

NAME OF ORGANIZATION

FAMILY PLANNING SERVICES AND COMMODITY AVAILABILITY ASSESSMENT TOOL

Greetings and best wishes from (Name of Organization),

We are conducting an email survey with selected members on family planning. You have been chosen based on your role in advancing maternal and child health outcomes, including family planning. The information collected will help us understand family planning contraceptive stockouts, operational roadblocks, provider knowledge and skills, referral mechanisms, and government policies and support at your facility. The survey should be filled out by the person most knowledgeable about and responsible for family planning at your facility.

It will take about 20-30 minutes to complete. Your responses will be combined with other responses for a report, which (name of organization) will prepare. The participating organizations will be listed, though all your responses will be kept confidential and the findings will be presented only for the group as a whole.

We would appreciate your voluntary participation in this survey, and a copy of the final report will be shared with you. You can complete the survey electronically and return it via email to x. Or if you would like help completing the survey, please call x at x number and they can go through the survey with you on the phone.

Thank you for your participation. Please, feel free to write us if you have any questions.

Sincerely,

Name of Executive Director/General Secretary or whoever should sign this and his/her contact information

Primary facility contact:

Name:

Position:

Email:

Mobile Phone:

Other:

Secondary facility contact:

Name:

Position:

Email:

Mobile Phone:

Other:

Date Survey Completed:	
If a EPN/CHAK/CHAZ staff helped you complete the survey (in person or via phone/skype), the staff person should include their name here:	
Data Keyed in By (FOR CHAZ/CHAK/EPN USE ONLY): NAME: _____ DATE: _____	
Sequence no. of this survey (pre-filled by EPN/CHAZ/CHAK):	

Name of Facility:	
Name and Title of the Person Completing the Survey:	
LOCATION (e.g., city, county, province, country):	
Is the facility located in a rural or urban area? (Place an X in the box beside your answer):	1 = URBAN
	2 = RURAL
LEVEL OF HEALTH FACILITY (Place an X in the box beside your answer):	1 = HOSPITAL
	2 = HEALTH CENTER/CLINIC
	3 = DISPENSARY
	4 = HEALTH POST
	5 = DRUG SUPPLY ORGANIZATION
	6 = OTHERS

<u>SECTION 1: TRAINING AND SERVICES PROVISION</u>		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>
101	Are family planning services available to clients at this facility?	YES
		NO
	If currently not offering services, would you be willing to start providing services?	YES (if selected, skip to #103)
		NO (explain):
102	a) If no, please give the main reasons why the facility is not providing FP services	STOCKOUT OF FP COMMODITY
		STAFF NOT TRAINED
		MANAGEMENT HAS NOT INTRODUCED SERVICES
		WORK OVERLOAD
		CLIENTS DON'T REQUEST FP SERVICES
		NO FUNDING TO OFFER FP SERVICES

			FACILITY MANAGEMENT OPPOSES ADDING FP SERVICES
			OTHER (Specify):
103	What family planning methods does this facility offer?		FEMALE STERILIZATION
			MALE STERILIZATION
			PILL
			IUCD
			INJECTABLES
			IMPLANTS
			MALE CONDOM
			FEMALE CONDOM
			SDM ¹ (CYCLEBEADS)
			BILLINGS METHOD
			LAM ²
			OTHERS (Specify):
		104	a) Does the facility collect data on the number of FP users?
	NO (if selected, skip to question #106)		
b) Is it broken down by method?			YES
			NO
105	a) How many providers (staff) have been trained to offer family planning services?		# OF PROVIDERS (Excluding Community Health Workers(CHWs)/Frontline Health Workers/Volunteers IF ANY):
	b) How many providers (staff) need to be trained to offer family planning services?		# OF CHWs
			# of Nurses & midwives
			# Clinical officers and doctors
	c) Do you have specific training needs regarding family products/ commodities or methods?		NONE
			SPECIFIC FP METHOD: (NAME WHICH ONES)

¹ STANDARD DAYS METHOD

² LACTATION AMENORRHEA METHOD

106	Do you ever receive referrals from other facilities/service points to your facility for family planning services?		YES
			NO (if selected, skip to question #108)
			DON'T KNOW (if selected, skip to question #108)
107	From where does your facility receive referrals?		GOVERNMENT FACILITY
			NGO FACILITY
			PRIVATE FACILITY
			COMMUNITY OUTREACH
			COMMUNITY HEALTH WORKER
			PRIVATE PHARMACY
			OTHER (Specify):
108	Do you refer clients to other facilities for family planning services?		YES
			NO (if selected, skip to question #201)
109	If yes, why do you refer clients to other facilities?		FOR SERVICES NOT AVAILABLE
			WHEN COMMODITY IS OUT OF STOCK
			WHEN THE SERVICE PROVIDER IS ON LEAVE
			CLIENT'S OWN PREFERENCE
			OTHER (Specify):
110	In cases where you have referred a client, where do you mostly refer clients to?		GOVERNMENT FACILITY
			NGO FACILITY
			PRIVATE FACILITY
			COMMUNITY OUTREACH
			CHW
			PRIVATE PHARMACY
			OTHER (Specify):

SECTION 2: TOOLS & GUIDELINES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>	
201	Does your facility have a copy of the current national guidelines for family planning service delivery?	<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO
		<input type="checkbox"/>	DON'T KNOW/ HAVE NOT SEEN THE GUIDELINES
202	Does this facility have a flipchart or other job aids to support family planning counseling?	<input type="checkbox"/>	YES AVAILABLE
		<input type="checkbox"/>	NOT AVAILABLE

SECTION 3: INFORMATION, EDUCATION AND COMMUNICATION (IEC)

QUESTIONS 301 – 304 ARE BASED ON OBSERVATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>		
301	Are there signs/posters announcing FP services?: (Check all that apply)	<input type="checkbox"/>	INSIDE THE FACILITY	
		<input type="checkbox"/>	OUTSIDE THE FACILITY	
		<input type="checkbox"/>	NOT AVAILABLE	
		<input type="checkbox"/>	OTHER (Specify):	
302	Are there posters of FP methods currently displayed?	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO	
303	Are Family Planning Brochures/Handouts available at your facility today?	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO	
304	Is there a sign/poster stating the cost of family planning services?	<input type="checkbox"/>	YES	
		<input type="checkbox"/>	NO (if selected, skip to question #306)	
305	If the costs of each method are included on the sign post, please write them (in local currency)	Method	unit	cost
		Female Sterilization		
		Male Sterilization		
		Pill		
		IUCD		
		Injectables		
		Implants		
		Male condom		
Female condom				

		SDM ³ (CYCLEBEADS)		
		Billings Method		
		LAM ⁴		
		OTHER (Specify):		
306	Are educational sessions on family planning provided at this facility?		YES	
			NO (if selected, skip to question #308)	
			DON'T KNOW (if selected, skip to question #308)	
307	How often are these talks held?		EVERY DAY	
			EVERY WEEK	
			EVERY MONTH	
			OTHER (Specify)	
308	Does the facility provide family planning education through outreach activities such as community talks and home visits?		YES (go to question #309)	
			NO (go to question #401)	
			DON'T KNOW (go to question #401)	
309	Who participates in your outreach activities? (Check all that apply)		COMMUNITY HEALTH WORKER	
			COMMUNITY VOLUNTEER	
			FACILITY BASED PROVIDERS	
			CURRENT USERS	
			MIDWIVES	
			NGO EXTENSIONIST	
			OTHER (Specify)	
310	a) Is the facility involved in demand creation for family planning services (such as informing couples about health benefits of pregnancy spacing, correcting misconceptions, and explaining long-acting methods)		YES	
			NO (if selected, skip to question #401)	
	b) If yes, which are the strategies used and how are they funded?			

³ STANDARD DAYS METHOD

⁴ LACTATION AMENORRHEA METHOD

SECTION 4: FP COMMODITIES LOGISTICS AND SUPPLIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>			
401	Does your facility have a system for recording contraceptive supplies?		STOCK CARD		
			REGISTER		
			COMPUTERIZED		
			OTHER (specify)		
			NONE		
402	To the right is a list of supplies. Did you run out at any time during the last 3 months? Please check the appropriate box. (If possible, look at your stock card to answer the questions)	FP Commodity	Yes	No	Don't Know
		Pill			
		IUCD			
		Injectables			
		Implants			
		Male Condom			
		Female Condom			
		SDM ⁵ (CYCLEBEADS)			
		Billings Method			
		LAM ⁶			
403	What determines the quantity of FP commodities you order?		CONSUMPTIONS PATTERNS		
			OUT OF STOCK		
			MINIMUM RE-ORDER LEVEL		
			OTHER (Specify):		
404	How often do you place orders for FP commodities?		WEEKLY		
			BI-MONTHLY		
			MONTHLY		
			EVERY TWO MONTHS		
			WHENEVER WE RUN OUT OF STOCK		
			OTHER (Specify):		
405	From where does your facility get FP commodities supplies? Please give the name where applicable.		GOVERNMENT SUPPLY SYSTEM:		

⁵ STANDARD DAYS METHOD

⁶ LACTATION AMENORRHEA METHOD

			NGO:
			THE FACILITY BUY FROM:
			OTHER (Specify):
406	How long (average time period in weeks) does it take between the time you submit your order to the time you receive the supplies at the facility?		SAME DAY
			LESS THAN ONE WEEK
			ONE WEEK
			TWO WEEKS
			THREE WEEKS
			OTHER (Specify):
407	Is it harder for your facility to get FP commodities supplies compared to the public center in your area?		YES
			NO
			DON'T KNOW
408	If yes, give reason(s) why.		
409	If you are out of stock of commodities, what options do you have in addition to the government supply system?		

SECTION 5: COST			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>	
501	Does the facility charge for family planning visits (user fee/consultation)?		YES
			NO
			DON'T KNOW
502	If so, how much is each visit?	COST PER VISIT (in local currency):	

SECTION 6: MANAGEMENT AND SUPERVISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>	
601	What kind of support do you receive from the Ministry of Health/ Devolved government unit in support of family planning services? (Check all apply)	<input type="checkbox"/>	COMMODITY SUPPLY
		<input type="checkbox"/>	SUPPORT SUPERVISION
		<input type="checkbox"/>	TRAININGS/WORKSHOPS
		<input type="checkbox"/>	DISSEMINATION OF IEC MATERIALS
		<input type="checkbox"/>	SUPPORT OF OUTREACH SERVICES
		<input type="checkbox"/>	SECONDING STAFF (NOT CHW)
		<input type="checkbox"/>	SECONDING CHW
		<input type="checkbox"/>	DISTRIBUTION OF REGISTERS AND TOOLS
		<input type="checkbox"/>	OTHERS:

SECTION 7: BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES <i>Place an X in the box beside your answer</i>	
701	What are the main obstacles/barriers to providing family planning services in your facility (<i>X as many boxes as applicable</i>)?	<input type="checkbox"/>	STOCKOUTS OF SUPPLIES
		<input type="checkbox"/>	PAYING FOR SUPPLIES
		<input type="checkbox"/>	DIFFICULTY OBTAINING SUPPLIES)
		<input type="checkbox"/>	OPPOSITION FROM RELIGIOUS LEADERS IN OUR COMMUNITY
		<input type="checkbox"/>	LACK OF KNOWLEDGE IN THE COMMUNITY
		<input type="checkbox"/>	LACK OF TRAINING
		<input type="checkbox"/>	OPPOSITION FROM BOARD/DIRECTOR OF FACILITY
		<input type="checkbox"/>	CLIENTS HAVE LOW DEMAND FOR FP SERVICES
		<input type="checkbox"/>	CLIENTS HAVE MISINFORMATION ABOUT FP SERVICES, INCLUDING SIDE EFFECTS
		<input type="checkbox"/>	CLIENTS NEED FAMILY/SPOUSAL PERMISSION TO OBTAIN SERVICES

			OTHER (PLEASE SPECIFY):
702	Who is opposed to family planning in your community? Please check any that apply.		FACILITY STAFF
			RELIGIOUS LEADERS
			POLITICAL LEADERS/ELECTED OFFICIALS
			FAMILY DECISION-MAKERS (Husbands, Mothers-in-law, etc)
			NO ONE
			OTHER (PLEASE SPECIFY):
702	a) Who are your current partners in providing family planning services in your community? (e.g. MOH, NGO's, etc) Please name them.		
	b) If you need help with family planning services in your community, what organizations do you ask for help? (e.g. NGOs, churches, CHAK/CHAZ/EPN, UNFPA, MOH, etc)?		
703	If you could make a request to the Ministry of Health for help with FP, what would it be?		
704	If you could make a request to NGOs in your country for help with FP, what would it be?		
706	a) If you were going to the Ministry of Health to ask for help with family planning, who would you bring to such a meeting? Please specify names/titles.		

	b) What challenges do you expect when asking help from the MOH or NGO's?
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-END- Thank you!
