>No</p> <p>Don't know</p> <p>Prefer not to answer</p>	
31	<p>In the last three months have you received family planning information from any of the following?</p> <p>READ OUT ANSWERS ALOUD AND MARK ALL THAT APPLY</p>	<p>Radio and television</p> <p>Written material (newspaper, magazine, brochure or other)</p> <p>Street theater</p> <p>Other (specify) _____</p> <p>Don't know</p> <p>Prefer not to answer</p>	

"Thank you for allowing me to interview you. Your answers will remain anonymous and confidential. Do you have questions about what we have mentioned in this questionnaire? You can also go to the health center for more information. "

END OF SURVEY

END TIME: ____ : ____

8 - INTERVIEWER OBSERVATIONS

Comments about Interview:

Comments on Specific Questions:

Any Other Comments:

Team Leader Observations:

SAFPAC Phase 3



Health District/Tehsil: _____

Date of Evaluation : Month/Year : ____ / ____ / ____

EVALUATION OF PROVIDER ATTITUDES

The goal of this evaluation is to better understand the context of the project, to improve quality of services and to better equip healthcare providers. This evaluation is completely anonymous, which means that you must not put your name or the name of the post or health center where you work. The data will be treated with complete confidentiality. **Please complete this questionnaire honestly and individually, not in a group, and do not let others influence your answers.**

Please read the following statements and circle the response that best corresponds to your personal opinion and explain your choice.

#	Statement	Disagree	Agree	I do not wish to answer	Please explain your answer
1.	A woman must have her husband's consent to use a method of family planning	1	2	3	
2.	A provider must require the authorization of a woman's husband before she uses a method of family planning	1	2	3	
3.	When a woman who has closely spaced pregnancies (every year), it is a sign of lack of self-control.	1	2	3	
4.	The IUD can be a good method for a woman who doesn't have any children, but would like to wait several years before having her first child.	1	2	3	
5.	If I am trained and client asks for a permanent method (vasectomy or tubal ligation) I am comfortable providing the service because it's his/her choice.	1	2	3	

#	Statement	Disagree	Agree	I do not wish to answer	Please explain your answer
6.	I would give tubal ligation to a woman who had no children if she wishes.	1	2	3	
7.	The injection can be a good method for women who have no children.	1	2	3	
8.	Injectables often lead to infertility in women who use them.	1	2	3	
9.	The IUD or the implant can be a good method for a woman after MVA.	1	2	3	
10.	Post-abortion care should be paid for by women and girls who abort.	1	2	3	
11.	A man must always be associated in decision-making about contraception with his wife.	1	2	3	
12.	A woman who comes for post-abortion care deserves the same respect as any other client.	1	2	3	
13.	Induced abortion is a sin.	1	2	3	
14.	Induced abortion is a crime.	1	2	3	
15.	A provider must require parental consent for a young unmarried woman who wishes to use a method of family planning.	1	2	3	

#	Statement	Disagree	Agree	I do not wish to answer	Please explain your answer
16.	If a young adolescent ask for family planning, it is my responsibility to inform her parents that she is having sexual relations	1	2	3	
17.	I feel comfortable to provide abortion services in all conscience as a health worker.	1	2	3	
18.	I feel comfortable to provide family planning services in all conscience as a health worker.	1	2	3	
19.	Women must choose their family planning method based solely on factual information and they should not be influenced by anyone's opinion.	1	2	3	
20.	I feel comfortable talking about induced abortion even in the community.	1	2	3	
21.	If a young unmarried woman becomes pregnant it is a sign of a bad life.	1	2	3	
22.	If a young unmarried woman asks for family planning, it is my responsibility to inform her family that she has sex.	1	2	3	
23.	A young, unmarried girl should be able to obtain a method of family planning, if she wants.	1	2	3	
24.	A young, unmarried girl who falls pregnant must be expelled from school.	1	2	3	

#	Statement	Disagree	Agree	I do not wish to answer	Please explain your answer
25.	There are reproductive health services that I will never give to clients.	1	2	If not, what services you will never offer and why?	