Government of Sierra Leone

UNFPA

Facilities Assessment for Reproductive Health Commodities and Services in Sierra Leone

Analytical Report

2017

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PREFACE

This is the seventh annual report of the Survey on the Availability of Modern Contraceptives and Essential Lifesaving Maternal/Reproductive Health Medicines in Service Delivery Points in Sierra Leone. The report comprises narrative and analytical tables. It contains data on the UNFPA Supplies programme including the four country level indicators, namely:

i) Percentage of primary SDPs with at least three (3) modern methods of contraceptives;

ii) Percentage of secondary and tertiary SDPs with at least five (5) modern methods of contraceptives;

iii) Percentage of SDPs providing delivery services where seven (7) life-saving maternal/RH medicines from the World Health Organization (WHO) list are available; and

iv) Percentage of SDPs with 'no stock out' of contraceptives within the last three months before the survey.

In addition, the report provides information on salient aspects of service delivery point that underpin the provision of family planning services which include supply chain (and cold chain); staff training and supervision; availability of guidelines and protocols; availability and use of Information Communication Technology (ICT); and quality of service delivery at the health facilities. At the same time, the report presents information on clients' perception and appraisal of cost for family planning services.

The data informs policy on planning and programming of modern contraceptive commodities and services as well as provision of essential life-saving maternal/reproductive health medicines. The information shared in the report will further help to reposition family planning and strengthen programming for emergency obstetric and neonatal care in Sierra Leone. It is reader-friendly in nature, thus appeals to a much wider audience than intended. Therefore, we have no hesitation in recommending the report to all health-sector stakeholders, particularly policymakers, practitioners in health service delivery, civil society and the wider public.

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ACKNOWLEDGEMENT

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Particular thanks go to the Technical Committee Members Dr. Sulaiman G. Conteh (RH/FPD), Mr. Wogba Kamara (DPPI), Mrs. Isatu Palmela Kamara-Bockarie (SSL), Mrs. Safiatu Foday and Kwadwo Danso-Manu (both of UNFPA) for tirelessly working in validating the data. In a special way, we would like to thank the survey coordinators: Dr. Sulaiman G. Conteh (RH/FPD), Mr. Mohamed Jalloh (RH/FPD), Mr. Edward McEwen (DPPI), Dr Santigie Sesay (RCH Dir) and Mrs. Isatu P. Kamara-Bockarie (SSL) for the guidance and oversight role in the fieldwork. Special thanks to Dr Chris Oyeyipo, Dr Francis Smart and Ms Marie Kolipha-Kamara for reviewing and inputting into the final report.

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FIGURES

LIST OF ACRONYMS

ABR	Adolescent Birth Rate
AfDB	African Development Bank
ANC	Antenatal Care
AU	African Union
BCC	Behavioral Communication Change
BPEHS	Basic Package of Essential Health Services
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality
CHA	Community Health Assistant
CHC	Community Health Centre
CHO	Community health Officer
CHP	Community Health Post
CPR	Contraceptive Prevalence Rate
CSB	Commodity Security Branch
DfID	Department for International Development
DHMT	District Health Management Team
DMO	District Medical Officer
DPPI	Directorate of Planning, Policy and Information
EDCU	Epidemic Disease Control Unit
EmONC	Emergency Obstetric and Neonatal Care
EVD	Ebola Virus Disease
FBOs	Faith-Based Organizations
FHI	Free Healthcare Initiative
FP	Family Planning
GPRHCS	Global Programme on Reproductive Health Commodity Security
GoSL	Government of Sierra Leone
HDI	Human Development Index
HIV	Human Immuno Virus
ICT	Information Communication Technology
IMR	Infant Mortality Rate
IUDs	Intra Uterine Devices
MCHA	Maternal and Child Health Aides
MCHP	Maternal and Child Health Post
MDGs	Millennium Development Coals

LIST OF ACRONYMS

MICS	Multiple Indicator Cluster Survey
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
MMR	Maternal Mortality Ratio
NAS	National Aids Secretariat
NGO	Non-Governmental Organization
NPPU	National Public Procurement Unit
PHC	Primary Health Care
PHUs	Peripheral Health Units
PNC	Postnatal Care
PPS	Probability Proportional to Size
RH	Reproductive Health
RH/FPD	Reproductive Health/Family Planning Division
RHCS	Reproductive Health Commodity Security
RR&IV	Report Request and Issue Voucher
SDPs	Service Delivery Points
SECHN	State Enolled Community Health Nurse
SLDHS	Sierra Leone Demographic and Health Survey
SOP	Standard Operating Procedures
SPSS	Statistical Package for Social Scientists
SSA	Sub-Saharan Africa
SSL	Statistics Sierra Leone
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
UMR	Under-five Mortality Rate
UNICEF	United Nations Children Funds
UNFPA	United Nations Population Fund
TBAs	Traditional Birth Attendants
WB	World Bank
WHO	World Health Organization

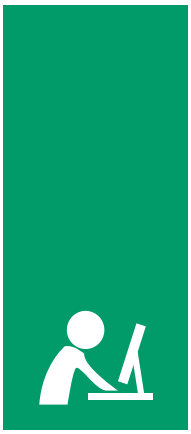
EXECUTIVE SUMMARY

Background

Covering an area of about 72,000 square kilometers (28,000 square miles), Sierra Leone borders with the Republic of Guinea on the north and northeast; with the Republic of Liberia on the east and southeast; and on the west and southwest, with the Atlantic Ocean extending approximately 340 kilometers (212.5 miles). The country is broadly divided into four administrative regions and fourteen districts within the regions . With a population of nearly 7.1 million, 51 percent are females and 49 percent males. Adolescent and youth constituting around 55 percent of total population, become sexually active as early as 12 years old that leading to high teenage pregnancy and childbearing.

Sierra Leone has very high very high maternal mortality ratios (MMR) in the world of 1,360 per 100,000 live births ; worsened by high prevalence of teenage pregnancy and childbearing and unsafe abortion among adolescents as well as the long-term health complications among women during pregnancy and inadequate comprehensive reproductive health services. Low contraceptive prevalence rate (CPR) at 16 percent is exposing women (15-49) years to high risk of unwanted pregnancies, HIV infections and sexually transmitted infections (STIs) that possibly cause maternal death. Socio-cultural barriers such as religious beliefs, spousal disapproval for family planning and preference for large family sizes continue to hamper modern contraceptive use.

"No stock-out" situation of modern contraceptives at SDPs is still low and stock of life-saving maternal/reproductive health medicines is inadequate to meet the increasing demand for them. According to 2016 UNFPA Supplies survey, 26.4 percent and 65.8 percent of the health facilities have 'no stock-out' of a modern contraceptive and seven essential lifesaving maternal/RH medicines available, respectively.



The study primarily focused on generating information on four key indicators; including:

i) Percentage of primary SDPs with at least three (3) modern methods of contraceptives;

ii) ercentage of secondary and tertiary SDPs with at least five (5) modern methods of contraceptives;

iii) Percentage of SDPs providing delivery services where seven (7) life-saving maternal/RH medicines from the World Health Organization(WHO) list are available; and

iv) Percentage of SDPs with 'no stock out' of any modern contraceptive within the last three months before the survey.

Specifically, the 2017 UNFPA Supplies survey provides the following information:

- Classification, management and location of health facilities (SDPs)
- Information on SDPs offering modern contraceptive methods and availability of modern methods of contraceptives at national and sub-national levels.
- Availability of maternal RH medicines at national and sub national levels.
- Information on the incidence of 'no stock out' of modern contraceptives.

1 Now five regions and sixteen districts following the recent national boundary delimitation by Government of Sierra Leone (GoSL)
2 The Maternal Mortality Estimation Inter-Agency Group (MMEIG) 2015

- Aspects of supply chain including sources of supplies; use of logistics forms; method of determining commodity needs; frequency and transportation of supplies and existence of cold chain.
- Information on staff training for family planning and their supervision (including frequency and purposes of supervisory visits).
- Availability of guidelines, check-lists and job aids at SDPs
- Information on the availability and use of information communication technologies as well as method of waste disposal used by the SDPs
- Information on charging of user fee.
- Information on clients' perception regarding various aspects of service delivery
- Clients' estimation of the cost of family planning.

Methodology of the survey

The survey targets and covers public (government), private, non-governmental organization (NGO) and faith-based health facilities that are service delivery points in the four previous administrative regions. Data was collected at the three levels of service delivery points (SDPs) providing modern methods of contraceptives and maternal/RH services which include:

a) Primary Level Care SDPs/facilities (PHUs including CHP, MCHP, CHC)
b) Secondary Level Care SDPs/facilities (Districts/Non-Teaching Hospitals)
c) Tertiary level care SDPs/facilities (Government Teaching Hospitals)

Sampling was based on revised UNFPA Supplies '2017 Survey Sampling Methodology' guide. The updated list of all health facilities providing Family Planning and/or Maternal Health services obtained from the Ministry of Health and Sanitation was adopted sampling frame and used to select the sample of health facilities for the survey. Using formulas suggested in the "Survey Sampling Methodology" guide, a total of 119 SDPs were selected out of the 1,357 SDPs in four administrative regions and fourteen district across the country.

Data collection was carried out by twenty (28) data collectors organized in fourteen (14) teams; with a team comprising one enumerator and one supervisor assigned to each district. Data analysis was carried out using the SPSS analytical software package. Analysis of data was mainly descriptive and employed percentage distributions of the variables. Analytical outputs, results and findings are presented in frequency tables and cross-tabulations at national (shown as totals), sub-national levels and disaggregated by gender where appropriate in accordance with the 2017 UNFPA Supplies survey annotated reporting outline. Data related to the availability of contraceptives and maternal/RH medicines as well as 'no stock-out' were analyzed with reference to survey SDPs that offer family planning services and SDPs that offer delivery services accordingly.

Key findings

Module 1: Availability of Reproductive Health Commodities and Services

- 87.4 percent of health facilities are providing family planning (FP) services in 2017; down by 4.0 percent that of results in 2016 and 3.6 percent compared to 2015 survey results (91.0 percent).

- 95.7 percent of primary SDPs are offering at least three modern contraceptive methods based on requirement of national guidelines, protocols and/or laws; and at the same time as part of SDP regular and normal service delivery process.

- 73.5 percent of secondary and tertiary SDPs, combined, are offering at least five modern contraceptive methods based on requirement of national guidelines, protocols and/or laws; this is lower than survey results in 2016 (75.8 percent) and 2015 (84.5 percent).
- 79.4 percent of secondary and tertiary are offering at least five modern contraceptive methods as part of SDP regular and normal service delivery process; indicating that some secondary and tertiary SDPs are not offering modern contraceptive methods as per requirement of national guidelines, protocols and/or laws.
- 93.3 percent of health facilities are offering delivery services (maternal and reproductive health services) in 2017; down by 1.8 percent of survey results in 2016 (95.1 percent) and 5.8 percent of 2015 survey results (99.1 percent).
- 65.8 percent of SDPs have seven essential lifesaving maternal/ RH medicines (including the two mandatory: magnesium sulphate and oxytocin) available; same as survey result in 2016 but less by 2.7 percent of 2015 survey result (68.2 percent).
- 25.0 percent of SDPs had 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months; indicating incidence of 'stock out' of 75.0 percent.
- Around four-fifths (81.4 percent) of primary SDPs had experienced 'no stock-out' at least three modern contraceptive methods offered in line with national protocols, guidelines and/ or laws in the last three months.
- Half of secondary and tertiary SDPs had experienced 'no stock out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months.

Module 2: Health Facility Resources

- 73.1 percent of SDPs are using logistics forms as important tools for accountability; as verified by the researchers and 14.3 percent said they are using forms but forms were not available for verification. 12.6 percent are not using any logistics forms because they are not available.
- Staff training in aspects of logistics management information system (LMIS) is apparently low with barely 24-28 percent of SDPs accounted for trained staff in four aspects of LMIS: stock status assessment, making request or ordering for restocking, record keeping (use of logistics forms and maintaining dispensing and client registers) and appropriate physical storage of products. Staff at primary and secondary SDPs were less found to be trained in all four aspects of LMIS whilst large proportions of tertiary SDPs (75-100 percent) were seen to have trained staff available in all aspects of LMIS.
- Regional/district warehouse or institution are the main source of medical supplies for almost all primary SDPs (93.4 percent). In particular, about 17.9 percent of secondary SDPs indicated getting supplies from the central medical store and almost 4 percent of primary SDPs said they receive supplies from local medical store on same site of SDPs. Up to 11.4 percent of SDPs are getting supplies from other sources including charitable organizations (NGOs), donors or private entities.
- The majority of SDPs (64.7 percent) are generally getting supplies on quarterly basis. Just 18.5 percent of SDPs indicated to receive resupply monthly (once every month) and a few of them (11.8 percent) do receive resupply biweekly (once every two weeks).

- Local/district administration was identified to be responsible for transporting medical supplies for 63.9 percent of SDPs whilst 22.7 percent of SDPs said they collect the supplies themselves. And 10.9 percent indicated that the national/central government takes the responsibility of transportation.
- Pharmacists were primarily seen to be responsible for ordering of medical supplies in 55.5% of SDPs whilst health staff (including nurses, clinical officers, medical doctors) were reported taking the responsibility in 44.5 percent of SDPs. Whilst SDP staff members are reported to determine quantities of resupply for modern contraceptives in most SDPs (54.8 percent) based on 'report request and issue voucher' (RR&IV), yet significant proportion of SDPs (38.5 percent) have re-supplies been determined by institution/warehouse responsible for re-supply.
- Although most SDPs (59.7 percent) stated receiving supplies after 1 month of ordering, yet significant proportion of them (40.4 percent) confirmed receiving supplies within two weeks to one month after ordering.
- On fulfilment of quantities of contraceptives ordered or requested, around one-quarter of SDPs (28.8 percent) offering family planning services indicated that quantities of contraceptives ordered or requested were fully fulfilled and 63.8 percent said quantities were not fully fulfilled. Low fulfilment of quantities of contraceptives ordered or requested was evidenced at primary and secondary SDPs; accounted for 26.0 percent and 25.9 percent, respectively. Only tertiary SDPs had got quantities of contraceptives ordered or requested fully fulfilled.
- About 73.1 percent of SDPs have a (functioning) cold chain whereas 27.6 percent have got no cold chain. The most common type of cold chain is an electric fridge, seen in 69.0 percent of SDPs; solar power being the primary source of electricity for the electric fridge especially for primary SDPs.
- About 83.2 percent of SDPs have staff trained to provide basic FP services whilst 72.3 percent of SDPs have staff trained for the insertion and removal of implants exclusively in 2017. More primary SDPs were seen to have staff trained to provide FP services (86.8 percent) than for the insertion and removal of implants (69.7 percent) as expected. Around 68.1 percent of SDPs with staff trained to provide basic FP services and the insertion and removal of implants at the same time.
- With regards supervision of health facilities, 76.4 percent of SDPs reported to have been supervised by RH/FP authorities and 23.5 percent stated that they have not been supervised at all in past 12 months. Around half of SDPs (51.2 percent) reported have been supervised in one to three months in the past 12 months. Up to one-quarter (25.2 percent) had supervision visit beyond three months to one year ago.
- 52.9 percent and 48.7 percent of SDPs were discovered to have the FP guidelines and check-lists and/or job aids available, respectively. Consistently, around 68.9 percent and 68.1 percent of SDPs were observed to have ANC guidelines and check-lists and/or job-aids available; 67.2 percent of SDPs were found to possess waste disposal guidelines.
- Around 63.0 percent of SDPs have an ICT system available. An ICT system was seen more visible at secondary SDPs (76.9 percent); but less at primary SDPs (56.6 percent) and tertiary SDPs (50.0 percent). Availability of the various types of ICT system is generally low at SDPs. Basic mobile phones/handsets were found available in 35.3 percent of SDPs. Smart mobile phones were available in 20.2 percent of SDPs, computer (desktop) 10.9 percent, computer (laptops/tablets) 10.1 percent and barely 8.4 percent have access to an internet facility (LAN or Wi-Fi).

3 LAN is Local area network

- Many of the ICT systems used in SDPs were discovered to be personal items of staff members (26.9 percent). Just around 24.4 percent of SDPs have ICT systems been provided by government, 9.2 percent stated the systems are provided by proprietors and attained as donation.
- Many SDPs (47.9 percent) with an ICT system are using it for routine communication 28.6 percent for clinical consultation (characterized by long distance communication with experts), 20.2 percent confirmed using the systems for supply chain management/stock control (in terms of monitoring, accountability and timely reporting with regards RH commodities supply chain) and 17.6 percent used it for facility record keeping among the other uses.
- SDPs were readily seen using incinerator (62.2 percent), the recommended method, to dispose health/medical waste. Use of incinerator was more visible at tertiary SDPs (75.0 percent); and secondary (71.8 percent) but less at primary SDPs which accounted for 56.6 percent.
- User fees for consultation were charged in 45.4 percent of SDPs (mainly primary and secondary); but least reported for government SDPs. 55.5 percent of SDPs confirmed charging patients fee for medication. Patients are charged fees for medication most at secondary SDPs (69.2 percent); but fairly less at primary SDPs (50.0 percent) and least at tertiary SDPs (25.0 percent). Fee charge for medication was noticeably least at government and NGO SDPs; yet higher at faith-based and private SDPs.

Module 3: Clients' perception and appraisal of cost for family planning services

- Clients' perception of family planning service on service providers' adherence to technical aspects, satisfaction for organizational aspects at SDPs (except for waiting time), inter-personal aspects of service providers and outcome aspects was rated high; 80-90 percent.
- Findings from the survey suggest 14.5 percent of clients paid for FP services they received from the SDPs on the day of survey. Payment for FP services was reported at primary SDPs (10.9 percent) and secondary SDPs (23.4 percent) only but not at tertiary SDPs. Payment for FP services was reportedly high in Southern region (21.8 percent); other regions registered relatively low rates (Western Area 18.3 percent, Northern 10.9 percent, Eastern region 7.8 percent). Payment was reported least at government SDPs at 9.2 percent but higher especially at faith-based (48.0 percent) and private SDPs (64.3 percent). Although significant percentage of clients indicated to have paid for FP services received yet no information was provided on amount they might have paid for any service.
- Although significant percentage of clients indicated to have paid for FP services received yet no information was provided on amount they might have paid for any service.
- Information on time spent for FP services reveal that clients spend an average time of 58.4 minutes for travelling, waiting and receiving FP services.

Recommendations

Based on interventions of the various actors for the provision of RH commodities and services, the following recommendations are:

Policy level interventions

- There is need for policy makers to encourage all non-state SDP managers to streamline family planning services to all health facilities as a way to ensure general FP service delivery across the country. In particular, faith-based organizations, having substantial number of health facilities, should be encouraged to incorporate FP services in all their health facilities as an aspect of human right beyond religious belief.

- In majority of health facilities, FP services are generally provided cost-free but a few government-owned facilities continue to charge fee for FP services. MoHS should ensure elimination of user fees for FP services in those health facilities.
- Increasing availability of ICT system to health facilities and its use would enhance proper monitoring, accountability and timely reporting with regards RH commodities supply chain. Also availability of cold chain equipment in the facilities that don't have it to enable storage of commodity like oxytocin and other vaccines in order to maintain their potency.

Programmatic level interventions

- It is important that RH/FP programme extends cost-free FP commodities and services beyond government managed health facilities, especially to private health facilities which are substantially in existence across the country. This will enhance universality of FP services nationwide.
- Improving the availability of the two essential medicines (magnesium sulfate and oxytocin) at all health facilities across the country will help improve the facilities' coverage level of the seven-lifesaving maternal/RH medicines.
- Appropriate management of the 'pull and push' system through constant monitoring will ensure commodities are not over-supplied to areas that need them less whilst under-supplying those that need them most. Subsequently, there is high need of building service provider's capacity to timely initiate request for RH commodities based on needs and expected caseload of FP clients.
- Warehouses responsible for resupply of RH commodities should ensure that appropriate quantities of commodities are always available to maintain stock levels for offer to clients at all times.
- District warehouses are often challenged with inadequate quantities of RH commodities to serve all facilities. There is therefore need to ensure that adequate quantities of commodities are available for each district to reduce the risk of stock-out at SDP levels. Also, programme should ensure that transportation is all districts be strengthened in order to maintain stock of RH commodities including modern contraceptives.
- Noting that not all staff trained on insertion and removal of implants were providing FP services, there is need to institute a system of dedicated family planning staff. It is significant to provide training for staff in all SDPs on family planning services including the insertion and removal of IUDs and implants.
- There is need for capacity building of healthcare service providers on Implanon/ Etonogestrel implant (one-rod implant) in addition to Jadelle/Levonorgestrel implants (two-rod implant/captain band) at national and sub-national levels to ensure provision of an alternative implant method for FP clients in order to avoid the risk of stock-out in case of possible global shortage in supply chain/production of Jedelle.
- Although there is a relative a good number of health facilities with guidelines and job aids, it is important that all health facilities are provided with these documents for reference purposes. Guidelines checklists and/or job aid materials are critical for proper execution of duties for healthcare service providers. Ensuring that all healthcare service providers are properly using in routine work would enhance quality service delivery.
- It is essential that appropriate apparatus for managing flow of data and information from central level to district and SDPs and vice versa be defined to ensure timely recording and reporting for strengthening of supply chain management.

- As much as RH commodities monitoring/ supportive supervision is essential, there is still need for further strengthening of monitoring function to ensure timely use of data for programmatic actions in collaboration with relevant stakeholders to reduce the risk of stock-out and/or irrational use of RH commodities. Creating linkage between consumption trend and actual acceptor of FP methods is important for proper utilization review of resource in line with the programmatic achievements.

Service delivery (health facility level) interventions

- It is essential that service provision at health facilities include outreach services on family planning, especially in distant communities where there no health facilities. This will not only improve demand creation but also provides an ideal opportunity to the wider population on the awareness of contraceptive methods that best meet clients' needs and the importance of family planning.
- As a way of improving 'no stock-out' at SDPs, there is need for SDP in-charges to timely send their monthly report to enable the move to a pull system as it can function only with the availability of data.
- In-chargers should ensure that all RH/FP commodities be provided at no cost to clients in order to increase demand and use. Prosecuting facility staff would help to adverse user fee charging at SDPs

Community level interventions

- Reinforcing sensitization on FP services would increase awareness and importance of modern contraceptives use. Sensitization should focus removal of cultural barriers to FP services and acceptance of family planning to the wider population, especially the rural areas, as caseload of FP clients at SDPs was found very low, that needs collaborative efforts from MoHS and key stakeholders for effective community coverage planning/ outreach interventions for FP demand creation.
- Service providers should continue improving their relationship with clients by adherence to technical, organizational and inter-personal aspects for the provision of family planning services.

Lessons learnt

i) Noting the increased scope of data analysis guided by the annotated outlined for GPRHCS survey reporting based on revision of the survey in 2017, time allocated for data analysis and writing survey report was relatively short. There is need for more time to be allocated in order to produce such comprehensive and high quality survey report.

ii) With the introduction of electronic data collection time for training of data collectors was inadequate with regards to the expansion of the survey scope. It is recommended period for training be increased to five (5) days; including one (1) day of pre-test.

iii) Data collection was delayed for one week due to delay in disbursement of finance from UNFPA to support survey team including enumerators. This subsequently reflected in delay to entire survey implementation. Early disbursement of finance is recommended in order to prevent delay in data collection for subsequent GPRHCS surveys.

iv) List of health facilities from DHSPPI needs to streamline facilities that provide family planning services and maternal and reproductive health services. Few health facilities that are neither providing FP services nor maternal/reproductive health services continue to be part of the sampling frame. It is important for the survey to target health facilities that are providing these services as survey methodology indicates. DHSPPI should regularly update list of health facilities to ensure universe coverage of service delivery points.

iv) List of health facilities from DHSPPI needs to streamline facilities that provide family planning services and maternal and reproductive health services. Few health facilities that are neither providing FP services nor maternal/reproductive health services continue to be part of the sampling frame. It is important for the survey to target health facilities that are providing these services as survey methodology indicates. DHSPPI should regularly update list of health facilities to ensure universe coverage of service delivery points.

v) The 'day of survey' restriction for the client exit interview could be accountable for the low client coverage during the survey. Flexibility of the restriction would enhance wider coverage of clients for exit interview.

vi) Data collectors were mixed of health personnel and other persons with little or no experience in survey data collection. Even after training on the questionnaires some of the other persons were seemingly not comfortable. Also, some of the health personnel were also found engaged in other assignments and were less committed to the fieldwork. It is important that persons with survey experience to serve as additional data collectors and committed health personnel should be recruited.

vii) Recruitment of data collectors was the solely responsibility of RH/FPD of MoHS without involvement of the Consultant. As the Consultant takes responsibility of the overall quality of the survey process and report, it is important that s/he be part of the recruitment process to ensure that data collectors are of high quality.

viii) UNFPA was seemingly unequipped for adopting electronic data collection process as they did not own appropriate electronic devices (iPads/tablets) and server/data storage space to host data collected from the field. As such they relied on outsourced devices and server (from WFP); this created undue delay in retrieval of data for analysis. It is important that UNFPA acquire the appropriate electronic devices (iPads/tablets) and server/data storage space that the organization can adequately utilised.

ix) It is not known the extent to which actions are taken on recommendations outlined for previous GPRHCS surveys from programmatic side. As a result, Consultant is somehow obliged to give holistic recommendations. It is important that UNFPA provides action points recommendations for past surveys to guide Consultant provide appropriate recommendations that will better focus on programme implementation.

PART 1
INTRODUCTION

1.1 Country background information

Sierra Leone covers an area of approximately 72,000 square kilometers (28,000 square miles). It borders with the Republic of Guinea on the north and northeast; with the Republic of Liberia on the east and southeast; and on the west and southwest, with the Atlantic Ocean extending around 340 kilometers (212.5 miles). The country is broadly divided into four administrative regions and fourteen districts within the regions, namely: - Eastern Region (Kailahun, Kenema & Kono districts), Northern Region (Bombali, Kambia, Koinadugu, Port Loko & Tonkolili districts), Southern Region (Bo, Bonthe, Moyamba & Pujehun districts) and Western Area (Western Area Urban and Western Area Rural).

Sierra Leone has a total population of 7,092,113[4] with an estimated annual growth rate of 3.2 percent. The majority of the population (4,187,016) live in the rural areas (59.0%), and 2,905,097 people live in the urban areas (41.0 percent). The population comprises 3,601,135 females representing 50.8 percent and 3,490,978 males (49.2 percent). The youthful population under age 15 years constitutes 41 percent and around 22 percent are adolescents (15-19) years and young people (20-24) years whilst women (15-49) years represent 24.3 present according to 2015 Population and Housing Census.

The country has very high maternal mortality ratios (MMR) in the world of 1,360 per 100,000 live births [5]. In 2015 alone an estimated 3,100 mothers died during childbirth or from complications arising from pregnancy. Almost half of maternal mortality (46.8 percent) is expected to be among teenagers and 25 percent of maternal deaths to be due to unsafe abortion among adolescents. The Ebola Virus Disease (EVD) outbreak represents one of the greatest health challenges to have affected the West African region, with Sierra Leone being the hardest hit with the highest number of cases; 8,703 cases and 3,590 deaths. The epidemic exposed the fragility of health systems and shook the fabric of social life as it raged through communities and tore families apart. It is estimated to have reduced maternal health service utilization by an average of 20-25 percent exposing more vulnerable and marginalized population including adolescents to greater risk of dying because of maternal health related causes. The total fertility rate (TFR) is estimated at 5.2 children per woman with Contraceptive Prevalence Rate (CPR) of 16 percent. Family planning unmet needs for currently married women stands at 25 percent but it is higher among girls age (15-19) years (30.7 percent) [6]. Though, teenage pregnancy is recorded at 28 percent and 30 percent of adolescent girls are pregnant before their 19th birthday. Birth rate for (15-19) years-old girls is 125 per 1000 [7]. Acceptance and access to sexual reproductive health (SRH) services for adolescent girls is low, more than 86 percent have never used contraception and 30.7 percent have an unmet need for family planning [8]. Addressing the SRH problems among adolescents and youth is largely constrained by inadequate facilities for providing comprehensive youth-friendly services.

4 Final results of 2015 Population and Housing Census
5 The Maternal Mortality Estimation Inter-Agency Group (MMEIG) 2015
6 Sierra Leone Demographic and Health Survey (SLDHS) 2013
7 The World Bank Report 2015
8 Sierra Leone Demographic and Health Survey (SLDHS) 2013

The large unmet need for these facilities impacts negatively on the health of young people and compounded by several barriers such as issues of stigma, discrimination and attitude of health personnel [9].

'No stock-out" situation of modern contraceptives at service delivery points (SDPs) is low and stock of life-saving maternal/reproductive health medicines is inadequate to meet the increasing demand for them. According to 2016 GPRHCS survey, 26.4 percent SDPs had 'no stock-out' of any modern contraceptive. Around two-thirds of SDPs (65.8 percent) had seven essential life-saving (including two mandatory) maternal/ reproductive health (RH) medicines available. Despite availability of reproductive health commodities in the country, there is challenge for the commodities to reach health facilities especially the peripheral health units (PHUs). Persistent stock-out of the commodities is making young people, women and their children continue to suffer and/or die from preventable causes.

1.2 Rationale and objectives of the study

Since 2010 UNFPA, through its flagship programme, UNFPA Supplies [10], has supported the conduct of an annual survey on the availability as well as stock-out of modern contraceptives and maternal health medicines in programme implementing countries including Sierra Leone. As of 2013, the survey has been expanded to cover both the availability of reproductive health (RH) commodities and salient aspects of service delivery facilities that underpin good RH programmes. In addition to assessing the availability and stock out of RH commodities, the survey addresses aspects such as supply chain (including cold chain); staff training and supervision; availability of guidelines, protocols and/or laws, Information Communication Technology (ICT), method of waste disposal and user fee. The survey has also been designed to obtain the perception of clients about the services they received from the SDPs.

Like in previous surveys, the 2017 GPRHCS survey covers public as well as private, NGO and faith-based health facilities that are provide family planning (including modern contraceptive methods) and maternal/RH services. The assessment considers SDPs that into three broad categories as follows

1. Primary Level Care SDPs/facilities (PHUs – CHP, MCHP, CHC)
2. Secondary level care SDPs/facilities (Districts/non-teaching hospitals)
3. Tertiary level care SDPs/facilities (Government teaching hospitals)

Through the survey, data is generated for the measurement of the following key indicators; which include:

1. Percentage of primary SDPs with at least three (3) modern methods of contraceptives;
2. Percentage of secondary and tertiary SDPs with at least five (5) modern methods of contraceptives;
3. Percentage of SDPs providing delivery services where seven (7) life-saving maternal/RH medicines from the World Health Organization(WHO) list are available; and
4. Percentage of SDPs with 'no stock out' of contraceptives within the last three months before the survey.

Specifically, the 2017 assessment provide the following information:

• Classification, management and location of health facilities/SDPs.
• Information on SDPs offering modern contraceptive methods and availability (including no stock out) of modern methods of contraceptives at national and sub-national levels.

9 WHO and UNFPA studies in 2008 and 2012 respectively, indicated that information and understanding of services available for adolescents and young people is very low, impacting their demand for SRH services.

10Previously known as the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS)

• Availability of maternal RH medicines at national and sub national levels.
• Information on the incidence of 'no stock out' of modern contraceptives.
• Aspects of supply chain including sources of supplies; use of logistics forms; method of determining commodity needs; frequency and transportation of supplies and existence of cold chain.
• Information on staff training for family planning and their supervision (including frequency and purposes of supervisory visits).
• Availability of guidelines, check-lists and job aids at SDPs.
• Information on the availability and use of information communication technologies as well as method of waste disposal used by the SDPs.
• Information on charging of user fee.
• Information on clients' perception regarding various aspects of service delivery
• Clients' estimation of the cost of family planning.

The information gathered would help country level Reproductive Health Commodity Security planning and decision-making on administrative and policy issues towards improving reproductive health as well as implementation and co-ordination of the family planning programme. The survey report provides the basis for accountability on UNFPA support to the GPRHCS. It makes available information needed to track the response of health system to the increased inputs and improved processes over time as well as the impact such inputs and processes have had on improved health outcomes and better health status.

1.3 Survey organization and management

The 2017 UNFPA Supplies facility assessment for reproductive health commodities and services was organized and managed through the tripartite partnership of the Ministry of Health and Sanitation (MOHS), UNFPA and the Health Partners' Coalition [11] that established a Standing Committee with the Reproductive Health/Family Planning (RH/FP) Programme of MOHS and the Parliamentary Committee on Health and Sanitation as Joint Chairs. The Technical Committee for the survey constitute Department of Planning, Policy and Information (DPPI) and RH/FP Programme of MOHS, UNFPA and Statistics Sierra Leone (SSL). The Programme Specialist (Reproductive Health) and RHCS Focal Person, both of UNFPA, are responsible for the management of the survey.

The National Consultant coordinated the design and implementation of the survey. For field data collection, the country was divided into four supervisory zones as follows:

Zone 1: Eastern Region plus Tonkolili (Kailahun, Kenema, Kono &Tonkolili Districts);

Zone 2: Northern Region (Bombali, Kambia, Koinadugu, Port Loko);

Zone 3: Southern Region (Bo, Bonthe, Moyamba, Pujehun Districts) and

Zone 4: Western Area (Western Area Rural and Western Area Urban).

The RH Programme Manager, DPPI staff, SSL staff and FP/RH Programme staff provided field coordination of data collection; each assigned to supervisory zone whilst the National Consultant provided overall coordination of fieldwork. The survey data was managed by the Census Technical Specialist of UNFPA and the Consultant produced the survey report.

11 A conglomerate of UNICEF, WHO, international and national NGOs and other civil society stakeholders working with Government of Sierra Leone and UFPA in the health sector.

1.4 Methodology and limitations

1.4.1 Survey design and sampling of health facilities

The 2017 UNFPA Supplies survey is designed to collect information on the availability of RH commodities as well as salient aspects of service delivery facilities that could reinforce good RH programmes by using scientifically sound methodological approaches. The sample for the survey was selected from the list of all health facilities in 2017 provided by DPPI of MOHS nationwide; this form sampling frame for the selection of sample. Health facilities presumed providing family planning and/or maternal health services were considered for the survey sampling. Hence, facilities not providing these services were dropped from the list. The screening of health facilities was done in consultation with RH/FP and DPPI staff. In total, there are 1,357 health facilities providing modern contraceptives and reproductive health services in Sierra Leone in 2016. These include 5 tertiary level care, 4 secondary level care and 1,310 primary level care facilities. The number of service delivery points providing modern contraceptives and reproductive health services in Sierra Leone by administrative units is given in Table 1.1 below.

Table 1.1: 2017 Number of service delivery points providing modern contraceptives and reproductive health services in Sierra Leone by administrative unit

Administrative Units	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Eastern Region	1	6	307	314
Kailahun	0	2	89	91
Kenema	1	3	124	128
Kono	0	1	94	95
Northern Region	1	14	487	502
Bombali	1	4	117	122
Kambia	0	2	72	74
Konadugu	0	1	78	79
Port Loko	0	4	112	116
Tonkolili	0	3	108	111
Southern Region	1	11	384	396
Bo	1	5	137	143
Bonthe	0	3	60	63
Moyamba	0	2	108	110
Pujehun	0	1	79	80
Western Area	1	12	132	145
Western Area Rural	0	1	58	59
Western Area Urban	1	11	74	86
Total	4	43	1,310	1,357

The sample size was determined using the probability proportional to size (PPS) technique. However, secondary and tertiary facilities were given higher probability of inclusion in the sample because of their small numbers compared to the primary health facilities. The three categories of SDPs (primary, secondary and tertiary) that provide modern contraceptive methods and/or maternal/RH services were considered as the main attributes (domains/ strata) for the survey sampling. The survey sample was allocated, proportionately, to the size of each stratum across the fourteen (14) districts in the four administrative regions. Thus, sample size contains a minimal number of each facility type to support good estimation of the parameters of the population.

The minimal sample size for each stratum of health facilities was calculated using the following formula in Box 1; appropriate for such facility-based survey.

Box 1: Formula for the computation of minimal sample size for each level of SDPs

$$N = \frac{Z^2 * P (1 - P)}{d^2}$$

where
n, is minimal sample size for each domain/stratum;
Z, is the standard score that corresponds to a confidence interval;
p, is the proportion of the attribute (type of SDP) expressed in decimal;
d, percent confidence level in decimal (margin of error).

The formula takes into consideration the three categories of health facilities/SDPs, in the selection of the appropriate sample size. It prevails biases that may be introduced through linkages with data on clients and service providers that may affect the sample size and the manner in which it is chosen. This formula enables the study to focus on the type of health facilities as 'standalones'. The use of the above formula in the estimation of the minimal sample size for the proportion of each category of SDPs is based on the assumption that the categories of the SDPs were normally distributed. And the formula enables to obtain cross cultural data comparisons between and among populations.

Based on the number of health facilities providing modern contraceptives and reproductive health services in Sierra Leone in 2017, the relative proportions [12] of the categories of SDPs are given in Table 1.2.

12 The relative proportion = [Total number of SDPs in a category] ÷ [Total number of SDPs on the sample frame].

Table 1.2: Relative Proportion of Categories of SDPs in Sierra Leone

Parameter	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Number of SDPs	4	43	1,310	1,357
Relative Proportion	0.0029	0.0317	0.9654	1.0000

Applying the sampling formula, the Z-score of 1.96 (corresponding to 95% confidence interval) and 5% (= 0.05) confidence/precision level were used to obtain the minimal sample size for each type of SDP and thus computed as follows:

Minimal sample size for tertiary level care SDPs

$$n = \frac{Z^2 * p(1-p)}{d^2} = \frac{(1.96)^2 \times 0.0029\ (1-0.0029)}{(0.05)^2} = \frac{3.8416 \times 0.0029 \times 0.9971}{0.0025} = \mathbf{4.5161}$$

Minimal sample size for secondary level care SDPs

$$n = \frac{Z^2 * p(1-p)}{d^2} = \frac{(1.96)^2 \times\ 0.0317\ (1-0.0317)}{(0.05)^2} = \frac{3.8416 \times 0.0317 \times 0.9683}{0.0025} = \mathbf{47.1494}$$

Minimal sample size for primary level care SDPs

$$n = \frac{Z^2 * p(1-p)}{d^2} = \frac{(1.96)^2 \times\ 0.9654\ (1-0.9654)}{(0.05)^2} = \frac{3.8416\ \times\ 0.9654\ \times 0.0346}{0.0025} = \mathbf{51.3785}$$

Table 1.3 gives the minimal sample sizes based on Z-score = 1.96 (corresponding to the 95% confidence interval) and 5% (= 0.05) confidence level

Table 1.3: Minimal sample sizes [13] for Sierra Leone based on Z-score = 1.96 (corresponding to the 95% confidence interval) and 5% (= 0.05) confidence level

Parameter	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Minimum sample size	5	47	51	103
Number of SDPs	4	43	1,310	1,357

13 The highlighted cells in Table 1.4 show that the minimal sample size obtained is more than the number of SDPs. So this needs to be corrected.

Since the estimated minimal sample sizes obtained for the tertiary and secondary levels are greater than the actual number of SDPs in the population for these categories; these abnormal oversized sample sizes needed to be corrected. By way of correction, the abnormal oversized sample sizes are replaced by the respective numbers of SDPs as shown previously in Table 1.4 as these are smaller; reflecting in recalculation of the total sample size. This allows all SDPs for the tertiary and secondary level cares to be included in the survey sample.

However, the sample size was slightly inflated by a 12 percent factor[14] in order to pay-off for possible non-response or non-existence of SDPs that provide a modern contraceptive or delivery service. Because all the SDPs at the tertiary and secondary levels are included in the sample, this affected the primary level care only; thereby increasing its minimal sample size to 72 and yielding the resultant total sample size for the survey to 119.

According to this procedure, the respective subsamples are as follows:

- All the 4 tertiary level care SDPs/facilities/hospitals (or equivalent) are included in the sample;
- All the 43 secondary level care SDPs/facilities/hospitals (or equivalent) are included in the sample; and
- 72 of the 1,310 primary level care SDPs/facilities (or PHUs) to be included in the sample.
- Therefore, the total recalculated sample size for the survey is 119.

The corrected minimal sample sizes are given in Table 1.4 below.

Table 1.4: Corrected minimal sample sizes for Sierra Leone based on Z-score = 1.96 (corresponding to the 95% confidence interval) and 5% (= 0.05) confidence level

Parameter	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Minimum sample size	4	43	72	119
Number of SDPs	4	43	1,310	1,357

14 The 12 percent factor was chosen as a way of increasing the sample size substantially.

The sample was selected across all 14 districts in the four administrative regions (Eastern, Northern, Southern and Western Area). Hence, the sample size for each level of SDPs was distributed among the districts according to their shares of the level of SDPs. This also required the calculation of the relative proportions for each domain/stratum. Thus, the proportions of the categories of SDPs by administrative units are presented in Table 1.5.

Table 1.5: Proportion of categories of service delivery points in Sierra Leone by administrative unit

Administrative units	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Eastern Region	0.2500	0.1395	0.2344	0.2314
Kailahun	-	0.0465	0.0679	0.0671
Kenema	0.2500	0.0698	0.0947	0.0943
Kono	-	0.0233	0.0718	0.0700
Northern Region	0.2500	0.3256	0.3718	0.3699
Bombali	0.2500	0.0930	0.0893	0.0899
Kambia	-	0.0465	0.0550	0.0545
Konadugu	-	0.0233	0.0595	0.0582
Port Loko	-	0.0930	0.0855	0.0855
Tonkolili	-	0.0698	0.0824	0.0818
Southern Region	0.2500	0.2558	0.2931	0.2918
Bo	0.2500	0.1163	0.1046	0.1054
Bonthe	-	0.0698	0.0458	0.0464
Moyamba	-	0.0465	0.0824	0.0811
Pujehun	-	0.0233	0.0603	0.0590
Western Area	0.2500	0.2791	0.1008	0.1069
Western Area Rural	-	0.0233	0.0443	0.0435
Western Area Urban	0.2500	0.2558	0.0565	0.0634
Total	4	43	1,310	1,357

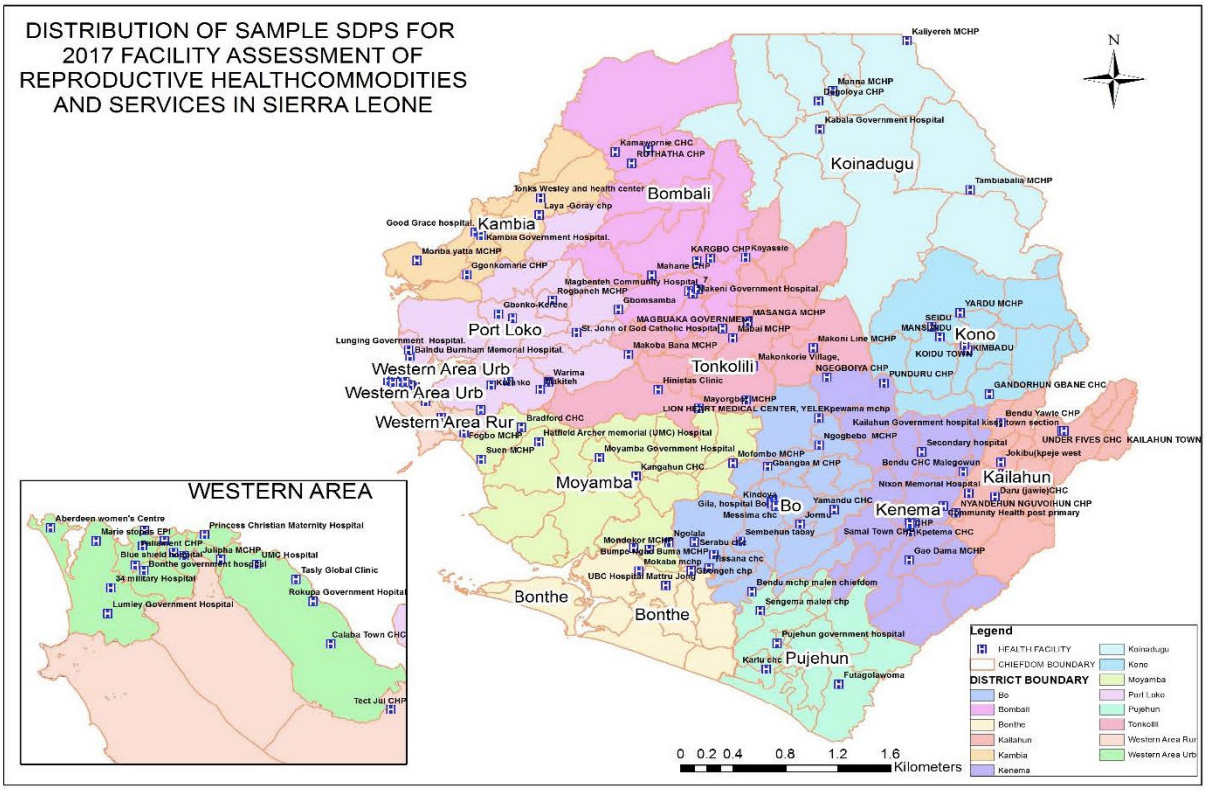
The distribution of sample of each level of SDPs for the various administrative units is presented in Table 1.6. The sample for each level of SDPs was distributed among the administrative units by applying the proportions to the minimal sample size for the level of SDPs.

Table 1.6: Distribution of minimal sample sizes for each category of SDPs in Sierra Leone by Administrative Unit based on Z (95%, 0.05)

Administrative Units	Types of Service Delivery Points/facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Eastern Region	1	6	17	24
Kailahun	0	2	5	7
Kenema	1	3	7	11
Kono	0	1	5	6
Northern Region	1	15	27	42
Bombali	1	4	6	11
Kambia	0	2	4	6
Konadugu	0	2	4	5
Port Loko	0	4	7	11
Tonkolili	0	3	6	9
Southern Region	1	11	21	33
Bo	1	5	8	14
Bonthe	0	3	3	6
Moyamba	0	2	6	8
Pujehun	0	1	4	5
Western Area	1	12	7	20
Western Area Rural	0	1	3	4
Western Area Urban	1	11	4	16
Total	4	43	72	119

Figure 1 presents a map of Sierra Leone showing the distribution of sample SDPs for the 2017 facility assessment of reproductive health commodities and services. Evidently, there is a tendency of sample SDPs to cluster in few urban and peri-urban locations due the concentration of health facilities being included in the sample by design.

Figure 1: Distribution of sample SDPs for the 2017 facility assessment of reproductive health commodities and services



The sample for the primary level care [15] was chosen from the list of SDPs in the respective districts (domains) through the systematic random sampling technique. The steps for selecting primary level care SDPs were as follows:

1. In each district (domain), the SDPs were listed without any order or regard to any characteristic;

2. A sampling interval (i) was determined for each district by dividing the respective number of SDPs by the required sample size, formula given in Box 2;

Box 2: Calculation of the sampling interval

$$i = \frac{N}{n}$$

Where i = sampling interval for the domain
N = number of SDPs for the domain; and
n = sample size for the domain.

15 *No sampling was necessary for the tertiary and secondary levels; survey involved a census of these units of observation.*

3. A starting point k was chosen by randomly selecting a number between 1 and the sampling interval from the "random number table" andk becomes the first SDP sampled in the domain;

4. Successive SDPs for inclusion in the sample were obtained by moving at the interval k+i;k+2i; k+3i; k+4i; k+5i;etc until the required sample size was attained from the domain.

The 2017 GPRHCS survey targets clients who visited the sample SDPs after they have received family planning (FP) services at the health facilities on the day of the survey and as they leave the facilities. The clients were interviewed about their perception and satisfaction with the FP services they received and their appraisal of various cost elements related to accessing FP services. The information helps to measure some aspects of the quality of care and cost for FP services from the clients' perspectives. Clients' exit interview was conducted at SDPs offering FP services. Although clients' exit interview was not based on representative sample of the population, however, efforts were made to ensure that they are representative of the population who visited the facility on the day of the survey. In this respect, clients were systematically selected for interview.

As a rule:

a) In the primary level care SDPs; all the clients visiting the facility on the day of the survey were surveyed because of the possible low attendance.
b) For the secondary and tertiary level care SDPs, with high attendance, samples of clients were selected. Samples were chosen systematically (with every 3rd client chosen) from the FP attendees leaving the SDPs on the day of the survey.

Where possible, minimal of 5 attendees per primary SDP and 10 per secondary or tertiary SDPs were chosen from the FP attendees on the day of survey for the client exit interview.

1.4.2 Survey instruments

The revised standardized questionnaire designed by UNFPA Commodity Security Branch (CSB) was adapted as survey instrument. The questionnaire is divided into three (3) modules and fifteen (15) sections.

Module 1: Availability of commodities and services

Section 1: Facility Identification (Name, Location and Distance)
Section 2: SDP type and services provided
Section 3.1: Modern contraceptive methods offered at SDPs in line with the current national protocols, guidelines and/or laws
Section 3.2: Modern contraceptive methods normally offered by SDPs as part of it normal service delivery process
Section 4: Availability of maternal/RH medicines
Section 5.1: No stock-out of modern contraceptive methods that SDPs are expected to provide in line with the current national protocols, guidelines and/or laws
Section 5.2: No stock-out of modern contraceptive methods that are regularly provided as part of SDP normal service delivery process

Module 2: Health facility resources

Section 6: Supply chain
Section 7: Existence of cold chain at SDP
Section 8: Staff training for family planning
Section9: Staff supervision for reproductive health including family planning
Section 10: Availability of guidelines check-lists and job aids
Section 11: Availability and use of Information Communication Technology (ICT)
Section 12: Waste disposal
Section 13: Charging of user fee

Module 3: Exit Interview - Clients' Perception and Appraisal of Cost for Family Planning Services

Section 14: Exit Interview - Clients' perception
Section 15: Exit Interview - Clients' appraisal of cost for FP services

Modules 1 and 2 were administered to the persons-in-charge of sample SDPs or the most senior health workers present at the facilities on the day of survey. And module 3 targets clients who attended the facilities on the same day.

1.4.3 Data collection

Twenty-eight (28) data collectors (including 14 interviewers, 14 team leaders) were recruited, trained and collected data for the 2017 GPRHCS survey. Training of data collectors was held for three days (7th-9th November 2017) by the Consultant. Training manual was prepared as a guide to the data collectors during the training as well as resource material during data collection. The data collectors were provided in-depth instructions on the survey questionnaire, detailed explanation and definition of questions/key terms to ensure clear understanding of the contents, survey protocols and instructions on how to collect the survey data, consistent approach to recording responses and use of PDAs/tablets for collecting the data during the training session. The questionnaire was digitized into the PDAs/tablets using the ODK Collect application prior to the training. The data collectors were subsequently taken through the ODK Collect application and abled to use the PDAs/tablets perfectly. Questions for clients' exit interview were explained into local languages. Through demonstration and role plays further enhanced the skills of the data collectors. By end of training, the questionnaire was pre-tested the survey questionnaire. Lessons learned and feedback from the pretest were considered in preparation of actual data collection/fieldwork.

Data was collected in two (2) weeks (23th November- 6th December 2017). Quality of data was guaranteed by engaging experienced staff from RH/FPD and DPPI who served as field team leaders that worked closely with the interviewers, supervised data collection and ensured that interviewers appropriately collected and accurately entered data into the PDAs/tablets. Field coordination by Consultant, Director of RCH, RH/FPD Programme Manager, DPPI/MOHS staff, SSL staff and RH/FP Administrative Officer further ensured quality data was collected. The Consultant and coordinators maintained regular visits throughout the fieldwork.

1.4.4 Data management, analysis and presentation

Data collected was regularly sent to the ODK Collect server; this enhanced prompt data verification and reporting of errors (detected) by Data Manager to enumerators for correction. As data collection ended, data was compiled and downloaded to Microsoft Excel; then exported to SPSS data editor for further cleaning; this ensured logical consistency and high quality data thus enhanced quality outputs for analysis. In some instances, variables were re-coded to yield the required results.

Data analysis was carried out using the SPSS analytical software package and Microsoft Excel. Analysis of data was mainly descriptive with percentage distributions of the variables displayed. Results and findings are presented in frequency tables, cross-tabulations and charts based on the outcome indicators and in accordance with the 2017 GPRHCS survey annotated reporting outline. The survey results were presented at national (shown as totals) and sub-national levels and at the same time disaggregated by gender where appropriate. Data related to availability of contraceptives; their 'stock-out' and 'no stock out' was analyzed with reference to survey SDPs that are offering family planning services. Similarly, data relating to availability of maternal/RH medicines was analyzed with reference to sample SDPs that are offering delivery services.

1.4.5 Limitations of the survey

The survey was conducted on limited sample of health facilities providing reproductive commodities and life-saving maternal/RH medicines. Health facilities were treated as "standalones" with no reference to the population they serve. However, the widespread selection of health facilities across the country was reflected in the sample. And the probability proportional to size (PPS) approach utilized in sampling health facilities created self-weighted sample and sampling formula used in the estimation of minimal sample sizes also produced an unbiased sample for the survey. In spite of the limited sample surveyed, data collected is expected to be reliably representative of all health facilities.

Like in previous surveys, data on 'no stock-out' and 'stock out' of modern contraceptives was collected with reference to the last three months in the year, before the survey and on day of survey. So, information tends to be missing for the remaining time of the year, within which the event would have substantially occurred. Information on monthly "no stock-out" and 'stock-out' can also be useful for planning purpose.

Where services delivery points have fixed schedules for family planning (FP) services, restriction of client exit interview in reference to the 'day of survey' for client visit had tendency of low client coverage when such schedules are missed. The restriction could also have possibility of respondents' bias especially relating to their responses to "providers' adherence to technical aspects". Making interview beyond 'day of survey' could improve client coverage and limit possible respondents' bias.

Availability of maternal/RH medicines at the health facilities was focus of the survey. No information on quality and quantity of staff providing maternal/RH services was collected. This is likely to create data gap for the quality of the service that is provided and thus would render planning difficult for improvement of maternal/RH services.

1.5 Outline of survey report

The survey report is broadly divided into three sections which include: (a) Preliminary Section; (b) Main Body; and (c) Closing Section.

a) Preliminary Section

This will contain:

- Forward
- Acknowledgement
- Meaning of Acronyms/Abbreviations are presented in alphabetical order
- Table of Contents
- Lists of tables, charts, boxes and appendices are provided alongside the table of contents.
- Executive Summary presenting a succinct summary of the main findings of the report

b) Main Body

The main body of the report will contain:

Part 1 – discusses the introductory issues of the report. This provides country background information; rationale and objective of the survey; research methodology including sampling procedure, survey instrument/questionnaire, fieldwork/data collection and data analysis; and the limitations of the study.

Part 2 – will provide a summary of the national protocols, guidelines and laws which underline the provision of contraceptive and maternal/RH commodities in the different categories of SDPs in each country.

Part 3 – will focus on the findings of the survey on availability of commodities and RH medicines as well as incidence of 'no stock out' of commodities with respect to key sections of the questionnaire. These will include the following:

- General information about health facilities relating to the classification of facilities, and providing information on the management and location. A map on the geographic distribution and locations of the health facilities in each region and across the country is presented.

- Information on SDPs offering modern contraceptive methods is provided including information for the national and sub-national availability of three (3) modern methods of contraceptives at primary SDP level; and five (5) modern contraceptives at secondary and tertiary SDP levels. Also, reasons why three modern methods of contraceptives are not provided in some facilities are discussed. In addition to giving a general picture, peculiar reasons and as they related to specific methods are highlighted.

- The availability of maternal/RH medicines bringing out the national and subnational dimensions is discussed. The discussion also captures the key essence of the indicator (availability of the 7 medicines) in the various types/categories of SDPs in the country. Again, tables and diagrams will be used to further explain the research findings. In this section, the reasons why the medicines are not available are provided; bringing out the subnational dimension and the peculiarity of these reasons to specific service delivery points.

• Information on the incidence of 'no stock out' of modern contraceptives, bearing in mind that 'no stock out' is taken to mean a situation in which a family planning service delivery facility/service delivery point in a country does not run out of supplies of any one or more of the modern methods of contraceptives. In 2017, the measurement of stock out was viewed from two perspectives: - a) based on methods that the service delivery point is expected/supposed to provide to clients in line with national guidelines and protocols at any point in time over the last/previous period; and, b) based on methods regularly provided by the SDP (irrespective of the prescriptions of the national protocols/guidelines/laws).
• Both these perspectives are measured with reference to the last three months and with reference to the day of the survey. Also, the reasons why the stock outs occurred will be analysed. As much as possible, tables, diagrams and maps are used to support the discussions.
• Generating the new set of information in 2017 enable UNFPA to provide data for FP2020's stock availability indicators [16].

Part 4 – will emphasize on the findings from health facility resources with respect to the other sections of the questionnaire. These include:

• Aspects of supply chain including sources of supplies; use of logistics forms; method of determining commodity needs; frequency and transportation of supplies and existence of cold chain are discussed.

• Information on staff training for family planning and their supervision (including frequency and purposes of supervisory visits).
• The availability of guidelines, check-lists and job aids at SDPs.
• Information on the availability and use of information communication technologies as well as method of waste disposal used by the SDPs.
• Items for which the facility charges fees (including for consultation, commodities and for services) and instances where exemptions are made is also examined.

Part 5 – will focus on the results of the exit interview and will discuss;

• Information from the exit interview for clients' perception regarding various aspects of service delivery; and
• Clients' estimation of the cost of FP.

Part 6 – will contain the conclusions and key recommendations, based on the results and findings of the survey.

c) Closing Part of the Report

The closing part will contain lists of documents consulted and cited under the bibliography, survey personnel, sample SDPs and the survey instruments added as annex to the report.

16 FP2020 Core Indicators from http://www.track20.org/pages/data/indicators

PART 2

NATIONAL GUIDELINES, PROTOCOLS AND LAWS

2.1 The Basic Package of Essential Health Services (BPEHS)

Like in previous GPRHCS surveys, the 2017 GPRHCS survey was primarily conducted with respect to the national guidelines, protocols and/or laws regarding the provision of modern contraceptives [17] and maternal/RH medicines at the various SDPs. This principle was emphasised in the survey questionnaire and data was collected with strict adherence to it. The principle has been recommended by Commodity Security Branch (CSB) for the conduct of GPRHCS surveys. Thus, to underscore the importance of the principle, this section provides a summary of the national protocols, guidelines and laws which underline the provision of modern contraceptives and maternal/RH commodities at the different categories of SDPs as specified in the Basic Package of Essential Health Services (BPEHS).

Providing a high impact, cost-effective primary care service delivery mechanism; BPEHS aimed at scaling up health services including sexual and reproductive health as well as child and maternal health services. The concept of BPEHS is that all of the services in the package must be available as an integrated whole, rather than being available piecemeal or as individual services. The Ministry of Health and Sanitation (MoHS) therefore expects that all partners and key stakeholders involved in the delivery of health services in Sierra Leone will use this BPEHS as the basis for planning and implementing their health programs/support. The Ministry will ensure that the core services making up BPEHS are available nationwide.

The Basic Package consists of six distinct elements:

- It identifies the services that MoHS can put at the disposal of the population. Other services may be available as a result of global initiatives, vertical programmes or private donations but they would be added to, not substituted, for the services contained in the Package;
- It implies that a minimum set of health staff with appropriate skills will be present at each of the facility levels to provide the services;
- It gives guidance for the content of training programmes by defining the technical and management competences required at different levels of the health system;
- It gives guidance as to what will constitute an essential drugs list for each level of the health system;
- It is presented in such a way that costs can be estimated to give an idea of the financial resources that will be required for service provision;
- It provides a basis to prepare operational plans and to design Monitoring and Evaluation tools.

2.2 Summary of national guidelines, protocols and laws for provision of modern contraceptives

In Sierra Leone, family planning is a flagship programme of the national healthcare delivery system to prevent teenage and unwanted pregnancies. It has, therefore, been mainstreamed into primary healthcare, which is the foundation of the system focusing to address the problems of teenage pregnancies and child marriage.Information about the benefits of birth spacing and supplies of contraceptives should be available at all levels of the health system.

17 Although, information was also collected based on contraceptive methods that SDP regularly provides as part of its normal service delivery.

Community-based health promoters and distributors supply contraceptive pills and both male and female condoms. They are provided with information, education and communication skills related to family planning services in order to enlighten the population in hard to reach communities. All health facilities should provide contraceptive pills, injectable contraceptives and both male and female condoms. Intra-uterine devices should be available at CHC and hospitals only; whilst implants are supplied at all facilities. And surgical contraception methods are available in (referral) hospitals only. Great emphasis is placed on quality of care and the importance of communication skills for healthcare providers in order to create demand and minimize the incidence of method failure and discontinuation that leads to low client uptake.

The guidelines and protocols for provision of modern contraceptives and delivering other family planning services are in Section 4.1 of the BPEHS. Table 2.1 below summarizes interventions that are carried out at the five standard levels of care, taking into consideration the cadre of staff available at each level.

Table 2.1: Family planning guidelines and protocols

Interventions and Services provided	Level of Service Providers				
	Community	MCHP	CHP	CHC	Hospitals
IEC/BCC on birth spacing and family planning	Yes	Yes	Yes	Yes	Yes
Counsel on informed choice	No	Yes	Yes	Yes	Yes
Distribute male & female condoms and explain their use	Yes	Yes	Yes	Yes	Yes
Distribute Oral Contraceptives and explain their use	Yes	Yes	Yes	Yes	Yes
Administer Depot Provera and explain its use	No	Yes	Yes	Yes	Yes
Insert & remove IUD and explain its use	No	No	No	Yes *	Yes
Insert & remove Norplant (Jadelle or implant)	No	Yes*	Yes*	Yes*	Yes
Permanent surgical methods (sterilization for fe-males & males)	Refer	Refer	Refer	Refer	Yes
Syndromic management of STIs for men	No	Yes	Yes	Yes	Yes
Syndromic management of STIs for women	No	Yes	Yes	Yes	Yes
Voluntary Confidential Testing for HIV	No	Refer	Refer	Yes	Yes
Infertility counseling	Refer	Yes	Yes	Yes	Yes
Infertility Treatment	Refer	Refer	Refer	Refer	Yes
Education of adolescents on reproductive health at all levels	Yes	Yes	Yes	Yes	Yes
Education of adolescents on family life skills at all levels	Yes	Yes	Yes	Yes	Yes
Supportive services to adolescents seeking advice and care	Yes	Yes	Yes	Yes	Yes

**Appropriate training and supervision is required*

The Maternal and Child Health Post (MCHP) is the first level of contact for patients at the village and grassroots level and should ideally serve a population of 500 to 5,000 within a 5 km (equivalent of 3 miles) radius of the facility. MCHPs perform preventive and curative functions. The proposed staffing is four (4) health workers which shall include 1 Community Health Assistant (CHA), 2 MCH Aides and 1 Vaccinator.

The Community Health Post (CHP) is usually situated in a smaller town. These posts have similar functions to the MCHP with added curative functions. It should serve a population of 5,000 to 10,000 or more within 8 km (or 5 miles) radius of the facility. A CHP should have nine (9) health workers that shall include SECHN (State Enrolled Community Health Nurse)/midwives, EDCU Assistant, Laboratory Assistant, CHA, Vaccinator and Medical Statistical Assistant. The MCHP and CHP can refer cases to the Community Health Centers (CHC) where improved services can be offered.

The Community Health Center (CHC) is usually situated in the chiefdom headquarter towns or in a well populated area with a catchment population of 10,000 to 30,000 or more within 15 km (or 10 miles) radius of the facility. It performs preventive, promotive and curative functions. The facility will have space for inpatient care as well as a laboratory. It should have proposed staffing of ten (10) health workers with higher cadre including Community Health Officer (CHO), Environmental Health Officer (EHO), Laboratory and Pharmacy Technicians, SECHN, Midwives and Medical Statistical Assistant. CHCs refer urgent and/or very serious cases to the hospitals to avoid further complications.

The hospitals provide secondary and tertiary care. The hospitals will also provide a wider range of sexual/reproductive, maternal and laboratory services than health centers. The hospitals will be staffed with doctors (including OB/GYNs), a surgeon, anesthetist, pediatrician, midwives, lab and X-ray technicians, pharmacist, and a dentist and dental technician. Each hospital will cover a population of about 500,000.

2.3 Summary of national guidelines, protocols and laws for provision of maternal/RH medicines

The aspect related to maternal and child health in the BPEHS is designed to address the high and maternal and child mortalities and morbidities in Sierra Leone. It, therefore, tackles both maternal/RH and child health issues taking into account an integrated approach and continuum of care. The major focus is to reduce mortality rates, especially for pregnant women and infants by helping to scale up interventions of the minimum package of essential services, essential and emergency obstetric care including antenatal, delivery, prenatal and postnatal services; integrated management of neonatal and childhood illnesses as well as preventive services among other things.

The guidelines, protocols and laws for provision of maternal/reproductive health medicines take into accounts maternal and newborn health through antenatal care, delivery and prenatal care, postnatal care, care of the newborn, emergency obstetric care. Continuum of care and supplies of essential drugs appropriate at the various levels of health facilities are fundamental.

With one of the highest maternal, neonatal and infant mortality rates in the world, Sierra Leone has a medical emergency in terms of dealing with maternal and newborn healthcare. In response to the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA), the Government of Sierra Leone with support from development partners (UNFPA, AU, DfID, UNICEF, WHO, etc.), established Free Healthcare Initiative (FHI) for pregnant women, lactating mothers and their children being provided with essential life-saving drugs free of cost at all health facilities.

Antenatal care (ANC) being a critical component of Safe Motherhood Initiative, pregnant women are provided with tetanus toxoid (an essential life-saving medicine) which is available at all health facilities. Magnesium Sulphate, another essential life-saving medicine, is given for the management of convulsions or unconsciousness (eclampsia) during labour and delivery at all facilities. Outreach services are strengthened in hard to reach communities where pregnant women cannot access services easily. Pregnant women are also supplied with Iron, Folic acid, and Vitamin A supplements. They are provided with health education for maternal and newborn health including emergency preparedness and birth preparedness by community health workers and skilled traditional birth attendants (TBAs).

Pregnant women are mobilized for institutional delivery. All deliveries should be supervised and conducted by midwives who are the most cost-effective health providers in reducing maternal and neonatal deaths. Ampicilin is offered for treatment of puerperal sepsis (postnatal care) at all health facilities. Vitamin A, prophylactic Iron and folic acid should be given to all postpartum mothers to ensure recovery of haemoglobin loss during delivery and other micronutrients.

Emergency obstetric and neonatal care (EmONC) has been identified as evidence based strategy for the reduction of maternal and infant mortality. The provision of EmONC services for the five main complications of pregnancy and childbirth: obstetric haemorrhage, eclampsia, obstructed labour, puerperal sepsis and the complications of incomplete and unsafe abortions should form the basis for all maternal and newborn care packages. All EmONC facilities should be as accessible as possible.

PART 3

SURVEY FINDINGS FOR AVAILABILITY OF COMMODITIES AND SERVICES

3.1 General information about the facilities

3.1.1 Geographic distribution of facilities

Like for previous surveys, the 2017 facility assessment considers the three broad categories of health facilities offering health services across the country. These are:

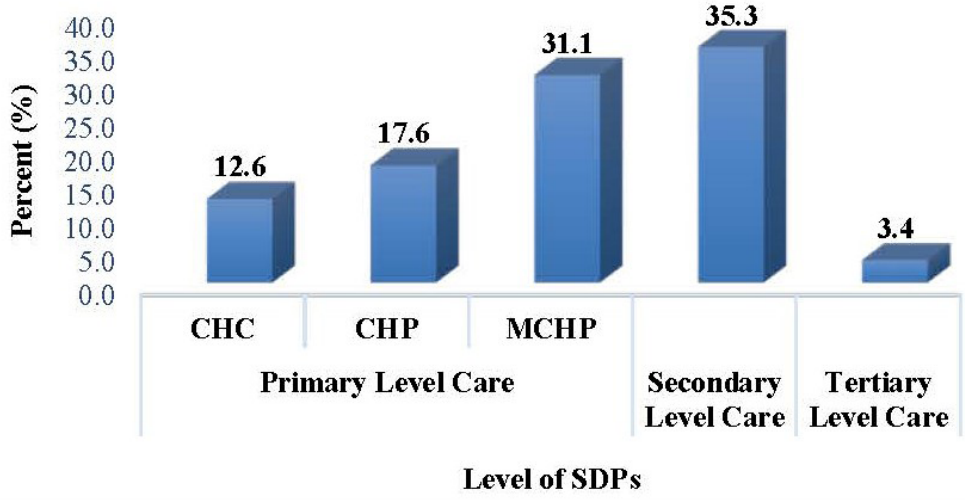
a) Primary level care - is the first level healthcare consisting of peripheral health units (PHUs) that comprise maternal and child health posts (MCHP), community health posts (CHP) and community health centers (CHC);

b) Secondary level care – include the district hospitals and other non-teaching hospitals located within the districts and urban towns;

c) Tertiary level care - include regional/national referral hospitals. They are also known as teaching hospitals.

Figure 2 shows the classification of health facilities based on sample SDPs. Of the health facilities surveyed, the primary level care SDPs are in majority (61.3 percent); with secondary level care around one-third (31.1 percent) and barely 3.4 percent tertiary level care. The majority of the primary level care facilities are Maternal & Child Health Post (MCHP) at 31.1 percent. The representation of the different levels of facilities almost remain the same as in 2016.

Figure 2: Classification of health facilities



Geographic distribution of health facilities highpoints regional, district and residence (rural/ urban) of the SDPs. Out of 116 health facilities surveyed, Northern region holds higher proportion (34.5 percent) of health facilities, followed by the Southern region (26.9 percent), Eastern region (21.8 percent) and then Western Area, the least proportion at 16.8 percent. Northern region has higher concentration of primary and secondary level care facilities. The existence of primary level care facilities is least in Western Area (9.6 percent) whilst Eastern region accounts for the least proportion of secondary level care facilities (16.7 percent). District analysis indicates that Western Area Urban has far more secondary level care health facilities (26.2 percent) than any other district. Whereas Kono, Koinadugu, Pujehun and Western Area Rural account for the least proportion at 2.4 percent, each. The distribution of health facilities by categories and administrative units is presented in Table 3.1.1.

Table 3.1.1: Distribution of health facilities by category and administrative unit_2018

Administrative units (Region & District)	Level of health facilities			
	Tertiary Level Care	Secondary Level Care	Primary Level Care	Total
Eastern Region	24.7%	16.7%	25.0%	21.8%
Kailahun	6.8%	7.1%	0.0%	6.7%
Kenema	9.6%	7.1%	25.0%	9.2%
Kono	8.2%	2.4%	0.0%	5.9%
Northern Region	37.0%	31.0%	25.0%	34.5%
Bombali	8.2%	7.1%	25.0%	8.4%
Kambia	5.5%	4.8%	0.0%	5.0%
Konadugu	5.5%	2.4%	0.0%	4.2%
Port Loko	9.6%	9.5%	0.0%	9.2%
Tonkolili	8.2%	7.1%	0.0%	7.6%
Southern Region	28.8%	23.8%	25.0%	26.9%
Bo	11.0%	7.1%	25.0%	10.1%
Bonthe	4.1%	9.5%	0.0%	5.9%
Moyamba	8.2%	4.8%	0.0%	6.7%
Pujehun	5.5%	2.4%	0.0%	4.2%
Western Area	9.6%	28.6%	25.0%	16.8%
Western Area Rural	4.1%	2.4%	0.0%	3.4%
Western Area Urban	5.5%	26.2%	25.0%	13.4%
Total	100.0%	100.0%	100.0%	100.0%

** Regional and district total*

Geographic distribution of the health facilities by rural and urban residence displayed in Table 3.1.2 portrays greater proportion of primary level care health facilities are located in rural areas. Secondary and tertiary level care facilities are mainly located in urban areas.

Table 3.1.2: Distribution of health facilities by category and residence

Residence	Level of health facilities			
	Primary Level Care	Secondary Lev-el Care	Tertiary Level Care	Total
Rural	84.2%	23.1%	0.0%	61.3%
Urban	11.8%	84.6%	100.0%	38.7%
Total	100.0%	100.0%	100.0%	100.0%

3.1.2 Management of facilities

The health sector in Sierra Leone is primarily managed by government (and its institutions)[18], with few being established and managed by private sector, faith-based organizations (FBOs) and non-governmental organizations (NGOs). Table 3.1.3 gives management of health facilities. Evidently, the majority of the health facilities (77.3 percent) are managed by government, 11.8 percent are managed by FBOs, 7.6 percent are privately managed and 3.4 percent are managed by NGOs. Government health facilities are supervised by the respective District Health Management Teams (DHMTs) under the leadership of District Medical Officer (DMOs). The DHMTs are responsible for planning, implementation, coordination, monitoring and evaluating the district health services whereas the Medical Officers in-charge of the district hospitals work with ex-officio members of various programs, projects and units as part of the DHMT. The private health facilities are supervised by their individual owners/proprietors and/or Boards of Directors. The private sector delivers services mainly in curative care on profit-making. Therefore, they are found mainly in urban localities where they get patronage from members of households/individuals with high socio-economic status. Whilst FBOs and NGOs health facilities are operated on non-profit making but on humanitarian grounds.

Table 3.1.3: Management of health facilities

Residence	Level of health facilities			
	Primary Level Care	Secondary Lev-el Care	Tertiary Level Care	Total
Faith-based	1.4%	31.0%	0.0%	11.8%
Government	97.3%	40.5%	100.0%	77.3%
NGO	0.0%	9.5%	0.0%	3.4%
Private	1.4%	19.0%	0.0%	7.6%
Total	100.0%	100.0%	100.0%	100.0%

18 Government institutions managing health facilities are the Police and Military forces. The forces have health facilities at their locations to provide appropriate health services for their staff and families.
19 Op. cit., Government of Sierra Leone – National Health Sector Strategic Plan (2010-2015), Ministry of Health and Sanitation, Freetown; November 2009: p.5.

3.1.3 Distance of SDPs from source of supplies

Table 3.1.4 shows distribution of SDPs by distance (in kilometer) from nearest warehouses where they get supplies. Survey results suggest that secondary and tertiary facilities are mostly closer to their source of supplies (warehouse) than primary health facilities. Up to 59.5 percent of secondary health facilities and 100.0 percent of tertiary health facilities are less than 10 kilometers to the nearest warehouse; whilst just 21.9 percent of primary facilities are less than the distance (10 kilometers) to their warehouse. It is obvious that distance of health facilities, coupled with poor roads, from the nearest warehouse could adversely have effect on availability of supplies to the facilities. This is explicitly so in rural areas where distance could place a barrier to healthcare and related services; and thus, makes worse standards, availability and accessibility of the services [20].

Table 3.1.4: Distribution of health facilities by distance (in km) from nearest warehouse/source of supply

Distance (in km)	Level of health facilities			
	Primary Level Care	Secondary Lev-el Care	Tertiary Level Care	Total
0-4	15.1%	45.2%	75.0%	27.7%
5-9	6.8%	14.3%	25.0%	10.1%
10-14	2.7%	7.1%	0.0%	4.2%
15-19	8.2%	4.8%	0.0%	6.7%
20-24	4.1%	2.4%	0.0%	3.4%
25-29	6.8%	0.0%	0.0%	4.2%
30-34	4.1%	0.0%	0.0%	2.5%
35-39	1.4%	2.4%	0.0%	1.7%
40-44	8.2%	0.0%	0.0%	5.0%
45-49	2.7%	0.0%	0.0%	1.7%
50 & above	39.7%	23.8%	0.0%	32.8%
Total	100.0%	100.0%	100.0%	100.0%

3.2 Offering of modern contraceptive methods based on requirement of national guidelines, protocols and/or laws

Provision of modern contraceptive methods was principally investigated at health facilities that offer family planning services in line with national guidelines, protocols and/or laws. Survey results evidence that 87.4 percent of health facilities are providing family planning (FP) services in 2017. The provision of FP services is less than survey results in 2016 and 2015 with values of 91.4 percent and 91.0 percent, respectively. It was discovered that all tertiary level care facilities are providing FP services whereas 95.9 percent of primary level care facilities and 71.4 percent of secondary level care facilities are providing the services.

20 Ib. id., p.20.

Furthermore, provision of modern contraceptive methods on regular basis was investigated for SDPs that are supposed to offer methods on requirement of national protocols, guidelines and/or laws. Findings revealed oral pills, male condom and injectables are still the most common modern contraceptives regularly offered to clients at SDPs in line with national protocols, guidelines and/or laws; recorded at 93.3 percent, 92.3 percent and 91.3 percent; respectively. Next popular are implants (81.7 percent) and emergency contraception (80.8 percent). Female condom and IUD happen to be less popular modern contraceptive methods; accounted by 61.5 percent and 55.1 percent of SDPs providing them. Comparatively, sterilizations for females and males (which are only provided at secondary and tertiary level care SDPs) are far less popular at 16.0 percent and 7.5 percent, respectively. It was discovered that secondary SDPs are fairly less providing some contraceptive methods especially female condoms, oral pills, injectables and emergency contraception compared to the other SDPs (primary and tertiary). Offering of male condom is exceptionally high at primary level care SDPs whilst secondary and tertiary level care SDPs account for higher provision of implants. Female condoms, oral pills, emergency contraception and IUDs are largely offered at tertiary SDPs.

Provision of all modern contraceptives is apparently higher in the urban areas than the rural areas; except for male condoms which was amazingly offered by more of rural SDPs (98.3 percent) than urban SDPs (93.8 percent). The reason could be that family planning seems to be more appreciated in the urban towns where residents could more likely be aware of the importance of modern contraceptives. Western Area accounts for the highest provision of six modern contraceptives (including injectables, emergency contraception, IUDs, implants and sterilizations for females and males) than the other regions. All SDPs in Southern region made available male condoms whereas female condoms and oral pills were mostly offered in Northern region. SDPs in Eastern region least offered modern contraceptives especially implants, female condoms, IUDs and sterilizations.

3.2.1 Offering of three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws

Table 3.2.1 presents percentage distribution of service delivery points offering at least three (3) modern contraceptive methods in line with national protocols, guidelines and/or laws. The number of SDPs that offer three and more modern contraceptives in line with national protocols, guidelines and/or laws was accounted for during the survey. Survey results revealed 94.2 percent of SDPs are offering at least three modern methods of contraceptives to their clients in line with national protocols, guidelines and/or laws. According to findings, 95.7 percent of primary SDPs are offering at least three modern methods of contraceptives to their clients in line with national protocols, guidelines and/or laws; slightly higher by 2.5 percent than survey results in 2016 but 2.8 percent less results in 2015 (98.5 percent). Whilst all tertiary SDPs (100 percent) are offering at least three methods, 90.0 percent of secondary SDPs do offer at least three methods.

Table 3.2.1: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by type of facility

Type of facility	Percentage		
	Offering at least three [3] modern contracep-tive methods	Not offering at least three [3] modern con-traceptive methods	Total
Primary Level Care	95.7%	4.3%	100.0%
Secondary Level Care	90.0%	10.0%	100.0%
Tertiary Level Care	100.0%	0.0%	100.0%
Total	94.2%	5.8%	100.0%

Regional analysis shows Eastern and Northern regions have SDPs (100 percent) offering at least three modern contraceptives in line with national protocols, guidelines and/or laws. Southern region and Western Area account for 86.2 percent and 88.2 percent of SDPs, respectively, offering at least three modern contraceptive methods. Table 3.2.2 presents percentage distribution of service delivery points offering at least three modern contraceptive methods in line with national protocols, guidelines and/or laws by region.

Table 3.2.2: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Offering at least three (3) modern contracep-tive methods	Not offering at least three (3) modern con-traceptive methods	Total
Eastern	100.0%	0.0%	100.0%
Northern	100.0%	0.0%	100.0%
Southern	86.2%	13.8%	100.0%
Western Area	88.2%	11.8%	100.0%
Total	94.2%	5.8%	100.0%

Distribution by district shows SDPs in eleven (11) districts are universally (100 percent) offering three or more modern contraceptive methods in line with national protocols, guidelines and/or laws; registering. Offering three or more modern contraceptive methods is below 100 percent in three (3) districts: 60.0 percent in Pujehun, 81.8 percent in Bo and 85.7 percent in Western Urban.

The rural/urban distribution in Table 3.2.3 reveals that slightly more SDPs in urban areas (95.5 percent) than those in rural areas (91.9 percent) are offering at least three methods of modern contraceptive methods.

Table 3.2.3: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by urban/rural residence

Residence	Percentage		
	Offering at least three [3] modern contracep-tive methods	Not offering at least three [3] modern con-traceptive methods	Total
Rural	95.5%	4.5%	100.0%
Urban	91.9%	8.1%	100.0%
Total	100.0%	0.0%	100.0%

Table 3.2.4 shows percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by management of facility. Only NGOs have all their SDPs (100.0 percent) offering at least three modern contraceptive methods in line with national protocols, guidelines and/or laws. However, at 95.6 percent, government-owned SDPs to outperform those of private and faith-based which accounted for 80.0 percent and 83.3 percent, respectively.

Table 3.2.4: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by management of facility

Management of facility	Percentage		
	Offering at least three [3] modern contracep-tive methods	Not offering at least three [3] modern con-traceptive methods	Total
Faith-based	83.3%	16.7%	100.0%
Government	95.6%	4.4%	100.0%
NGO	100.0%	0.0%	100.0%
Private	80.0%	20.0%	100.0%
Total	94.2%	5.8%	100.0%

Surprisingly, coverage of three and more modern contraceptives in line with national protocols, guidelines and/or laws for primary SDPs was seemingly found to be unrelated to distance of the SDPs from the nearest warehouse/source of supplies. SDPs farther away and likewise those nearer (around 10 km) to source of supplies did offer three and more modern contraceptives as shown in Table 3.2.5. Possibly, availability could be one issue for the provision of modern contraceptives; whenever available these SDPs do provide the required three or more modern contraceptives to clients regardless of distance from source of supplies.

Table 3.2.5: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least three (3) modern contracep-tive methods	Not offering at least three (3) modern con-traceptive methods	Total
0-4	91.7%	8.3%	100.0%
5-9	80.0%	20.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	100.0%	0.0%	100.0%
20-24	100.0%	0.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	100.0%	0.0%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	100.0%	0.0%	100.0%
50 and above	97.2%	2.8%	100.0%
Total	94.2%	5.8%	100.0%

3.2.2 Offering of five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws

Percentage distribution of service delivery points offering at least five modern contraceptive methods by type of facility is given in Table 3.2.6. Computation takes into account the number of SDPs that offer five and more modern contraceptives in line with national protocols, guidelines and/or laws was considered during the survey. It was surprising to note that primary SDPs fairly performed better than SDPs at the other two levels. Whilst 78.6 percent of primary SDPs are offering at least five modern contraceptive methods to their clients in line with national protocols, guidelines and/or laws; exactly three-quarters of secondary SDPs and less of tertiary SDPs (73.3 percent) do offer at least the five methods of contraceptive. Findings from the survey show 73.5 percent of secondary and tertiary SDPs (combined) are offering at least five modern contraceptive methods; indicating a reduction in the indicator measure by 2.3 percent and 8.7 percent compared to survey results in 2016 (75.8 percent) and 2015 (84.5 percent); respectively.

Table 3.2.6: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws by type of facility

Type of Facility	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
Primary Level Care	78.6%	21.4%	100.0%
Secondary Level Care	73.3%	26.7%	
Tertiary Level Care	75.0%	25.0%	100.0%
Total	76.9%	23.1%	100.0%

Regional analysis shows only in Eastern region are all SDPs (100 percent) offering at least five modern contraceptive methods in line with national protocols, guidelines and/or laws. Northern and Southern regions accounted for 83.3 percent and 72.4 percent of SDPs, respectively, offering at least five modern contraceptive methods. Western Area had just 41.2 percent of SDPs (least) offering at least five modern contraceptive methods. Table 3.2.7 presents percentage distribution of service delivery points offering at least five modern contraceptive methods by region.

Table 3.2.7: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Offering at least five [5] modern contracep-tive methods	Not offering at least five [5] modern contra-ceptive methods	Total
Primary Level Care	78.6%	21.4%	100.0%
Secondary Level Care	73.3%	26.7%	
Tertiary Level Care	75.0%	25.0%	100.0%
Total	76.9%	23.1%	100.0%

As disaggregated by district, eight (8) districts registered 100 percent of SDPs offering at least five modern contraceptive methods in line with national protocols, guidelines and/or laws. In three districts (Bo, Bombali, Koinadugu), coverage of the indicator is 50-80 percent whilst the two districts in Western Area had below 50 percent of SDPs offering at least five modern contraceptive methods. No SDP in one district (Pujehun) had achieved the indicator.

Evidently, rural/urban residence distribution shows SDPs in rural areas (82.1 percent) are noticeably offering at least five modern contraceptives in line with national protocols, guidelines and/or law than those in urban areas (67.7 percent). The percentage distribution of service delivery points offering at least five modern contraceptive methods by urban/rural residence is given in Table 3.2.8.

Table 3.2.8: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws by urban/rural residence

Residence	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contra-ceptive methods	Total
Rural	82.1%	17.9%	100.0%
Urban	67.6%	32.4%	100.0%
Total	76.9%	23.1%	100.0%

Findings from the survey revealed over three-quarters of SDPs (78.9 percent) managed by government are offering at least five modern contraceptive methods in line with national protocols, guidelines and/or laws as Table 3.2.9 indicates. Faith-based organizations account for two-thirds of their SDPs offering at least five modern contraceptive methods and private proprietors register for just 40.0 percent of SDPs. Exceptionally, all SDPs managed by NGOs had fulfilled the indicator.

Table 3.2.9: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws by management of facility

Management of facility	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contra-ceptive methods	Total
Faith-based	66.7%	33.3%	100.0%
Government	78.9%	21.1%	100.0%
NGO	100.0%	0.0%	100.0%
Private	40.0%	60.0%	100.0%
Total	76.9%	23.1%	100.0%

It seems that coverage of five and more modern contraceptives at SDPs in line with national protocols, guidelines and/or laws hardly have linkage with distance of the SDPs from the nearest warehouse/source of supplies. For instance, less SDPs closer to warehouse of supplies (less than 10 km) than those farther away (more than 10 km) tend to provide five and more modern contraceptives as shown in Table 3.2.10.

Table 3.2.10: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods in line with national protocols, guidelines and/or laws by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contra-ceptive methods	Total
0-4	62.5%	37.5%	100.0%
5-9	50.0%	50.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	75.0%	25.0%	0.0%
20-24	50.0%	50.0%	0.0%
25-29	100.0%	0.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	0.0%
40-44	100.0%	0.0%	0.0%
45-49	50.0%	50.0%	0.0%
50 and above	91.7%	8.3%	100.0%
Total	76.9%	23.1%	100.0%

3.2.3 Reasons for not offering certain contraceptives on requirement of national guidelines, protocols and/or laws

SDPs that were asked to give reasons for not offering modern contraceptives they are supposed to offer in line with the national guidelines, protocols and laws. The most common reasons stated by SDPs for not offering all modern contraceptives were delay on the part of institutions/ warehouses to re-supply them and no/low demand from clients. For instance, female clients mostly tend to prefer the male condoms saying that the female condoms are difficult to use compared to the former. Where they are used, supply was reportedly low and restocking is often delayed. Again, low client demand for long term and permanent modern contraceptives could be possibly due to fear for side effects that may occur.

On a low rate, lack of equipment as well as lack of expert/trained personnel are other reasons for not offering IUDs, implants and sterilisations for males and females at some SDPs. Although efforts have been made by RH/FPD to train staff for handling IUDs and implants, quite a number of SDPs are still lacking trained staff to handle these contraceptives. See Annex 1 for highlights of main reasons for not offering certain contraceptives.

3.3 Offering of modern contraceptive methods regularly as part of the SDP's normalservice delivery

In addition to SDPs providing modern contraceptive methods on the requirement of national protocols, guidelines and/or laws; the 2017 UNFPA Supplies survey also focuses on offering or provision of modern contraceptive methods regularly as part of SDPs' normal service delivery process. Subsequently, the survey investigated SDPs' offering of modern contraceptive methods as part of their regular and normal service delivery process.

Nationally, survey results evidence slightly more SDPs are offering three modern contraceptive methods as part of their regular and normal service delivery process. The methods include oral pills (92.5 percent), injectables (85.8 percent) and IUDs (20.8 percent) . Yet, it was discovered that fewer SDPs are comparatively offering female condoms (50.9 percent), emergency contraception (52.8 percent) and implants (57.5 percent). Surprisingly, primary level SDPs were found offering those modern contraceptives (sterilizations for female and male) as part of their regular and normal service delivery process even though these SDPs are not required to offer them. Amazingly, SDPs maintained provision of male condoms for both perspectives.

The provision of modern contraceptives by SDPs as part of their regular and normal service delivery process by residence follow similar trend based on requirement of national protocols, guidelines and/or laws in that it is apparently higher for all modern contraceptive methods in the urban areas than the rural areas; except for male condoms. Western Area registered the largest proportion of its SDPs offering five modern contraceptives (including emergency contraception, IUDs, implants and sterilizations for females and males) than the other regions. All SDPs in Southern region were observed to offer male condoms and oral pills with overwhelming offering of injectables whilst female condoms were prevalently offered in Northern region. Eastern region accounted the least of SDPs providing modern contraceptives especially injectables, implants, emergency contraception, female condoms, IUDs and female sterilization.

3.3.1 Offering of three [3] modern contraceptive methods as part of the SDP regular and normal service delivery

Here, the number of all SDPs that offer three and more modern contraceptive methods as part of their regular and normal service delivery process was considered. Table 3.3.11 presents percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDP regular and normal service delivery. Results are very similar for all parameters as in the case of results requirement of national protocols, guidelines and/or laws. Findings revealed 94.2 percent of SDPs are offering at least three modern methods of contraceptives to their clients as part of SDP regular and normal service delivery process. Also 95.7 percent of primary SDPs are offering at least three modern methods of contraceptives as part of SDP regular and normal service delivery process. Whereas 90.0 percent and 100.0 percent of secondary SDPs and tertiary SDPs, respectively, are offering at least the three modern methods.

Table 3.3.11: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDPs regular and normal service delivery by type of facility

Type of Facility	Percentage		
	Offering at least three [3] modern contracep-tive methods	Not offering at least three [3] modern contra-ceptive methods	Total
Primary Level Care	95.7%	4.3%	100.0%
Secondary Level Care	90.0%	10.0%	100.0%
Tertiary Level Care	100.0%	0.0%	100.0%
Total	94.2%	5.8%	100.0%

Distribution by region shows Eastern and Northern regions account for all SDPs (100 percent) offering at least three modern contraceptives as part of SDPs regular and normal service delivery. Consistently, Western Area registered 88.2 percent of its SDPs offering at least three modern contraceptive methods and Southern region 86.2 percent (least). Table 3.3.12 shows percentage distribution of service delivery points offering at least three modern contraceptive methods as part of SDPs regular and normal service delivery by region.

Table 3.3.12: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDPs regular and normal service delivery by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Offering at least three [3] modern contracep-tive methods	Not offering at least three [3] modern contra-ceptive methods	Total
Eastern	100.0%	0.0%	100.0%
Northern	100.0%	0.0%	100.0%
Southern	86.2%	13.8%	100.0%
Western Area	88.2%	11.8%	100.0%
Total	94.2%	5.8%	100.0%

When disaggregated by district, eleven (11) districts have all SDPs (100 percent) offering at least three modern contraceptive methods as part of regular and normal service delivery process. The remaining three districts have below 100 percent of SDPs fulfilling the indicator: Pujehun had 60.0 percent, Bo 81.8 percent and Western Urban 85.7 percent.

Rural/urban residence distribution registers slightly more SDPs in rural areas (95.5 percent) than those in urban areas (91.9 percent) offering at least three modern contraceptives as part of their regular and normal service delivery. The percentage distribution of service delivery points offering at least three modern contraceptive methods as part of SDP's regular and normal service delivery by urban/rural residence is shown in Table 3.3.13.

Table 3.3.13: Percentage distribution of service delivery points offering at least three [3] modern con-traceptive methods as part of SDPs regular and normal service delivery by urban/rural residence

Residence	Percentage		
	Offering at least three (3) modern contracep-tive methods	Not offering at least three (3) modern contraceptive methods	Total
Rural	95.5%	4.5%	100.0%
Urban	91.9%	8.1%	100.0%
Total	94.2%	5.8%	100.0%

Survey results evidence all SDPs of NGOs are offering at least three modern contraceptive methods as part of their regular and normal service delivery. Closely following are government SDPs (95.6 percent). Faith-based accounted for 83.3 percent and private 80.0 percent. Table 3.3.14 presents percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDP regular and normal service delivery by management of facility.

Table 3.3.14: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDP regular and normal service delivery by management of facility

Management of facility	Percentage		
	Offering at least three (3) modern contraceptive methods	Not offering at least three (3) modern contraceptive methods	Total
Faith-based	83.3%	16.7%	100.0%
Government	95.6%	4.4%	100.0%
NGO	100.0%	0.0%	100.0%
Private	80.0%	20.0%	100.0%
Total	94.2%	5.8%	100.0%

With regards to distance of the SDPs from the nearest warehouse/source of supplies, it is surprising to note that as much SDPs farther away from nearest institution/warehouse as those closer to it are offering at least three modern contraceptive methods as part of their regular and normal service delivery. This is an indication that provision of at least three modern contraceptive methods as part on account of regular and normal service delivery is not linked to the distance of the SDPs as Table 3.3.15 presents.

Table 3.3.15: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDP's regular and normal service delivery by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contra-ceptive methods	Total
0-4	91.7%	8.3%	100.0%
5-9	80.0%	20.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	100.0%	0.0%	100.0%
20-24	100.0%	0.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	100.0%	0.0%	100.0%
35-39	50.0%	50.0%	100.0%

Table 3.3.15: Percentage distribution of service delivery points offering at least three [3] modern contraceptive methods as part of SDP's regular and normal service delivery by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
40-44	100.0%	0.0%	100.0%
45-49	100.0%	0.0%	100.0%
50 and above	97.2%	2.8%	100.0%
Total	94.2%	5.8%	100.0%

3.3.2 Offering of five [5] modern contraceptive methods as part of the SDP's regular and normal service delivery

Table 3.3.16 shows percentage distribution of service delivery points offering at least five modern contraceptive methods as part of SDPs regular and normal service delivery. Results suggest 78.8 percent of SDPs are offering of at least five (5) modern contraceptive methods as part of their regular and normal service delivery; slightly higher than results based on the requirement of national guidelines, protocols and/or laws (76.9 percent). The implication is that some SDPs are offering at least five modern contraceptive methods that they are not supposed to offer. Analysis by facility level indicates slightly more secondary SDPs (80.0 percent) than SDPs at primary level (78.6 percent) and tertiary level (75.0 percent) are offering at least five modern contraceptive methods as part of their regular and normal service delivery. When combined, 79.4 percent of secondary and tertiary SDPs are offering at least the five modern contraceptive methods.

Table 3.3.16: Percentage distribution of service delivery points offering at least five [5] modern contra-ceptive methods as part of SDPs regular and normal service delivery by type of facility

Type of Facility	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
Primary Level Care	78.6%	21.4%	100.0%
Secondary Level Care	80.0%	20.0%	100.0%
Tertiary Level Care	75.0%	25.0%	100.0%
Total	78.8%	21.2%	100.0%

Regional analysis shows only Eastern region have all SDPs (100 percent) offering at least five modern contraceptive methods as part of regular and normal service delivery. Northern and Southern regions registered 83.3 percent and 79.3 percent; respectively. At 41.2 percent, Western Area had least achieved the indicator. Table 3.3.17 presents percentage distribution of service delivery points offering at least five [5] modern contraceptive methods as part of SDPs regular and normal service delivery by region.

Table 3.3.17: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods as part of SDPs regular and normal service delivery by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
Eastern	100.0%	0.0%	100.0%
Northern	83.3%	16.7%	100.0%
Southern	79.3%	20.7%	100.0%
Western Area	41.2%	58.8%	100.0%
Total	78.8%	21.2%	100.0%

Analysis by district indicates seven (7) districts have all SDPs (100 percent) offering at least five modern contraceptive methods as part of regular and normal service delivery. Four districts (Bo, Bombali, Koinadugu, Port Loko) accounted for 50-81 percent of the indicator whilst the remaining three districts (Pujehun, Western Rural and Western Urban) recorded below 50 percent, Pujehun registering least (20 percent).

Surprisingly, more SDPs in rural areas (79.3 percent) than those in urban areas (41.2 percent) had offered at least five modern contraceptives as part of their regular and normal service delivery according to survey results. Table 3.2.18 shows percentage distribution of service delivery points offering at least five modern contraceptive methods as part of regular and normal service delivery by urban/rural residence.

Table 3.3.18: Percentage distribution of service delivery points offering at least five [5] modern con-traceptive methods as part of SDPs regular and normal service delivery by urban/rural residence

Residence	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
Rural	79.3%	20.7%	100.0%
Urban	41.2%	58.8%	100.0%
Total	78.8%	21.2%	100.0%

Findings revealed all SDPs managed by NGOs are offering at least five modern contraceptive methods as part of their regular and normal service delivery. Whilst government SDPs accounted for 80.0 percent satisfying the indicator, faith-based and private ones registered less; 66.7 percent and 60.0 percent, respectively. Table 3.3.19 shows percentage distribution of service delivery points offering at least five modern contraceptive methods as part of SDP's regular and normal service delivery by management of facility.

Table 3.3.19: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods as part of SDPs regular and normal service delivery by management of facility

Management of facility	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
Faith-based	66.7%	33.3%	100.0%
Government	80.0%	20.0%	100.0%
NGO	100.0%	0.0%	100.0%
Private	60.0%	40.0%	100.0%
Total	78.8%	21.2%	100.0%

Like in previous section, it looks that coverage of five and more modern contraceptives as part of SDPs regular and normal service delivery have no connection with distance of the SDPs from the nearest warehouse/source of supplies. Less SDPs closer to warehouse of supplies (less than 10 km) than some farther away (10 or more km) were observed to have provided five and more modern contraceptives as Table 3.3.20 indicates.

Table 3.3.20: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods as part of SDP's regular and normal service delivery by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
0-4	70.8%	29.2%	100.0%
5-9	50.0%	50.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	75.0%	25.0%	100.0%
20-24	50.0%	50.0%	100.0%
25-29	100.0%	0.0%	100.0%

Table 3.3.20: Percentage distribution of service delivery points offering at least five [5] modern contraceptive methods as part of SDP's regular and normal service delivery by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Offering at least five [5] modern contraceptive methods	Not offering at least five [5] modern contraceptive methods	Total
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	91.7%	8.3%	100.0%
Total	78.8%	21.2%	100.0%

3.3.3 Reasons for not offering certain contraceptives as part of regular and normal service delivery

Reasons for DPs not offering certain contraceptive methods as part of their regular and normal service delivery were observed quite similar to reasons mentioned in previous section on the requirement of national guidelines, protocols and laws.

3.4 Availability of maternal and Reproductive Health (RH) medicines

3.4.1 Maternal and RH medicines available by types of facilities

Around 93.3 percent of health facilities surveyed in 2017 are providing maternal and reproductive health services (including delivery services) nationally; down by 1.8 percent of results in 2016. The provision of maternal health services was found universal (100 percent) in tertiary SDPs but slightly less for primary SDPs (93.2 percent) and secondary (92.9%) SDPs.

For health facilities providing maternal and reproductive health (RH) services, respondents were asked to indicate the availability of the various maternal/RH medicines that SDPs are supposed/expected to provide with respect to the national guidelines, protocols and/or laws for the provision of maternal/RH medicines. The survey investigated seventeen (17) maternal/RH medicines recommended by World Health Organization (WHO) and physical inventory was taken to confirm availability of the medicines in question. Availability of maternal/RH medicines at health facilities is significance in that they can contribute to the prevention of maternal and neonatal morbidity and mortality. The use of these medicines help to reduce the incidence of life-threatening diseases as well as complications from pregnancy and childbirth including pneumonia, tetanus, postpartum haemorrhage, neonatal and maternal sepsis, severe pre-eclampsia and eclampsia; and the management of preterm labour, abortion and miscarriage. Ideally, all SDPs providing maternal health services should have available the appropriate maternal/RH medicines at all times.

Although, majority of SDPs are providing maternal health services, yet availability of most maternal/RH medicines at the time of the survey was notably low at health facilities in 2017; even lower than 2016. Nationally, only six maternal/RH medicines were available in 82-93 percent of SDPs and less than 80 percent for the rest of the other maternal/RH medicines.

Amazingly, secondary SDPs were seen better-off with availability of all maternal/RH medicines; except mifepristone being seen in just 16.7 percent of the SDPs. At least 50 percent of tertiary SDPs were found to have fourteen maternal/RH medicines available; one-quarter had ampicillin but none were found to possess cefixime and mifepristone. Appallingly, less than 50 percent of primary SDPs had eight maternal/RH medicines. Obviously, non-availability of maternal medicines at these SDPs can have severe negative repercussions for maternal and neonatal health in the country.

Though, magnesium sulphate and oxytocin (the two mandatory medicines) were remarkably available at all SDPs, with at least 75 percent of SDPs have available each of these medicines; there is need for improvement in the provision of most maternal/RH medicines especially at primary SDPs. This will help those SDPs to be able to handle maternal and reproductive health effectively. Percentage distribution of service delivery points with any maternal/RH medicine available is outlined in Table 6.182 of Annex 1.

3.4.2 Availability of seven essential life-saving maternal and RH medicines

Regarding availability of essential life-saving maternal and RH medicines, the key country level outcome indicator of the 2016 GPRHCS survey is the 'percentage of SDPs with seven (7) lifesaving maternal/reproductive health medicines (including two mandatory medicines: magnesium sulfate and oxytocin) available'. Ideally, the availability of the 'two mandatory medicines' was emphasized; and that SDPs having seven medicines and more without both mandatory medicines were excluded for measuring the indicator. Data evidence that 65.8 percent of SDPs have seven lifesaving maternal/RH medicines (including 2 essential) available. This rate remains the same as 2016 results but down by 2.4 percent of survey results in 2015 (68.2 percent).

Table 3.4.21 shows percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by type of facility. Survey results indicate secondary SDPs are more likely to have available seven (including 2 mandatory) life-saving maternal/reproductive health medicines compared to primary and tertiary SDPs. Primary SDPs recorded least availability of the seven life-saving maternal/reproductive health medicines at 55.9 percent.

Table 3.4.21: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by type of facility

Type of Facility	Percentage		
	Seven (including 2 essential) life-saving maternal/reproductive health medicines available	Seven (including 2 essential) life-saving maternal/reproductive health medicines not available	Total
Primary Level Care	55.9%	44.1%	100.0%
Secondary Level Care	82.1%	17.9%	100.0%
Tertiary Level Care	75.0%	25.0%	100.0%
Total	65.8%	34.2%	100.0%

At regional level, Southern region have slightly higher index with 71.0 percent of SDPs having seven (including 2 essential) lifesaving maternal/RH medicines available. Corresponding values for Northern, Western Area and Eastern regions are 69.2 percent, 64.7 percent and 54.2 percent; respectively. Table 3.4.22 shows percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by administrative unit (region).

Table 3.4.22: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Seven (including 2 essential) life-saving maternal/reproductive health medicines available	Seven (including 2 es-sential) life-saving ma-ternal/reproductive health medicines not available	Total
Eastern	54.2%	45.8%	100.0%
Northern	69.2%	30.8%	100.0%
Southern	71.0%	29.0%	100.0%
Western Area	64.7%	35.3%	100.0%
Total	65.8%	34.2%	100.0%

District analysis noted only Kambia registered 100 percent of its SDPs having seven (including 2 essential) lifesaving maternal/RH medicines available. Five districts (Bonthe, Pujhun, Bombali, Port Loko and Kono) accounted for 80 percent and above availability; and four districts (Kenema, Bo, Moyamba and Western Area Urban) had between 50 and 79 percent availability. Three districts (Koinadugu, Tonkolili and Kailahun) recorded below 50 percent whereas no SDP in Western Area Rural could fulfil the indicator.

Table 3.4.23 highlights percentage distribution of service delivery points with seven (including two essential) lifesaving maternal/reproductive health medicines available by urban/rural residence. Survey results revealed more urban SDPs (79.1 percent) than those in rural areas (57.4 percent) have seven (including 2 essential) lifesaving maternal/RH medicines available.

Table 3.4.23: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by urban/rural residence

Residence	Percentage		
	Seven (including 2 essential) life-saving maternal/reproductive health medicines available	Seven (including 2 es-sential) life-saving ma-ternal/reproductive health medicines not available	Total
Rural	57.4%	42.6%	100.0%
Urban	79.1%	20.9%	100.0%
Total	65.8%	34.2%	100.0%

Regarding management type of facilities, government-owned SDPs had the least coverage (62.5 percent) of seven (including 2 essential) lifesaving maternal/RH medicines available. It was discovered that private-owned SDPs recorded highest coverage (85.7 percent). Table 3.4.24 outlines percentage distribution of service delivery points with seven (including two essential) lifesaving maternal/reproductive health medicines available by management of facility.

Table 3.4.24: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by management of facility

Management of facility	Percentage		
	Seven (including 2 essential) life-saving maternal/repro-ductive health medicines available	Seven (including 2 es-sential) life-saving ma-ternal/repro-ductive health medicines not available	Total
Faith-based	75.0%	25.0%	100.0%
Government	62.5%	37.5%	100.0%
NGO	75.0%	25.0%	100.0%
Private	85.7%	14.3%	100.0%
Total	65.8%	34.2%	100.0%

Data suggests availability of seven (including 2 essential) lifesaving essential maternal/RH medicines does not appear to be associated with distance of SDPs from nearest warehouse/source of supplies. SDPs which are located far away alike those closer the nearest source of supplies display similar coverage. For instance, whilst less SDPs closer to nearest warehouse (within 10-19 km) had seven lifesaving maternal/RH medicines; all SDPs within 30-44 km fulfil the indicator. Table 3.4.25 shows percentage distribution of service delivery points with seven (including two essential) life-saving maternal/reproductive health medicines available by distance from nearest warehouse/source of supplies.

Table 3.4.25: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Seven (including 2 es-sential) life-saving ma-ternal/repro-ductive health medicines avail-able	Seven (including 2 es-sential) life-saving maternal/repro-ductive health medicines not available	Total
0-4	71.4%	28.6%	100.0%
5-9	63.6%	36.4%	100.0%
10-14	25.0%	75.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	50.0%	50.0%	100.0%

Table 3.4.25: Percentage distribution of service delivery points with seven (including 2 essential) life-saving maternal/reproductive health medicines available by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Seven (including 2 essential) life-saving ma-ternal/repro-ductive health medicines avail-able	Seven (including 2 essential) life-saving maternal/repro-ductive health medicines not available	Total
25-29	80.0%	20.0%	100.0%
30-34	100.0%	0.0%	100.0%
35-39	100.0%	0.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	63.2%	36.8%	100.0%
Total	65.8%	34.2%	100.0%

3.4.3 Reasons for not offering certain lifesaving maternal/RH medicines

Reasons for SDPs not offering certain lifesaving maternal/RH medicines was also explored. According to the survey, delay on the part of warehouses to resupply maternal/RH medicines was prominently mentioned as the main reason for non-availability of all medicines to be offered to clients at the time of survey. Additionally, significant reasons for SDPs not offering somewhat many of the medicines was delay on their part to request for resupply when stocks are run out and low/ no client demand. Another reason stated for not offering some medicines was non-availability of some medicines in market; possibly for private and NGO facilities as they have to outsource from elsewhere most of the time. In fewer SDPs, Nifedipine and Cefixime (which are used for surgical services) in particular are unavailable due to lack of trained personnel. These medicines cannot be available at health facilities where there are no trained personnel that can utilize them.

3.5 Incidence of 'no stock-out' of modern contraceptive methods offered in line with national protocols, guidelines and/or laws

The incidence of 'no stock-out' of modern contraceptive methods is taken to mean a situation in which a family planning service delivery facility/point in a country does not run out of supplies of any one or more modern contraceptive methods at any point in time and therefore had supplies available to serve clients at all times. In 2017, the measurement of 'no stock-out' focuses on two perspectives based on: (i) methods that the service delivery points are expected/supposed to provide to clients in line with national protocols, guidelines and/laws); and, (ii) methods regularly provided by the SDPs (irrespective of the requirement by national protocols, guidelines and/or laws) as normal service delivery process. Both these perspectives are measured with reference to the last three months and the day of the survey for which data was collected. This section discusses incidence of 'no stock-out' of modern contraceptive method in line with national protocols, guidelines and/laws with reference to the two-time periods.

3.5.1 'No stock-out' of any modern contraceptive method in the last three months

With regards to 'no stock-out' an important outcome indicator of the 2017 UNFPA Supplies survey is the "percentage of SDPs with 'no stock-out' of modern contraceptive methods in the last three months before the survey". This indicator determines the availability of modern contraceptive methods; thereby enhancing clients' access to the commodities across the country during the period under review. Data was collected with reference to August-October covering the last three months since the survey was conducted in November of the year. With respect to each of the modern contraceptive methods that SDPs are supposed/expected to provide in line with the current national protocols, guidelines and/or laws; the survey investigated whether there have been stock-out at the SDPs on any given day, within the last three months preceding the survey, and that contraceptives were therefore not available to offer to clients. No stock-out of modern contraceptive methods in the last three months preceding the survey is presented in Table 6.183 of Annex I.

According to data collected, 25.0 percent of SDPs had 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months; indicating incidence of 'stock out' at 75.0 percent overall. This is down by 1.4 percent of 2016 survey results (26.4 percent). At SDP-level, incidence of no stock-out of any modern contraceptive method was least at secondary SDPs (10.0 percent). Surprisingly, 'no stock-out' was slightly higher at primary SDPs; accounting for 31.4 percent whilst tertiary SDPs registered same as national rate (25.0 percent). Table 3.5.26 shows percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by type of facility.

Table 3.5.26: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by type of facility*

Type of facility	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock out']	Modern contraceptive method not in stock in the last 3 months ['stock out']	Total
Primary Level Care	31.4%	68.6%	100.0%
Secondary Level Care	10.0%	90.0%	100.0%
Tertiary Level Care	25.0%	75.0%	100.0%
Total	25.0%	75.0%	100.0%

**Include at least 5 for primary level care and 7 for secondary & tertiary levels care*

Regionally, Northern region appears to be better-off; registering 41.7 percent of SDPs with 'no stock-out' of any modern contraceptive method method offered in line with national protocols, guidelines and/or laws in the last three months before the survey. The other three regions had lower rates below the national rate; Eastern region registering abysmally lowest rate (4.5 percent) indicating grave concern. Table 3.5.27 presents percentage distribution of service delivery points with 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by region.

Table 3.5.27: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock out']	Modern contraceptive method not in stock in the last 3 months ['stock out']	Total
Eastern	4.5%	95.5%	100.0%
Northern	41.7%	58.3%	100.0%
Southern	24.1%	75.9%	100.0%
Western Area	17.6%	82.4%	100.0%
Total	25.0%	75.0%	100.0%

District-specific analysis shows 'no stock-out' situation of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months before the survey appallingly low in eight (8) districts below the national rate; worst-off are three districts (Kailahun, Kenema, Western Area Rural) demonstrating 100 percent of 'stock-out'. Two districts (Bombali, Kambia) maintain the national rate whilst four districts (Bo, Pujehun, Tonkolili, Port Loko) had 'no stock-out' of any modern contraceptive method in the last three months somewhat higher than the rate with Port Loko outstanding at 70.0 percent.

Table 3.5.28 presents percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by urban/rural residence. It is surprising to note that incidence of 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months before the survey for rural SDPs (32.8 percent) evidently outweighed the rate for SDPs in urban areas (10.8 percent).

Table 3.5. 28: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by urban/rural residence

Residence	Percentage		
	Seven (including 2 essential) life-saving maternal/repro-ductive health medicines available	Seven (including 2 es-sential) life-saving ma-ternal/repro-ductive health medicines not available	Total
Rural	32.8%	67.2%	100.0%
Urban	10.8%	89.2%	100.0%
Total	25.0%	75.0%	100.0%

Although low, it is somewhat encouraging that government-managed SDPs (where UNFPA supplies are concentrated) demonstrated high incidence of 'no stock-out' (slightly above national rate) of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months before the survey. SDPs of other proprietors had lower rates; worst-off are faith-based SDPs and those managed by NGOs showing 100 percent 'stock-out' as Table 3.5.29 shows.

Table 3.5.29: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by management of facility

Management of facility	Percentage		
	Seven (including 2 essential) life-saving maternal/reproductive health medicines available	Seven (including 2 es-sential) life-saving ma-ternal/reproductive health medicines not available	Total
Faith-based	0.0%	100.0%	100.0%
Government	27.8%	72.2%	100.0%
NGO	0.0%	100.0%	100.0%
Private	20.0%	80.0%	100.0%
Total	25.0%	75.0%	100.0%

Table 3.5.30 highlights percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies. Data suggests no linkage between distance of SDPs from nearest warehouses/sources of supplies and incidence of 'no stock-out' of modern contraceptives in the last three months before the survey as manifested by mixed of results. For instance, whilst SDPs located farther away sources of supplies (within 40-44 km) registered higher proportion of 'no stock-out' (66.7 percent) of any modern contraceptive in the last three months; facilities closer (within 0-4 km) recorded far less result at 4.5 percent.

Table 3.5.30: Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock out']	Modern contraceptive method not in stock in the last 3 months ['stock out']	Total
0-4	4.2%	95.8%	100.0%
5-9	40.0%	60.0%	100.0%
10-14	50.0%	50.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	25.0%	75.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	33.3%	66.7%	100.0%
35-39	0.0%	100.0%	100.0%

Table 3.5.30: Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock out']	Modern contraceptive method not in stock in the last 3 months ['stock out']	Total
40-44	66.7%	33.3%	100.0%
45-49	0.0%	100.0%	100.0%
50 and over	22.2%	77.8%	100.0%
Total	25.0%	75.0%	100.0%

3.5.2 'No stock-out' of three [3] modern contraceptive methods in the last three months

'No stock-out' of three or more methods offered in line with national protocols, guidelines and/or laws in the last three months preceding the survey was determined for service delivery facilities at the three levels (primary, secondary, tertiary). Table 3.5.31 presents percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by type of facility. Data suggests 80.8 percent of SDPs had 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months. Whilst all SDPs at tertiary level care experienced no stock-out of at least three modern contraceptive methods, primary SDPs registered 81.4 percent 'and secondary SDPs recorded 76.7 percent (least). The indicator measure at primary level care is however up by 6.1 percent compared to 2016 survey results (75.3 percent).

Table 3.5.31: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by type of facility

Type of facility	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Primary Level Care	66.7%	33.3%	100.0%
Secondary Level Care	0.0%	100.0%	100.0%
Tertiary Level Care	22.2%	77.8%	100.0%
Total	25.0%	75.0%	100.0%

Across the regions, Northern region had slightly more SDPs (91.7 percent) than the other regions that experienced 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in last three months before the survey. Western Area closely followed with 82.4 percent, Southern region 75.9 percent and then Eastern region 68.2 percent (least). Table 3.5.32 highlights percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by region.

Table 3.5.32: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Eastern	68.2%	31.8%	100.0%
Northern	91.7%	8.3%	100.0%
Southern	75.9%	24.1%	100.0%
Western Area	82.4%	17.6%	100.0%
Total	80.8%	19.2%	100.0%

District-level analysis demonstrates only four (4) districts had all SDPs overwhelmingly experienced (100 percent) 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months before the survey. Four (4) districts recorded above 80.0 percent 'no stock-out'; whilst the remaining six (6) districts had fulfilled the indicator between 55-79 percent.

Table 3.5.33 outlines percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by urban/rural residence. The incidence of 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months for rural SDPs is 7.9 percent higher than that of SDPs in urban areas (83.6 percent compared to 75.7 percent).

Table 3.5.33: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] mod-ern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by urban/rural residence

Residence	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Rural	83.6%	16.4%	100.0%
Urban	75.7%	24.3%	100.0%
Total	80.8%	19.2%	100.0%

Distribution by management type evidently shows all NGO SDPs (100 percent) experienced 'no stock-out' of at least three modern contraceptives offered in line with national protocols, guidelines and/or laws in the last three months before the survey. The incidence of 'no stock-out' occurred in 83.3 percent of government SDPs. It is relatively lower in faith-based and private SDPs that recorded 50.0 percent and 60.0 percent. Table 3.5.34 portrays percentage distribution of service delivery points with 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by management of facility.

Table 3.5.34: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by management of facility

Management of facility	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Faith-based	50.0%	50.0%	100.0%
Government	83.3%	16.7%	100.0%
NGO	100.0%	0.0%	100.0%
Private	60.0%	40.0%	100.0%
Total	80.8%	19.2%	100.0%

Percentage distribution of service delivery points with 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies is given in Table 3.5.35. There is hardly no linkage between distance of SDPs from nearest warehouses/sources of supplies and incidence of 'no stock out' of at least three modern contraceptives in the last three months before the survey. SDPs closer to sources of supplies as well as those farther away appears to experience similar 'no stock-out' situation of at least three modern contraceptive methods in the last three months.

Table 3.5.35: Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
0-4	79.2%	20.8%	100.0%
5-9	80.0%	20.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	75.0%	25.0%	100.0%
20-24	100.0%	0.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	77.8%	22.2%	100.0%
Total	80.8%	19.2%	100.0%

3.5.3 'No stock-out' of five [5] modern contraceptive methods in the last three months

Like in previous section (Section 3.5.2), 'no stock-out' situation of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months was related to service delivery facilities. Findings from the survey indicate that 'no stock-out' situation of at least five modern contraceptive methods in the last three months before the survey is generally low with just over one-third of SDPs (37.5 percent) had accounted for it; indicating that greater proportion of SDPs had stock-out of five and more methods within the period. Though, the rate is higher for tertiary SDPs registering 75.0 percent. Primary SDPs recorded the least rate at 31.4 percent; lower than the national rate. Put together, 50.0 percent of secondary and tertiary SDPs (combined) had got 'no stock-out' of at least five modern contraceptive methods in the last three months. Table 3.5.36 highlights percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by type of facility.

Table 3.5.36: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by type of facility

Type of facility	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in the last 3 months ['stock out']	Total
Primary Level Care	31.4%	68.6%	100.0%
Secondary Level Care	46.7%	53.3%	
Tertiary Level Care	75.0%	25.0%	100.0%
Total	37.5%	62.5%	100.0%

According to results in Table 3.5.37, 'no stock-out' situation at least five modern contraceptive methods in last three months before the survey is noticeably low (below 50 percent) in three regions (Eastern, Southern, Western Area). Only the Northern region had performed fairly better, above 50 percent.

Table 3.5.37: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in the last 3 months ['stock out']	Total
Eastern	18.2%	81.8%	100.0%
Northern	55.6%	44.4%	100.0%
Southern	34.5%	65.5%	100.0%
Western Area	29.4%	70.6%	100.0%
Total	37.5%	62.5%	100.0%

Analysis by district-specific reveals only in four districts (Bonthe, Kambia, Port Loko, Tonkolili) had 50 percent and above of SDPs manifested 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months before the survey. The rest of the districts had poorly performed having registered 'no stock-out' of 40 percent and below; with two districts (Kailahun and Western Rural) being worst-off registering zero 'no stock-out' during the period under review.

Table 3.5.38 gives percentage distribution of service delivery points with 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months before the survey by urban/rural residence. According to survey results, slightly more SDPs in urban areas (40.5 percent) than those in rural areas (35.8 percent) had experienced 'no stock-out' of at least five modern contraceptive methods.

Table 3.5.38: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by urban/rural residence

Residence	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in the last 3 months ['stock out']	Total
Rural	35.8%	64.2%	100.0%
Urban	40.5%	59.5%	100.0%
Total	37.5%	62.5%	100.0%

Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by management of facility is displayed in Table 3.5.39. Survey results show only SDPs managed by NGOs overwhelmingly (100 percent) experienced 'no stock-out' of at least five modern contraceptives offered in line with national protocols, guidelines and/or laws in the last three months before the survey. SDPs of other proprietors (faith-based, government, private) had performed poorly; registering between 16 and 40 percent.

Table 3.5.39: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by management of facility

Management of facility	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in the last 3 months ['stock out']	Total
Faith-based	16.7%	83.3%	100.0%
Government	36.7%	63.3%	100.0%
NGO	100.0%	0.0%	100.0%
Private	40.0%	60.0%	100.0%
Total	37.5%	62.5%	100.0%

Consistently, findings from the survey envisage hardly any linkage between distance of secondary and tertiary SDPs from nearest warehouses/sources of supplies and incidence of 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months before the survey as Table 3.5.40 displays.

Table 3.5.40: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in the last 3 months ['stock out']	Total
0-4	37.5%	62.5%	100.0%
5-9	50.0%	50.0%	100.0%
10-14	75.0%	25.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	25.0%	75.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	33.3%	66.7%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	66.7%	33.3%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	27.8%	72.2%	100.0%
Total	37.5%	62.5%	100.0%

3.5.4 'No stock-out' of any modern contraceptive method on the day of the survey

The investigation of 'no stock out' on the day of the survey determines current availability of modern contraceptive methods at the SDPs across the country. When the amount of stock-out is low, clients' access is enhanced and vice versa [22]. 'No stock-out' of modern contraceptive methods on the day of the survey was confirmed by physical verification of the commodities. According to survey results, incidence of 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws across the country on the day of the survey was reported at 32.7 percent of all SDPs; up by 3.5 percent of survey results in 2016 (29.2 percent).

At SDP level, primary SDPs were found to have experienced slightly higher 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey; registering at 37.1 percent. Sadly, tertiary SDPs recorded 100.0 percent 'stock-out' indicating zero 'no stock-out' as Table 3.5.41 shows.

22 Government of Sierra Leone and UNFPA (March 2012) – op. cit; p.32.

Table 3.5.41: Percentage distribution of service delivery points with 'no stock-out' of any modern contracep-tive method offered in line with national protocols, guidelines and/or laws on the day of survey by type of facility

Type of facility	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Primary Level Care	37.1%	62.9%	100.0%
Secondary Level Care	26.7%	73.3%	100.0%
Tertiary Level Care	0.0%	100.0%	100.0%
Total	32.7%	67.3%	100.0%

Across the regions, Northern region accounted for higher 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey; registering 44.4 percent. Western Area experienced the least proportion of SDPs (17.6 percent) with 'no stock-out' of any modern contraceptive method according to Table 3.5.42.

Table 3.5.42: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Eastern	27.3%	72.7%	100.0%
Northern	44.4%	55.6%	100.0%
Southern	31.0%	69.0%	100.0%
Western Area	17.6%	82.4%	100.0%
Total	32.7%	67.3%	100.0%

District analysis shows four districts (Kono, Kambia, Port Loko, Tonkolili) had experienced 50-67 percent 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey. In four districts (Koinadugu, Bo, Bonthe, Pujehun), 'no stock-out' of any modern contraceptive method was observed at 33-40 percent. The remaining six (6) districts registered below the national rate (32.7 percent) 'no stock-out' with Western Area Rural being worst-off recording zero 'no stock-out'.

As Table 3.5.43 highlights, more rural SDPs than urban ones had experienced 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey.

Table 3.5.43: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by urban/rural residence

Residence	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Rural	40.3%	59.7%	100.0%
Urban	18.9%	81.1%	100.0%
Total	32.7%	67.3%	100.0%

Table 3.5.44 presents percentage distribution of service delivery points with 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by management of facility. Findings revealed 'no stock-out' is overwhelming for SDPs managed by NGOs registering 100 percent. Only one-third of government SDPs have 'no stock-out' of any modern contraceptive method on the day of the survey. The rate is 20.0 percent for private SDPs but worst-off for faith-based recording zero 'no stock-out'.

Table 3.5.44: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by management of facility

Management of facility	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Faith-based	0.0%	100.0%	100.0%
Government	33.3%	66.7%	100.0%
NGO	100.0%	0.0%	100.0%
Private	20.0%	80.0%	100.0%
Total	32.7%	67.3%	100.0%

As seen from the survey results, incidence of 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey does not necessary seem to depend on distance of SDPs from the nearest warehouses/sources of supplies. Table 3.5.45 shows percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by distance from nearest warehouse/source of supplies.

Table 3.5.45: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
0-4	20.8%	79.2%	100.0%
5-9	40.0%	60.0%	100.0%
10-14	75.0%	25.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	0.0%	100.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	66.7%	33.3%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	27.8%	72.2%	100.0%
Total	32.7%	67.3%	100.0%

3.5.5 'No Stock Out' of three [3] modern contraceptive methods on the day of the survey

Like in section 3.5.2, the incidence of 'no stock-out' of at least three contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey was determined for all service delivery facilities. Survey results evidence 'no stock-out' of at least three contraceptive methods offered in line with national protocols, guidelines and/or laws was considerably high on the day of the survey with almost 80 percent of SDPs experienced it. At facility-level, all tertiary SDPs (100 percent) had experienced 'no stock-out' of at least three contraceptive methods. Corresponding rate for secondary SDPs stands at 83.3 percent and 77.1 percent for primary SDPs. Result at primary level however compares with 2016 result (78.1 percent). Table 3.5.46 shows the percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey.

Table 3.5.46: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by type of facility

Type of facility	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Primary Level Care	77.1%	22.9%	100.0%
Secondary Level Care	83.3%	16.7%	100.0%
Tertiary Level Care	100.0%	0.0%	100.0%
Total	79.8%	20.2%	100.0%

Across the regions, Northern region registered higher proportion of SDPs (91.8 percent) with 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey. Western Area recorded the lowest rate at 58.8 percent. Table 3.5.47 presents percentage distribution of service delivery points with 'no stock out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by administrative unit (region).

Table 3.5.47: Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Eastern	86.4%	13.6%	100.0%
Northern	91.7%	8.3%	100.0%
Southern	72.4%	27.6%	100.0%
Western Area	58.8%	41.2%	100.0%
Total	79.8%	20.2%	100.0%

At district level, only four (4) districts recorded all SDPs (100.0 percent) manifested 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey. In nine (9) districts, 'no stock out' situation recorded 50-83 percent; one district (Western Rural) was worst-off with zero rate. Distribution by urban/rural residence outlined in Table 3.5.48 shows as much rural SDPs (79.1 percent) as urban ones (81.1 percent) experienced 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey.

Table 3.5.48: Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by urban/rural residence

Residence	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Rural	79.1%	20.9%	100.0%
Urban	81.1%	18.9%	100.0%
Total	79.8%	20.2%	100.0%

Regarding management type, all SDPs of NGOs experienced 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey according to Table 3.5.49. SDPs of the other proprietors (faith-based, government, private) registered 60-81 percent.

Table 3.5.49: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by management of facility

Management of facility	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock-out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock-out']	Total
Faith-based	66.7%	33.3%	100.0%
Government	81.1%	18.9%	100.0%
NGO	100.0%	0.0%	100.0%
Private	60.0%	40.0%	100.0%
Total	79.8%	20.2%	100.0%

Percentage distribution of service delivery points with 'no stock out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey is given in Table 3.5.50. Findings from the survey did not show any clear linkage between incidence of 'no stock out' of at least three modern contraceptive methods on the day of the survey and distance of SDPs from nearest warehouses/sources of supplies because of somewhat mixed results.

Table 3.5.50: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
0-4	75.0%	25.0%	100.0%
5-9	70.0%	30.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	75.0%	25.0%	100.0%
20-24	75.0%	25.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	100.0%	0.0%	100.0%
35-39	100.0%	0.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	77.8%	22.2%	100.0%
Total	79.8%	20.2%	100.0%

3.5.6 'No Stock Out' of five [5] modern contraceptive methods on the day of the survey

In similar view to 'no stock-out' situation in Section 3.5.3, 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey was related to all service delivery facilities. Findings revealed considerably low 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey with only 39.4 percent of SDPs manifested it Table 3.5.51 portrays. All facility levels as well evidence low incidence of 'no stock-out' of at least the five modern contraceptive methods; below 50 percent. Combined results indicate 44.1 percent of secondary and tertiary SDPs (joint) experienced 'no stock-out' of at least five modern contraceptive methods offered on the day of the survey as. This value is 10.4 percent less corresponding result in 2016 (54.5 percent).

Table 3.5.51: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by type of facility

Type of facility	Percentage		
	At least five [5] modern con-traceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern con-traceptive methods not in stock on the day of survey ['stock out']	Total
Primary Level Care	37.1%	62.9%	100.0%
Secondary Level Care	46.7%	53.3%	100.0%
Tertiary Level Care	25.0%	75.0%	100.0%
Total	39.4%	60.6%	100.0%

As Table 3.5.52 highlights, all regions demonstrated low 'no stock out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey; with SDPs registering below 50 percent.

Table 3. 5.52: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least five [5] modern con-traceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern con-traceptive methods not in stock on the day of survey ['stock out']	Total
Eastern	36.4%	63.6%	100.0%
Northern	47.2%	52.8%	100.0%
Southern	37.9%	62.1%	100.0%
Western Area	29.4%	70.6%	100.0%
Total	39.4%	60.6%	100.0%

Incidence of 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey was low, below 50 percent, in most districts. Worst situation occurred in one district (Western Rural) registering zero 'no stock-out'. Only in five districts is the incidence of 'no stock-out' of at least five modern contraceptive methods fairly significant at 50-67 percent.

Table 3.5.53 outlines percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by urban/rural residence. Though low, slightly more SDPs in rural areas (40.3 percent) than those in urban areas (37.8 percent) accounted for 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey according to results.

Table 3.5.53: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by urban/rural residence

Residence	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Rural	40.3%	59.7%	100.0%
Urban	37.8%	62.2%	100.0%
Total	39.4%	60.6%	100.0%

Distribution by management type reveals only NGO-managed SDPs overwhelmingly demonstrated (100 percent) 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey according to findings from the survey. SDPs of other proprietors (faith-based, government, private) performed fairly poor; recording below 50 percent, each. Table 3.5.54 displays percentage distribution of secondary and tertiary service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by management of facility.

Table 3.5.54: Percentage distribution of secondary and tertiary service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by management of facility

Management of facility	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Faith-based	33.3%	66.7%	100.0%
Government	38.9%	61.1%	100.0%
NGO	100.0%	0.0%	100.0%
Private	20.0%	80.0%	100.0%
Total	39.4%	60.6%	100.0%

It was also noted that there is no clear linkage between distance of SDPs from nearest warehouses/ sources of supplies and incidence of 'no stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey because of mixed results displayed in Table 3.5.55.

Table 3.5.55: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey by distance from nearest warehouse/ source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
0-4	37.5%	62.5%	100.0%
5-9	40.0%	60.0%	100.0%
10-14	75.0%	25.0%	100.0%
15-19	50.0%	50.0%	100.0%
20-24	0.0%	100.0%	100.0%
25-29	40.0%	60.0%	-
30-34	66.7%	33.3%	-
35-39	50.0%	50.0%	100.0%
40-44	66.7%	33.3%	-
45-49	0.0%	100.0%	-
50 and above	33.3%	66.7%	100.0%
Total	39.4%	60.6%	100.0%

3.5.7 Reasons for 'stock out' of modern contraceptives offered in line with national protocols, guidelines and/or laws

Where 'stock-out' exists for modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey, respondents were asked to give main reasons for the incidence. Amongst reasons itemized for 'stock-outs' of all modern contraceptive methods, delay on the part of warehouses to re-supply and low/no demand for commodities were popular. Delay by SDPs to request for supply was insignificantly stated. Additionally, lack of trained personnel to handle especially IUDs and implants was also mentioned as a major reason for 'stock out'.

3.6 Incidence of 'no stock-out' of modern contraceptive methods regularly offered as part of normal service delivery

This section discusses findings of 'no stock-out' situation of modern contraceptive methods regularly offered as normal service delivery process with reference to the last three months and day of the survey.

3.6.1 'No stock-out' of any modern contraceptive method in the last three months

Like in previous section, data on 'no stock-out' situation of modern contraceptive methods regularly offered as part of normal service delivery in the last three months before the survey was collected with reference to August-October covering the period in the year since data was collected in November. For each modern contraceptive method that the SDPs regularly provide to clients as normal service delivery process; the survey investigated whether there have been stock-out of commodities at the SDPs on any given day within the last three months preceding the survey and that contraceptives were therefore not available to offer to clients.

Findings from the survey reveal that 28.8 percent of SDPs had experienced 'no stock-out' of any modern contraceptive method that SDPs regularly offered as normal service delivery process in the last three months. This is somewhat higher than survey results based on the requirement of national protocols, guidelines and/or laws (25.0 percent); indicating that a few SDPs certainly provide a modern contraceptive method against the requirement. 'No stock-out' situation of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months before the survey was somehow higher for primary SDPs (35.7 percent) compared to the other SDP-levels; with SDPs at tertiary level being worst-off registering zero rate. Table 3.6.56 presents percentage distribution of service delivery points with 'no stock out' of any modern contraceptive method offered as part of SDP regular and normal service delivery in the last three months by type of facility.

Table 3.6.56: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery in the last three months by type of facility

Type of facility	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
Primary Level Care	35.7%	64.3%	100.0%
Secondary Level Care	16.7%	83.3%	100.0%
Tertiary Level Care	0.0%	100.0%	100.0%
Total	28.8%	71.2%	100.0%

Table 3.6.57 shows percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered as part of SDP's regular and normal service delivery in the last three months by region. Northern and Southern regions had experienced incidence of 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months before the survey higher than the national rate; registering 41.7 and 31.0 percent, respectively. In Eastern region and Western Area, 'no stock-out' of any modern contraceptive method reference to the period of interest is obviously low; lower than the national rate.

Table 3.6.57: Percentage distribution of service delivery points with 'no stock out' of any modern contraceptive method offered as part of SDP regular and normal service delivery in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
Eastern	18.2%	81.8%	100.0%
Northern	41.7%	58.3%	100.0%
Southern	31.0%	69.0%	100.0%
Western Area	11.8%	88.2%	100.0%
Total	28.8%	71.2%	100.0%

District-level results portray four districts had experienced at least 50 percent 'no stock-out' situation of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months before the survey. Three districts had 'no stock-out' situation of any modern contraceptive method within the period above national rate; registering 33-40 percent and remaining seven districts had achieved indicator below national rate.

Table 3.6.58 gives percentage of 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months before the survey by urban/rural residence. Findings show 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months before the survey in rural areas (37.3 percent) is more than twice that in urban areas (13.5 percent).

Table 3.6.58: Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered as part of SDP regular and normal service delivery in the last three months by urban/rural residence

Residence	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
Rural	37.3%	62.7%	100.0%
Urban	13.5%	86.5%	100.0%
Total	28.8%	71.2%	100.0%

Analysis by management type reveals 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process in the last three months before the survey is somewhat high for SDPs managed by government (31.1 percent) and NGOs (33.3 percent); higher than the national result. Indicator is apparently low for those managed by faith-based organizations and private proprietors. Table 3.6.59 outlines percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered as part of SDP's regular and normal service delivery in the last three months by management of facility.

Table 3.6.59: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered as part of SDP's regular and normal service delivery in the last three months by management of facility

Management of facility	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
Faith-based	16.7%	83.3%	100.0%
Government	31.1%	68.9%	100.0%
NGO	33.3%	66.7%	100.0%
Private	0.0%	100.0%	100.0%
Total	39.4%	60.6%	100.0%

Table 3.56.60 highlights percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months by distance from nearest warehouse/source of supplies. Findings suggest no connection between distance of SDPs from nearest warehouses/sources of supplies and incidence of 'no stock out' of modern contraceptives in the last three months before the survey as manifested by mixed of results.

Table 3.6.60: Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered as part of SDP's regular and normal service delivery in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
0-4	20.8%	79.2%	100.0%
5-9	20.0%	80.0%	100.0%
10-14	50.0%	50.0%	100.0%

Table 3.6.60: Percentage distribution of service delivery points with 'no stock out' of a modern contraceptive method offered as part of SDP's regular and normal service delivery in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock in the last 3 months ['no stock-out']	Modern contraceptive method not in stock in the last 3 months ['stock-out']	Total
15-19	37.5%	62.5%	100.0%
20-24	0.0%	100.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	33.3%	66.7%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	50.0%	50.0%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	30.6%	69.4%	100.0%
Total	28.8%	71.2%	100.0%

3.6.2 'No stock-out' of three [3] modern contraceptive methods in the last three months

Consistent with 'no stock-out' of at least three modern contraceptive methods in section 3.5.2, the incidence of 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs regular and normal service delivery process in the last three months was investigated for all service delivery facilities. Survey results in Table 3.6.61 revealed 79.8 percent of SDPs experienced 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months before the survey. At facility-level, 80.0 percent of primary SDPs attained the indicator which compares with result based on the requirement of national protocols, guidelines and/or laws (81.4 percent). Whilst all SDPs at tertiary level had experienced 'no stock-out' of at least the three methods, around three-quarters of SDPs (76.7 percent) at secondary level accounted for it.

Table 3.6.61: Percentage distribution of primary service delivery points with 'no stock out' of at least three [3] modern contraceptive method offered as part of SDP regular and normal service delivery in the last three months by type of facility

Type of facility	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Primary Level Care	80.0%	20.0%	100.0%
Secondary Level Care	76.7%	23.3%	100.0%
Tertiary Level Care	100.0%	0.0%	100.0%
Total	79.8%	20.2%	100.0%

Survey results indicated incidence of 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in last three months before the survey is slightly higher in Northern region (88.9 percent). Southern and Eastern regions accounted for 72.7 percent and 79.3 percent of SDPs, respectively, with 'no stock-out' of at least the three methods. Lowest rate of the indicator was evidence in the Western Area (70.6 percent). Table 3.6.62 highlights percentage distribution of primary service delivery points with 'no stock out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months by region.

Table 3.6.62: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Eastern	72.7%	27.3%	100.0%
Northern	88.9%	11.1%	100.0%
Southern	79.3%	20.7%	100.0%
Western Area	70.6%	29.4%	100.0%
Total	79.8%	20.2%	100.0%

Only in four districts (Kambia, Koinadugu, Port Loko, Western Rural), are SDPs seen with remarkable coverage (100.0 percent) of 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months before the survey. Whilst the incidence of 'no stock-out' recorded over 80 percent in six other districts, the remaining four districts achieved below 80 percent, registering between 62 and 73 percent.

Table 3.6.63 presents percentage distribution of 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs regular and normal service delivery process in the last three months before the survey by urban/ rural residence. According to survey results, 'no stock-out' situation of at least three modern contraceptives offered as part of SDPs regular and normal service delivery process in the last three months before the survey is 10.6 percent higher in rural areas (83.6 percent) than in urban areas (62.5 percent).

Table 3.6.63: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery in the last three months by urban/rural residence

Residence	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Rural	83.6%	16.4%	100.0%
Urban	73.0%	27.0%	100.0%
Total	79.8%	20.2%	100.0%

Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery in the last three months by management of facility is given in Table 3.6.64. Findings show that all NGO SDPs experienced 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs regular and normal service delivery process in the last three months before the survey. 'No stock-out' situation was remarkably higher for government SDPs (82.2 percent) than reported for private SDPs (60.0 percent) and faith-based SDPs (50.0 percent).

Table 3.6.64: Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery in the last three months by management of facility

Management of facility	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Faith-based	50.0%	50.0%	100.0%
Government	82.2%	17.8%	100.0%
NGO	100.0%	0.0%	100.0%
Private	60.0%	40.0%	100.0%
Total	79.8%	20.2%	100.0%

Percentage distribution of service delivery points with 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months by distance from nearest warehouse/source of supplies is shown in Table 3.6.65. No clear linkage was envisaged between distance of primary SDPs from nearest warehouses/sources of supplies and incidence of 'no stock out' of at least three modern contraceptives offered as part of SDP regular and normal service delivery process in the last three months before the survey. SDPs closer to sources of supplies as well as those farther away had experienced similar incidence of 'no stock out' of at least three modern contraceptives in the last three months.

Table 3.6.65: Percentage distribution of service delivery points with 'no stock out' of at least three [3] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least three [3] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least three [3] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
0-4	79.2%	20.8%	100.0%
5-9	80.0%	20.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	62.5%	37.5%	100.0%
20-24	75.0%	25.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	80.6%	19.4%	100.0%
Total	79.8%	20.2%	100.0%

3.6.3 'No stock-out' of five [5] modern contraceptive methods in the last three months

Identical to 'no stock-out' situation in section 3.5.3, 'no stock-out' of five or more modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months was determined in relation to all service delivery facilities. Survey findings indicated 39.4 percent had experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months. 'No stock-out' of at least the five methods occurred at primary SDPs (35.7 percent). Combined result showed 47.1 percent of secondary and tertiary SDPs had experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months. Though, tertiary SDPs were found to have performed fairly better in that half of them reported 'no stock-out' of at least five [5] modern contraceptive methods whilst secondary SDPs accounted lower rate (46.7 percent) in achieving the indicator. Table 3.6.66 portrays percentage distribution of secondary and tertiary service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months by type of facility.

Table 3.6.66: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by type of facility

Type of facility	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Primary Level Care	35.7%	64.3%	100.0%
Secondary Level Care	46.7%	53.3%	100.0%
Tertiary Level Care	50.0%	50.0%	100.0%
Total	39.4%	60.6%	100.0%

Northern region happens to take lead having accounted 52.8 percent 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in last three months before the survey. The other three regions registered lower rates; with Western Area recording least (23.5 percent). Table 3.6.67 highlights percentage distribution of secondary and tertiary service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by region.

Table 3.6.67: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock out']	At least five [5] modern contraceptive methods not in stock in the last 3 months ['stock out']	Total
Eastern	31.8%	68.2%	100.0%
Northern	52.8%	47.2%	100.0%
Southern	37.9%	62.1%	100.0%
Western Area	23.5%	76.5%	100.0%
Total	39.4%	60.6%	100.0%

'No stock-out' situation of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months before the survey is generally low in many districts. Only in four districts (Bonthe, Kono, Port Loko, Tonkolili), have SDPs registered 50 percent and above 'no stock-out'. The rest of the other districts had experienced below 50 percent 'no stock-out' of at least five modern contraceptive methods.

Table 3.6.68 shows percentage distribution of service delivery points with of 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months before the survey by urban/rural residence. According to survey results, SDPs in rural areas (41.8 percent) slightly outperformed those in urban areas (35.1 percent).

Table 3.6.68: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by urban/rural residence

Residence	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least five [5] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Rural	41.8%	58.2%	100.0%
Urban	35.1%	64.9%	100.0%
Total	39.4%	60.6%	100.0%

Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by management of facility in Table 3.6.69. Results from the survey revealed 100 percent of SDPs managed by NGOs had experienced 'no stock-out' of at least five modern contraceptives offered as part of SDPs regular and normal service delivery process in the last three months before the survey. Just half of faith-based SDPs had fulfilled the indicator. SDPs of government and private proprietors had performed poorly; registering 36.7 percent and 40 percent 'no stock-out', respectively.

Table 3.6.69: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by management of facility

Management of facility	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least five [5] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
Faith-based	50.0%	50.0%	100.0%
Government	36.7%	63.3%	100.0%
NGO	100.0%	0.0%	100.0%
Private	40.0%	60.0%	100.0%
Total	39.4%	60.6%	100.0%

Findings from the survey somehow predict no linkage between distance of secondary and tertiary SDPs from nearest warehouses/sources of supplies and incidence of 'no stock-out' of at least five modern contraceptives offered as part of SDP regular and normal service delivery process in the last three months before the survey. It was surprising to note that SDPs closer to sources of supplies are less likely than those far away to have experienced incidence of 'no stock-out' of at least five modern contraceptives offered as part of SDP regular and normal service delivery process in the last three months. Table 3.6.70 shows percentage distribution of secondary and tertiary service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by distance from nearest warehouse/source of supplies.

Table 3.6.70: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery in the last three months by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least five [5] modern contraceptive methods in stock in the last 3 months ['no stock-out']	At least five [5] modern contraceptive methods not in stock in the last 3 months ['stock-out']	Total
0-4	45.8%	54.2%	100.0%
5-9	30.0%	70.0%	100.0%
10-14	75.0%	25.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	25.0%	75.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	33.3%	66.7%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	50.0%	50.0%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	36.1%	63.9%	100.0%
Total	39.4%	60.6%	100.0%

3.6.4 'No stock out' of any modern contraceptive method on the day of the survey

Similar to section 3.5.4, the incidence of 'no stock-out' of modern contraceptives offered as part of SDP regular and normal service delivery process on the day of the survey was verified and confirmed by physical inventory of the commodities. According to survey results 32.7 percent of SDPs accounted for 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey.

Table 3.6.71 shows percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey by type of facility. Surprisingly, all tertiary SDPs had registered zero 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey. 'No stock-out' situation was comparatively high for primary SDPs, above national rate but below it for secondary SDPs.

Table 3.6.71: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery on the day of survey by type of facility

Type of facility	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Primary Level Care	37.1%	62.9%	100.0%
Secondary Level Care	26.7%	73.3%	100.0%
Tertiary Level Care	0.0%	100.0%	100.0%
Total	32.7%	67.3%	100.0%

Only Northern region registered 'no stock-out' situation of any modern contraceptive method offered as part of SDPs regular and normal service delivery process on the day of the survey above the national rate as shown in Table 3.6.72. The indicator in the three regions (Eastern, Southern, Western Area) was below the national rate with the lowest rate recorded in Western Area at 17.6 percent.

Table 3.6.72: Percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered as part of SDPs regular and normal service delivery on the day of survey by administrative unit (region)

Administrative Unit (Region)	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Eastern	27.3%	72.7%	100.0%
Northern	47.2%	52.8%	100.0%
Southern	27.6%	72.4%	100.0%
Western Area	17.6%	82.4%	100.0%
Total	32.7%	67.3%	100.0%

Results in the districts indicated only in four districts SDPs demonstrated at least 50 percent 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey. In the rest of remaining districts, incidence of 'no stock-out' was below 50 percent; worst case occurring in three districts with 100 percent 'stock-out'.
Table 3.6.73 presents percentage distribution of service delivery points with 'no stock-out' of a modern contraceptive method offered as part of SDPs regular and normal service delivery on the day of survey by urban/rural residence. Survey results revealed that more SDPs in rural areas ((40.3 percent) and less in urban areas (18.9 percent) had experienced 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process on the day of the survey.

Table 3.6.73: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery on the day of survey by urban/rural residence

Residence	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
Rural	40.3%	59.7%	100.0%
Urban	18.9%	81.1%	100.0%
Total	32.7%	67.3%	100.0%

With regards to management type, all SDPs managed by NGOs reported 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey. Just one-third of government SDPs had achieved the indicator. Table 3.6.74 presents percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDP's regular and normal service delivery on the day of survey by management of facility.

Table 3.6.74: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery on the day of survey by management of facility

Management of facility	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in in stock on the day of survey ['stock out']	Total
Faith-based	0.0%	100.0%	100.0%
Government	33.3%	66.7%	100.0%
NGO	100.0%	0.0%	100.0%
Private	20.0%	80.0%	100.0%
Total	32.7%	67.3%	100.0%

Survey results in Table 3.6.75 revealed no definite linkage between incidence of 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey and distance of SDPs from the nearest warehouses/sources of supplies.

Table 3.6.75: Percentage distribution of service delivery points with 'no stock-out' of any modern contraceptive method offered as part of SDP's regular and normal service delivery on the day of survey by distance from nearest warehouse/source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	Modern contraceptive method in stock on the day of survey ['no stock out']	Modern contraceptive method not in stock on the day of survey ['stock out']	Total
0-4	20.8%	79.2%	100.0%
5-9	30.0%	70.0%	100.0%
10-14	75.0%	25.0%	100.0%
15-19	37.5%	62.5%	100.0%
20-24	0.0%	100.0%	100.0%
25-29	20.0%	80.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	66.7%	33.3%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	33.3%	66.7%	100.0%
Total	32.7%	67.3%	100.0%

3.6.5 'No Stock Out' of three [3] modern contraceptive methods on the day of the survey

Consistently, the incidence of 'no stock-out' of at least three contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey was determined for all service delivery facilities. Table 3.6.76 illustrates percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive method offered as part of SDP's regular and normal service delivery on the day of survey by type of facility. According to survey results, 80.8 percent of SDPs experienced 'no stock-out' of at least three contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey. Across facility levels, 78.6 percent of primary SDPs experienced 'no stock-out' of at least three contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey. Whilst all tertiary SDPs (100 percent) recorded 'no stock-out' of at least three contraceptive methods, 83.3 percent of secondary SDPs accounted for it.

Table 3.6.76: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive method offered as part of SDP's regular and normal service delivery on the day of survey by type of facility

Type of facility	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Primary Level Care	78.6%	21.4%	100.0%
Secondary Level Care	83.3%	16.7%	100.0%
Tertiary Level Care	100.0%	0.0%	100.0%
Total	80.8%	19.2%	100.0%

According to results in Table 3.6.77, Northern region outstripped the other three regions registering 91.7 percent 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. Western Area reported comparatively lowest rate at 64.7 percent.

Table 3.6.77: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Eastern	77.3%	22.7%	100.0%
Northern	91.7%	8.3%	100.0%
Southern	79.3%	20.7%	100.0%
Western Area	64.7%	35.3%	100.0%
Total	80.8%	19.2%	100.0%

Just four districts (Kambia, Koinadugu, Kono, Port Loko) have all SDPs (100.0 percent) experienced 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. Five districts registered above 80 percent, four districts recorded 55-75 percent and one district attained below 50 percent.

According to results in Table 3.6.78, 82.1 percent of rural SDPs experienced 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. Whereas 78.4 percent of urban SDPs were found to have achieved the indicator.

Table 3.6.78: Percentage distribution of primary service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP's regular and normal service delivery on the day of survey by urban/rural residence

Residence	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Rural	82.1%	17.9%	100.0%
Urban	78.4%	21.6%	100.0%
Total	80.8%	19.2%	100.0%

As Table 3.6.79 shows, 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey was excellent at 100 percent. Government SDPs achieved over 80 percent of 'no stock-out'.

Table 3.6.79: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey by management of facility

Management of facility	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Faith-based	66.7%	33.3%	100.0%
Government	82.2%	17.8%	100.0%
NGO	100.0%	0.0%	100.0%
Private	60.0%	40.0%	100.0%
Total	80.8%	19.2%	100.0%

Percentage distribution of service delivery points with 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey is highlighted in Table 3.5.80. According to survey results, there is no absolute linkage between incidence of 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of the survey and distance of SDPs from nearest warehouses/sources of supplies.

Table 3.6.80: Percentage distribution of service delivery points with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP's regular and normal service delivery on the day of survey by distance from nearest warehouse/ source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least three [3] modern contraceptive methods in stock on the day of survey ['no stock out']	At least three [3] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
0-4	70.8%	29.2%	100.0%
5-9	80.0%	20.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	75.0%	25.0%	100.0%
20-24	75.0%	25.0%	100.0%
25-29	100.0%	0.0%	100.0%
30-34	100.0%	0.0%	100.0%
35-39	100.0%	0.0%	100.0%
40-44	100.0%	0.0%	100.0%
45-49	50.0%	50.0%	100.0%
50 and above	80.6%	19.4%	100.0%
Total	80.8%	19.2%	100.0%

3.6.6 'No Stock-out' of five [5] modern contraceptive methods on the day of the survey

Related to 'no stock-out' perspective in section 3.5.6, 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey was investigated to all service delivery facilities. Results from survey revealed that 48.1 percent of SDPs experienced 'no stock-out' of at least five modern contraceptive methods. At the different facility levels, tertiary SDPs outperformed both primary and secondary SDPs; with primary SDPs recorded lowest rate. Combined result revealed that 64.7 percent of secondary and tertiary SDPs (together) experienced 'no stock-out' of at least five modern contraceptive methods. Table 3.6.81 illustrates percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey by type of facility.

Table 3.6.81: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey by type of facility

Type of facility	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Primary Level Care	40.0%	60.0%	100.0%
Secondary Level Care	66.7%	33.3%	100.0%
Tertiary Level Care	50.0%	50.0%	100.0%
Total	48.1%	51.9%	100.0%

Results across the regions revealed 55.6 percent of SDPs in Northern region experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. The other three regions had achieved low rates of the indicator below 50 percent.

Table 3.6.82: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey by administrative unit (region)

Administrative Unit (Region)	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Eastern	40.9%	59.1%	100.0%
Northern	55.6%	44.4%	100.0%
Southern	44.8%	55.2%	100.0%
Western Area	47.1%	52.9%	100.0%
Total	48.1%	51.9%	100.0%

Seven districts recorded 50-80 percent 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. Rates are low in remaining districts below 50 percent; worst-off in Western Rural recording with zero 'no stock-out'.

Rural/urban residence distribution indicated urban SDPs had achieved 13.5 percent 'no stock out' of at least five modern contraceptives offered as part of SDP regular and normal service delivery process on the day of the survey more than rural SDPs (56.8 percent compared to 43.3 percent). Table 3.6.83 outlines percentage of 'no stock out' of at least five modern contraceptives offered as part of SDP regular and normal service delivery process on the day of the survey by urban/ rural residence.

Table 3.6.83: Percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery on the day of survey by urban/rural residence

Residence	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Rural	43.3%	56.7%	100.0%
Urban	56.8%	43.2%	100.0%
Total	48.1%	51.9%	100.0%

Table 3.6.84 shows percentage distribution of service delivery points with 'no stock-out' of at least five [5] modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of survey by management of facility. It was observed that all NGO SDPs had experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of the survey. 'No stock-out' situation is lower (below 50 percent) for SDPs of the other proprietors.

Table 3.6.84: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery on the day of survey by management of facility

Management of facility	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
Faith-based	33.3%	66.7%	100.0%
Government	47.8%	52.2%	100.0%
NGO	100.0%	0.0%	100.0%
Private	40.0%	60.0%	100.0%
Total	48.1%	51.9%	100.0%

No linkage was clearly evidence between distance of SDPs from nearest warehouses/sources of supplies and incidence of 'no stock-out' of at least five modern contraceptives offered as part of SDP regular and normal service delivery on the day of the survey according survey results in Table 3.6.85.

Table 3.6.85: Percentage distribution of service delivery points with 'no stock out' of at least five [5] modern contraceptive methods offered as part of SDP's regular and normal service delivery on the day of survey by distance from nearest warehouse/ source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage		
	At least five [5] modern contraceptive methods in stock on the day of survey ['no stock out']	At least five [5] modern contraceptive methods not in stock on the day of survey ['stock out']	Total
0-4	54.2%	45.8%	100.0%
5-9	50.0%	50.0%	100.0%
10-14	100.0%	0.0%	100.0%
15-19	50.0%	50.0%	100.0%
20-24	0.0%	100.0%	100.0%
25-29	40.0%	60.0%	100.0%
30-34	66.7%	33.3%	100.0%
35-39	50.0%	50.0%	100.0%
40-44	66.7%	33.3%	100.0%
45-49	0.0%	100.0%	100.0%
50 and above	41.7%	58.3%	100.0%
Total	48.1%	51.9%	100.0%

3.6.7 Reasons for 'stock out' of modern contraceptives offered in line with national protocols, guidelines and/or laws

Where 'stock-out' exists for modern contraceptive methods offered as regular and normal service delivery process, SDPs were also asked to state main reasons for the event. Amongst reasons stated for 'stock-out' of all modern contraceptive methods, delay on the part of warehouses to re-supply and low/no client demand were prominently mentioned. In few cases, non-availability of the contraceptives in market was stated. Additionally, lack of equipment and trained personnel to handle especially for IUDs, implants and sterilizations was also outlined as major reasons for 'stock-out'.

PART 4

SURVEY FINDINGS FOR HEALTH FACILITY RESOURCES

4.1 Supply chain, including cold chain

The 2017 UNFPA Supplies survey addresses various aspects of supply chain which include sources of supplies; use of logistics forms; method of determining commodity needs; frequency and transportation of supplies and existence of cold chain among other salient issues in addition to investigating availability of reproductive health commodities and services.

4.1.1 Resupply of medical supplies

On responsibility for ordering of medical supplies at SDPs, survey results revealed pharmacists are primarily responsible in 55.5 percent of SDPs. Whereas clinical officers (CHOs & CHAs) and nurses (including SRN, SECHN, MCH Aides and midwives) are significantly reported to carry out ordering of medical supplies in 22.7 percent and 15.1 percent of SDPs; respectively. Medical doctors are less responsible for ordering medical supplies; registering 6.7 percent. Pharmacists were mostly reported responsible for ordering medical supplies in primary and tertiary SDPs. It was surprising to note that slightly nurses are accounted to order medical supplies in more secondary SDPs than the two other levels. Table 4.1.86 shows percentage distribution of SDPs with persons responsible for ordering medical supplies by type of SDPs

Table 4.1.86: Percentage distribution of SDPs with persons responsible for ordering medical supplies by type of SDPs

Type of Facility	Percentage					
	Medical Doctor	Clinical Officer	Pharmacist	Nurse	Others (Logistician)	**Total**
Primary Level Care	0.0%	30.1%	69.9%	0.0%	0.0%	100.0%
Secondary Level Care	19.0%	11.9%	31.0%	38.1%	0.0%	100.0%
Tertiary Level Care	0.0%	0.0%	50.0%	50.0%	0.0%	100.0%
Total	6.7%	22.7%	55.5%	15.1%	0.0%	100.0%

Findings show pharmacists are mainly responsible for ordering medical supplies in all regions. Interestingly, the responsibility of nurses ordering medical supplies is more felt in Western Area than in the other regions. Table 4.1.87 gives percentage distribution of SDPs with persons responsible for ordering medical supplies by region.

Table 4.1.87: Percentage distribution of SDPs with persons responsible for ordering medical supplies by administrative unit (region)

Administrative unit (Region)	Percentage					
	Medical Doctor	Clinical Officer	Pharmacist	Nurse	Others (Logistician)	**Total**
Eastern	7.7%	26.9%	57.7%	7.7%	0.0%	100.0%
Northern	7.3%	14.6%	65.9%	12.2%	0.0%	100.0%
Southern	3.1%	34.4%	50.0%	12.5%	0.0%	100.0%
Western Area	10.0%	15.0%	40.0%	35.0%	0.0%	100.0%
Total	6.7%	22.7%	55.5%	15.1%	0.0%	100.0%

Analysis by rural/urban residence illustrates nurses are consistently the main persons responsible for ordering medical supplies in both rural and urban SDPs registering 64.4 percent and 41.3 percent, respectively. Surprisingly, urban SDPs were observed nurses responsible for ordering medical supplies far more than rural SDPs. Percentage distribution of SDPs with persons responsible for ordering medical supplies by urban/rural residence is presented in Table 4.1.88.

Table 4.1.88: Percentage distribution of SDPs with persons responsible for ordering medical supplies by urban/rural residence

Residence	Percentage					
	Medical Doctor	Clinical Officer	Pharmacist	Nurse	Others (Logistician)	**Total**
Rural	2.7%	27.4%	64.4%	5.5%	0.0%	100.0%
Urban	13.0%	15.2%	41.3%	30.4%	0.0%	100.0%
Total	6.7%	22.7%	55.5%	15.1%	0.0%	100.0%

Pharmacists are mostly responsible for ordering in Government SDPs (63.0 percent). Faith-based SDPs accounted for slightly more medical doctors and nurses, 28.6 percent, being responsible for ordering medical supplies whilst clinical officers and pharmacists were reported taking the responsibility of ordering in less SDPs; each registering 21.4 percent. Half of NGO SDPs have clinical officers ordering and one-quarter, each, registered medical doctor and pharmacist. In bulk of private SDPs (88.8 percent), ordering is the responsibility of pharmacist or nurses. Percentage distribution of SDPs with persons responsible for ordering medical supplies by management of facility is given in Table 4.1.89.

Table 4.1.89: Percentage distribution of SDPs with persons responsible for ordering medical supplies by management of facility

Management of facility	Percentage					
	Medical Doctor	Clinical Officer	Pharmacist	Nurse	Others (Logistician)	**Total**
Faith-based	28.6%	21.4%	21.4%	28.6%	0.0%	100.0%
Government	2.2%	23.9%	63.0%	10.9%	0.0%	100.0%
NGO	25.0%	50.0%	25.0%	0.0%	0.0%	100.0%
Private	11.1%	0.0%	44.4%	44.4%	0.0%	100.0%
Total	6.7%	22.7%	55.5%	15.1%	0.0%	100.0%

4.1.2 How re-supply for modern contraceptives is quantified

Survey results revealed SDP staff members are reported to determine quantities of resupply for modern contraceptives in most SDPs (54.8 percent) whilst in 38.5 percent said quantification of resupply for modern contraceptives is done by the institutions or warehouses responsible for resupply. The large responsibility of SDP staff in quantifying resupply for the commodities is, however, contrary to the popular 'push and pull method' that suggests medical supplies are generally determined by the warehouses or institutions which provide the supplies. Although staff make request for medical supplies through the RR&IV (request report and issue voucher), still quantities of the commodities are often determined by the source of supplies based on utilization and availability of the commodities.

Involvement of staff in quantifying resupply for modern contraceptives was noticeably higher at secondary and tertiary SDPs but less at primary SDPs; staff determine quantities of resupply for modern contraceptives in two-thirds of secondary SDPs, three-quarters of tertiary SDPs but nearly half of percent of primary SDPs (48.6 percent). Quantification of resupply by institutions/warehouses is more visible for primary SDPs. It is important that SDPs are given the opportunity to determine quantities of resupply for modern contraceptives in their operations. This would enhance availability of the commodities to meet the demand of clients at all times and, in turn, may improve the incidence of 'no stock out' as Table 4.1.90 highlights how re-supply for modern contraceptives is quantified by type of SDPs.

Table 4.1.90: How re-supply for modern contraceptives is quantified by type of SDPs

Management of facility	Percentage			
	By staff member of SDP	By institution or warehouse responsible for re-supply	Others	Total
Primary Level Care	48.6%	42.9%	8.6%	100.0%
Secondary Level Care	66.7%	33.3%	0.0%	100.0%
Tertiary Level Care	75.0%	0.0%	25.0%	100.0%
ALL	54.8%	38.5%	6.7%	100.0%

By regions, Southern region registered highest involvement of SDP staff members in quantifying resupply of modern contraceptives; with 82.8 percent of SDPs admitting according to Table 4.1.91. Next is Western Area (70.6 percent), Eastern region (40.9 percent) and then Northern region (33.3 percent) (least) where warehouses or institution responsible for resupply take the lead in quantification.

Table 4.1.91: How re-supply for modern contraceptives is quantified by administrative unit (region)

Region	Percentage			
	By staff member of SDP	By institution or warehouse responsible for re-supply	Others	Total
Eastern	40.9%	50.0%	9.1%	100.0%
Northern	33.3%	61.1%	5.6%	100.0%
Southern	82.8%	13.8%	3.4%	100.0%
Western Area	70.6%	17.6%	11.8%	100.0%
Total	54.8%	38.5%	6.7%	100.0%

According to findings in Table 4.1.92, quantification of resupply of contraceptives at SDPs is reportedly higher in the urban areas (67.6 percent) than in rural areas (47.8 percent). The implication is that warehouse or institutions are more likely to decide on quantities in the rural areas but less in urban areas.

Table 4.1.92: How re-supply for contraceptives is quantified by urban/rural residence

Residence	Percentage			
	By staff member of SDP	By institution or warehouse responsible for re-supply	Others	Total
Rural	47.8%	43.3%	9.0%	100.0%
Urban	67.6%	29.7%	2.7%	100.0%
Total	54.8%	38.5%	6.7%	100.0%

Table 4.1.93 highlights how resupply for modern contraceptives is quantified by management of facility. All NGO SDPs have their staff solely determining quantities of resupply for modern contraceptives. Staff at faith-based and private SDPs have staff members leading quantification of resupply of contraceptives registering 66.7 percent and 60.0 percent. respectively. It was evident that warehouses or institutions responsible for resupply alike SDP staff are involved in quantifying resupply for modern contraceptives in government SDPs.

Table 4.1.93: How re-supply for contraceptives is quantified by management of facility

Management of facility	Percentage			
	By staff member of SDP	By institution or warehouse responsible for re-supply	Others	Total
Faith-based	66.7%	33.3%	0.0%	100.0%
Government	52.2%	40.0%	7.8%	100.0%
NGO	100.0%	0.0%	0.0%	100.0%
Private	60.0%	40.0%	0.0%	100.0%
Total	54.8%	38.5%	6.7%	100.0%

4.1.3 Use of logistics forms

Respondents were asked to state whether they are using logistics forms for reporting and ordering medical supplies and availability of the forms was verified to assure usage. The purpose of using logistics forms is essentially to maintain proper accountability for medical supplies. Survey results indicate 73.1 percent of SDPs are using logistics forms (as verified) for reporting and ordering medical supplies at the time of the survey whilst 14.3 percent who claimed to use logistics forms could not provide them for verification. However, around 12.6 percent of SDPs were found not using any logistics form. At 79.5 percent, primary SDPs remarkably registered highest use of logistics forms. Secondary SDPs show relatively the least usage (61.9 percent) according to results in Table 4.1.94.

Table 4.1.94: Percentage of SDPs using logistics forms for reporting and ordering supplies by type of SDPs

Management of facility	Percentage			
	Availability verified	Availability not verified	No logistics form is use	Total
Primary Level Care	79.5%	9.6%	11.0%	100.0%
Secondary Level Care	61.9%	21.4%	16.7%	100.0%
Tertiary Level Care	75.0%	25.0%	0.0%	100.0%
ALL	73.1%	14.3%	12.6%	100.0%

Northern and Southern regions demonstrated the higher usage of logistics forms (as verified) for reporting and ordering medical supplies according to survey results shown in Table 4.1.95. Western Area recorded relatively the least proportion of SDPs (as verified) using logistics forms at 76.7 percent.

Table 4.1.95: Percentage of SDPs using logistics forms for reporting and ordering supplies by administrative unit (region)

Administrative unit (Region)	Percentage			
	Availability verified	Availability not verified	No logistics form is use	Total
Eastern	61.5%	19.2%	19.2%	100.0%
Northern	80.5%	12.2%	7.3%	100.0%
Southern	81.3%	6.3%	12.5%	100.0%
Western Area	60.0%	25.0%	15.0%	100.0%
Total	73.1%	14.3%	12.6%	100.0%

Rural/urban residence analysis suggests more rural SDPs (79.5 percent) than urban SDPs (63.0 percent) are using logistics forms (as verified) for ordering and reporting medical supplies according to Table 4.1.96.

Table 4.1.96: Percentage of SDPs using logistics forms for reporting and ordering supplies by urban/rural residence

Residence	Percentage			
	Availability verified	Availability not verified	No logistics form is use	Total
Rural	79.5%	8.2%	12.3%	100.0%
Urban	63.0%	23.9%	13.0%	100.0%
Total	73.1%	14.3%	12.6%	100.0%

Reference to management type, slightly more government SDPs were found to use logistics forms being verified; having registered 77.2 percent. Private SDPs recorded comparatively the least proportion of SDPs (44.4 percent) using logistics forms. Table 4.1.97 shows percentage of SDPs using logistics forms for reporting and ordering supplies by management of facility.

Table 4.1.97: Percentage of SDPs using logistics forms for reporting and ordering supplies by management of facility

Management of facility	Percentage			
	Availability verified	Availability not verified	No logistics form is use	Total
Faith-based	64.3%	7.1%	28.6%	100.0%
Government	77.2%	13.0%	9.8%	100.0%
NGO	75.0%	0.0%	25.0%	100.0%
Private	44.4%	44.4%	11.1%	100.0%
Total	73.1%	14.3%	12.6%	100.0%

4.1.4 Main source of medical supplies

Survey results indicate regional/district warehouses are identified as the prominent source of medical supplies nationwide as being accounted by 70.6 percent of SDPs. Up to 15.1 percent of SDPs are reportedly getting supplies from private sources, 5.9 percent from the central medical stores, 6.7 percent from local medical store on the same site and 1.6 percent from charitable organizations/NGOs or donors. Preferably, the supply chain suggests that central medical stores should deposit medical supplies to regional/district warehouses and all SDPs are supposed to receive supplies at the respective regional/district warehouses in their operational areas.

Table 4.1.98 gives various sources of medical supplies by type of service delivery points. Findings indicated regional/district warehouses or institutions are prominently the main source of medical supplies for primary SDPs at 93.7 percent. It was surprising to note that significant proportion of secondary SDPs (17.9 percent) are accessing their medical supplies from the central medical stores; making it possibly difficult for the District Medical Health Team (DMHT) to track use of the supplies/commodities at those SDPs. Tertiary SDPs were found to receive medical supplies from partly from local medical stores on same site and partly from regional/district warehouses or institutions.

Table 4.1.98: Main source of medical supplies by type of service delivery points

Type of facility	Percentage						
	Central Medical Stores	Donors	Local medical store on the same site	NGO	Private Sources	Regional/ district Warehouse/ institution	**Total**
Primary Level Care	0.0%	0.0%	3.9%	0.0%	2.6%	93.4%	100.0%
Secondary Level Care	17.9%	2.6%	7.7%	2.6%	41.0%	28.2%	100.0%
Tertiary Level Care	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%	100.0%
Total	5.9%	0.8%	6.7%	0.8%	15.1%	70.6%	100.0%

The regional/district warehouses or institutions seemingly more operational in the three regions (Eastern, Southern, Northern) in handling medical supplies; as SDPs in these regions are mostly receiving medical supplies from this source as Table 4.1.99 exhibits. SDPs in Western Area were seen least receiving medical supplies mainly from regional/district warehouses or institutions (35.0 percent); but is fairly getting more supplies from central medical stores than any other region.

Table 4.1.99: Main source of medical supplies by administrative unit (Region)

Administrative unit (Region)	Percentage						
	Central Medical Stores	Donors	Local medical store on the same site	NGO	Private Sources	Regional/ district Warehouse/ institution	**Total**
Eastern	7.7%	0.0%	0.0%	0.0%	15.4%	76.9%	100.0%
Northern	2.4%	0.0%	4.9%	0.0%	14.6%	78.0%	100.0%
Southern	3.1%	3.1%	3.1%	0.0%	12.5%	78.1%	100.0%
Western Area	15.0%	0.0%	25.0%	5.0%	20.0%	35.0%	100.0%
Total	5.9%	0.8%	6.7%	0.8%	15.1%	70.6%	100.0%

Table 4.1.100 shows main source of medical supplies by urban/rural residence. It was evidence that SDPs in rural areas are twice more than urban SDPs getting medical supplies from their regional/ district warehouses or institutions; registering 87.7 percent and 43.5 percent, respectively. Far more urban SDPs than rural SDPs were found to receive medical supplies from central medical stores.

Table 4.1.100: Main source of medical supplies by urban/rural residence

Residence	Percentage						
	Central Medical Stores	Donors	Local medical store on the same site	NGO	Private Sources	Regional/ district Warehouse/ institution	**Total**
Rural	1.4%	0.0%	1.4%	0.0%	9.6%	87.7%	100.0%
Urban	13.0%	2.2%	15.2%	2.2%	23.9%	43.5%	100.0%
Total	5.9%	0.8%	6.7%	0.8%	15.1%	70.6%	100.0%

Results by management type evidence that government SDPs are overwhelmingly receiving medical supplies from regional/district warehouses or institutions (86.3 percent) as shown in Table 4.1.101. Private SDPs are solely receiving medical supplies from private sources; whereas 75.0 percent of faith-based SDPs were seen receiving medical supplies from private sources. It was surprising to note that few faith-based and NGO SDPs are receiving medical supplies from central medical stores.

Table 4.1.101: Main source of medical supplies by management of facility

Management of facility	Percentage						
	Central Medical Stores	Donors	Local medical store on the same site	NGO	Private Sources	Regional/ district Warehouse/ institution	**Total**
Faith-based	8.3%	8.3%	0.0%	0.0%	75.0%	8.3%	100.0%
Government	5.3%	0.0%	7.4%	0.0%	1.1%	86.3%	100.0%
NGO	25.0%	0.0%	25.0%	25.0%	0.0%	25.0%	100.0%
Private	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Total	5.9%	0.8%	6.7%	0.8%	15.1%	70.6%	100.0%

4.1.5 Frequency and transportation of supplies for SDPs

Data on frequency of medical resupplies suggests that most SDPs (64.7 percent) are receiving the resupply quarterly (once every three months). Just 18.5 percent of SDPs indicated receiving resupply monthly (once every month), a few of them (11.8 percent) do receive resupply biweekly (once every two weeks) and fewer SDPs (5.1 percent) are receiving resupply on half-yearly or yearly basis.

Analysis by type of SDPs shows majority of primary SDPs (84.2 percent) are receiving medical resupplies quarterly (once every three months). Secondary and tertiary SDPs are seemingly better-off in terms of resupply. Tertiary SDPs are largely (75.0 percent) are receiving resupply monthly (once every month) with one-quarter of them (25.0 percent) receiving resupply biweekly (once every two weeks). Similarly, larger proportions of secondary SDPs (61.6 percent) are receiving medical resupply monthly or biweekly; only one-third of them stated receiving medical resupply quarterly once every three months according to survey results outlined in Table 4.1.102.

Table 4.1.102: Frequency of resupply by type of service delivery points

Type of facility	Percentage					
	Once a year	Once every month	Once every six months	Once every three months	Once every two weeks	**Total**
Primary Level Care	1.3%	9.2%	3.9%	84.2%	1.3%	100.0%
Secondary Level Care	2.6%	30.8%	2.6%	33.3%	30.8%	100.0%
Tertiary Level Care	0.0%	75.0%	0.0%	0.0%	25.0%	100.0%
Total	1.7%	18.5%	3.4%	64.7%	11.8%	100.0%

Table 4.1.103 shows frequency of medical resupplies by type of administrative unit (region). Findings revealed that bulk of SDPs in all regions are receiving medical resupplies quarterly (once every three months). However, SDPs in Western Area tend to be better-off with significant proportion of SDPs (40.0 percent) receiving resupply in an earliest time (once every month or once every week).

Table 4.1.103: Frequency of resupply by type of administrative unit (Region)

Region	Percentage					
	Once a year	Once every month	Once every six months	Once every three months	Once every two weeks	**Total**
Eastern	3.8%	19.2%	0.0%	65.4%	11.5%	100.0%
Northern	2.4%	14.6%	7.3%	63.4%	12.2%	100.0%
Southern	0.0%	15.6%	0.0%	71.9%	12.5%	100.0%
Western Area	0.0%	30.0%	5.0%	55.0%	10.0%	100.0%
Total	1.7%	18.5%	3.4%	64.7%	11.8%	100.0%

Findings from the survey evidence that 78.1 percent of rural SDPs and 43.5 percent of urban SDPs are receiving medical resupplies every three months. However, urban SDPs are seemingly better-off; as more than half of them (52.2 percent) are receiving resupply earlier (once every month or once every two weeks) whilst only 16.4 percent of rural SDPs are receiving resupply within the period. Table 4.1.104 shows frequency of resupply by type of urban/rural residence.

Table 4.1.104: Frequency of resupply by type of urban/rural residence

Residence	Percentage					
	Once a year	Once every month	Once every six months	Once every three months	Once every two weeks	**Total**
Rural	1.4%	8.2%	4.1%	78.1%	8.2%	100.0%
Urban	2.2%	34.8%	2.2%	43.5%	17.4%	100.0%
Total	1.7%	18.5%	3.4%	64.7%	11.8%	100.0%

Table 4.1.105 outlined frequency of resupply by type of management. According to survey results, although government SDPs (76.8 percent) are largely receiving medical resupplies quarterly regularly (biweekly or monthly) yet a few of them (18.9 percent) are receiving resupply earlier (monthly or every two weeks). The bulk of faith-based and private SDPs are receiving medical resupplies earlier than three months. Whereas NGO SDPs are receiving resupply partly every three months or earlier dates.

Table 4.1.105: Frequency of resupply by type of management

Type of management	Percentage					
	Once a year	Once every month	Once every six months	Once every three months	Once every two weeks	**Total**
Faith-based	8.3%	25.0%	0.0%	16.7%	50.0%	100.0%
Government	0.0%	14.7%	4.2%	76.8%	4.2%	100.0%
NGO	0.0%	25.0%	0.0%	50.0%	25.0%	100.0%
Private	12.5%	50.0%	0.0%	0.0%	37.5%	100.0%
Total	1.7%	18.5%	3.4%	64.7%	11.8%	100.0%

Regarding transportation of medical supplies, 63.9 percent of SDPs confirmed local/district administration being responsible for transporting medical supplies from sources of supplies to SDPs' premises and barely 10.9 percent indicated that the central government is responsible. Surprisingly, a significant proportion of SDPs (22.7 percent) were found collecting supplies themselves which is against policy of transporting medical supplies. The explanation was that staff members of those SDPs often take advantage to collect supplies when they go for workshops in locations or near locations of warehouses/sources of the supplies in order to avoid undue delay in receiving resupplies thereby replenishing stock as soon as possible. However, collecting medical supplies by SDPs' staff is inappropriate as it can tender burden of transportation cost on staff. The concern is that it is sometimes difficult to properly handle supplies and supplies may be exposed to risk of damage when staff members collect them especially when staff/SDPs have no means of transportation. The health policy prohibits transportation of medical supplies by SDPs' staff, especially at primary level care in order to avoid unnecessary cost and undue burden. The government through health sector partners have aided local administration in transporting medical supplies from sources of supplies to respective SDPs across the country. The essence of this is to ease transportation of medical supplies and prevent the burden of transportation cost on health staff/SDPs that could adversely affect delivery of services at the SDPs.

Survey results in Table 4.1.106 indicate the bulk of primary SDPs (86.8 percent) admitted local/district administration is responsible for transporting medical supplies with barely 2.6 percent collecting medical supplies themselves. Although collection of medical supplies by SDPs is prominent at secondary care level (59.0 percent), yet 20.5 percent and 15.4 percent of these SDPs have medical supplies being transported by local/district administration and national/central government, respectively. Tertiary SDPs are partly collecting medical supplies themselves (50 percent) and have partly local/district administration (50 percent) transporting medical supplies.

Table 4.1.106: Responsibility for transportation of supplies by type of service delivery points

Type of facility	Percentage				
	Local/district administration	National/ Central government	Private agent	Facility collects	**Total**
Primary Level Care	86.8%	9.2%	1.3%	2.6%	100.0%
Secondary Level Care	20.5%	15.4%	5.1%	59.0%	100.0%
Tertiary Level Care	50.0%	0.0%	0.0%	50.0%	100.0%
Total	63.9%	10.9%	2.5%	22.7%	100.0%

Table 4.1.107 shows responsibility for transportation of medical supplies by administrative unit (region). Local/district administration are largely seen transporting medical supplies in Northern and Southern regions; with significant proportions in these regions collecting supplies themselves. but less in Western Area (29.2 percent). In Eastern region, 50.0 percent and 30.8 percent of SDPs have local/district administration and national/central government transporting medical supplies whilst 15.4 percent are collecting supplies themselves. Around 45.0 percent of SDPs in Western Area accounted for local/district administration transporting medical supplies; same proportion are also seen collecting supplies themselves whilst 10.0 percent confirmed national/central government transporting supplies.

Table 4.1.107: Responsibility for transportation of supplies by administrative unit (region)

Region	Percentage				
	Local/district administration	National/ Central government	Private agent	Facility collects	**Total**
Eastern	50.0%	30.8%	3.8%	15.4%	100.0%
Northern	73.2%	2.4%	2.4%	22.0%	100.0%
Southern	75.0%	6.3%	3.1%	15.6%	100.0%
Western Area	45.0%	10.0%	0.0%	45.0%	100.0%
Total	63.9%	10.9%	2.5%	22.7%	100.0%

Analysis by urban/rural residence, survey results revealed that local/district administration is primarily responsible for transporting medical supplies to rural SDPs (80.8 percent) with just 8.2 percent collecting supplies themselves. More SDPs in urban areas (45.7 percent) were found to collect supplies themselves whereas 37.0 percent and 15.2 percent are collecting medical supplies through local/district administration and national/central government, respectively. Table 4.1.108 shows responsibility for transportation of supplies by urban/rural residence.

Table 4.1.108: Responsibility for transportation of supplies by urban/rural residence

Residence	Percentage				
	Local/district administration	National/ Central government	Private agent	Facility collects	Total
Rural	80.8%	8.2%	2.7%	8.2%	100.0%
Urban	37.0%	15.2%	2.2%	45.7%	100.0%
Total	63.9%	10.9%	2.5%	22.7%	100.0%

According to findings from the survey, local/district administration is taking responsibility for transporting medical supplies to bulk of government SDPs (78.9 percent) as Table 4.1.109 highlights. All NGO SDPs with largely faith-based and private SDPs are collecting their medical supplies.

Table 4.1.109: Responsibility for transportation of supplies by management of facility

Management of facility	Percentage				
	Local/district administration	National/ Central government	Private agent	Facility collects	**Total**
Faith-based	8.3%	8.3%	8.3%	75.0%	100.0%
Government	78.9%	12.6%	0.0%	8.4%	100.0%
NGO	0.0%	0.0%	0.0%	100.0%	100.0%
Private	0.0%	0.0%	25.0%	75.0%	100.0%
Total	63.9%	10.9%	2.5%	22.7%	100.0%

4.1.6 Time between order and receiving of supplies

Time taken between ordering and receiving of supplies (lead period) was investigated. It is important that the time between ordering and receiving of supplies be reasonably short, as best as possible if SDPs are to maintain stock levels and meet the demand of clients. When the period is longer the tendency for 'stock out' will be high and as such SDPs will not be able to regularly offer commodities and services to clients on demand. Survey results revealed about 40.3 percent of SDPs admitted receiving medical supplies within one month (less than two weeks or between 2 weeks to 1 month) after ordering. Up to 59.7 percent of SDPs are reportedly receiving supplies after 1 month of ordering all together.

Table 4.1.110 illustrates the estimated length of time between ordering and receiving of supplies by type of SDPs. Findings from the survey suggest that secondary and tertiary SDPs are better-off in that two-thirds of secondary SDPs and three-quarters of tertiary SDPs stated receiving medical supplies within one month after ordering. Primary SDPs are seemingly worse-off with just one-quarter of the SDPs reported receiving supplies within one month.

Table 4.1.110: Estimated length of time between ordering and receiving of supplies by type of SDPs

Type of facility	Percentage						
	Less than 2 weeks	More than 2 weeks but not up to 1 month	More than 1 month but not up to 2 months	More than 2 months but not up to 4 months	More than 4 months but not up to 6 months	More than 6 months	**Total**
Primary Level Care	10.5%	14.5%	7.9%	48.7%	14.5%	3.9%	100.0%
Secondary Level Care	56.4%	10.3%	15.4%	12.8%	0.0%	5.1%	100.0%
Tertiary Level Care	50.0%	25.0%	25.0%	0.0%	0.0%	0.0%	100.0%
Total	26.9%	13.4%	10.9%	35.3%	9.2%	4.2%	100.0%

Across the regions, Southern region seems to be in better position compared to the other regions in terms of the lead period as 56.3 percent of its SDPs do receive supplies within one month after ordering. Eastern region is least privileged with just 23.0 percent of SDPs receiving medical supplies within one month. Table 4.1.111 outlines estimated length of time between ordering and receiving of supplies by administrative unit (region).

Table 4.1.111: Estimated length of time between ordering and receiving of supplies by administrative unit (region)

Administrative Unit (Region)	Percentage						
	Less than 2 weeks	More than 2 weeks but not up to 1 month	More than 1 month but not up to 2 months	More than 2 months but not up to 4 months	More than 4 months but not up to 6 months	More than 6 months	**Total**
Eastern	11.5%	11.5%	3.8%	50.0%	15.4%	7.7%	100.0%
Northern	31.7%	12.2%	7.3%	34.1%	12.2%	2.4%	100.0%
Southern	31.3%	25.0%	12.5%	25.0%	6.3%	0.0%	100.0%
Western Area	30.0%	0.0%	25.0%	35.0%	0.0%	10.0%	100.0%
Total	26.9%	13.4%	10.9%	35.3%	9.2%	4.2%	100.0%

Regarding urban/rural residence, findings show that SDPs in urban areas (50.0 percent) are more fortunate than those in rural areas (34.2 percent) to receive supplies within one month after ordering. Table 4.1.112 presents the estimated length of time between ordering and receiving of supplies by urban/rural residence.

Table 4.1.112: Estimated length of time between order and receiving of supplies by urban/rural residence

Residence	Percentage						
	Less than 2 weeks	More than 2 weeks but not up to 1 month	More than 1 month but not up to 2 months	More than 2 months but not up to 4 months	More than 4 months but not up to 6 months	More than 6 months	**Total**
Rural	20.5%	13.7%	6.8%	42.5%	12.3%	4.1%	100.0%
Urban	37.0%	13.0%	17.4%	23.9%	4.3%	4.3%	100.0%
Total	26.9%	13.4%	10.9%	35.3%	9.2%	4.2%	100.0%

Table 4.1.113 gives the estimated length of time between ordering and receiving of supplies by management of facility. The survey demonstrates that government SDPs (31.5 percent) are less likely to receive medical supplies after ordering as compared to the other types of SDPs' management. Faith-based SDPs have more advantage; with almost all SDPs (91.7 percent) reported receiving medical supplies after ordering. At least 50% of NGO and private SDPs are fulfilling the indicator.

Table 4.1.113: Estimated length of time between order and receiving of supplies by management of facility

Management of facility	Percentage						
	Less than 2 weeks	More than 2 weeks but not up to 1 month	More than 1 month but not up to 2 months	More than 2 months but not up to 4 months	More than 4 months but not up to 6 months	More than 6 months	**Total**
Faith-based	75.0%	16.7%	8.3%	0.0%	0.0%	0.0%	100.0%
Government	16.8%	14.7%	9.5%	44.2%	11.6%	3.2%	100.0%
NGO	50.0%	0.0%	25.0%	0.0%	0.0%	25.0%	100.0%
Private	62.5%	0.0%	25.0%	0.0%	0.0%	12.5%	100.0%
Total	26.9%	13.4%	10.9%	35.3%	9.2%	4.2%	100.0%

4.1.7 Order or request for contraceptives by SDPs fulfilled in full

The 2017 GPRHCS survey was modified to investigate whether SDPs have their quantities of contraceptives ordered or requested fully fulfilled. Table 4.1.114 presents percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by type of SDPs. Survey results revealed slightly over one-quarter of SDPs (28.8 percent) have quantities of contraceptives ordered or requested fully fulfilled. Whilst all tertiary SDPs reported to have quantities of contraceptives ordered or requested fully fulfilled, fewer primary and secondary SDPs confirmed have quantities of contraceptives ordered or requested fully fulfilled according to results. This could explain the persistently low occurrence of no stock-out at primary and secondary SDPs discussed in earlier sections.

Table 4.1.114: Percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled, by type of SDPs

Type of facility	Percentage			
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Not Applicable	Total
Primary Level Care	26.0%	65.8%	8.2%	100.0%
Secondary Level Care	25.9%	66.7%	7.4%	100.0%
Tertiary Level Care	100.0%	0.0%	0.0%	100.0%
Total	28.8%	63.5%	7.7%	100.0%

Though low, Eastern and Southern regions have better standing in terms fulfilment of quantities of contraceptives ordered or requested; with slightly over 40 percent of SDPs in these regions have the quantities fully fulfilled. Fewer SDPs in Northern region and Western Area have their quantities fully fulfilled as results suggest. Table 4.1.115 shows percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by region.

Table 4.1.115: Percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by administrative unit (region)

Administrative Unit (Region)	Percentage			
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Not Applicable	Total
Eastern	40.9%	50.0%	9.1%	100.0%
Northern	16.7%	75.0%	8.3%	100.0%
Southern	41.4%	55.2%	3.4%	100.0%
Western Area	17.6%	70.6%	11.8%	100.0%
Total	28.8%	63.5%	7.7%	100.0%

Findings evidence slightly more urban SDPs (32.4 percent) than rural SDPs (26.9 percent) reportedly have their quantities of contraceptive fully fulfilled according to Table 4.1.116.

Table 4.1.116: Percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by urban/rural residence

Urban/rural residence	Percentage			
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Not Applicable	Total
Rural	26.9%	64.2%	9.0%	100.0%
Urban	32.4%	62.2%	5.4%	100.0%
Total	28.8%	63.5%	7.7%	100.0%

Survey results in Table 4.1.117 fulfilment of quantities of contraceptives ordered or requested is fairly high for privately-owned SDPs but apparently less for SDPs of the other proprietors. Whilst half of SDPs owned by private proprietors, one-third of NGO SDPs and around one-quarter of faith-based and government SDPs have quantities of contraceptive ordered or requested fully fulfilled.

Table 4.1.117: Percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by management of facility

Management of facility	Percentage			
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Not Applicable	Total
Faith-based	25.0%	25.0%	50.0%	100.0%
Government	28.0%	65.6%	6.5%	100.0%
NGO	33.3%	66.7%	0.0%	100.0%
Private	50.0%	50.0%	0.0%	100.0%
Total	28.8%	63.5%	7.7%	100.0%

Findings show no clear association between fulfilment of quantities of contraceptive ordered or requested and distance from nearest source of supplies because of mixed results as Table 4.1.118 shows.

Table 4.1.118: Percentage distribution of SDPs whose orders/requests for contraceptives were fully fulfilled by distance from nearest source of supplies

Distance from nearest warehouse/source of supplies (in km)	Percentage			
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Not Applicable	Total
0-4	50.0%	50.0%	0.0%	100.0%
5-9	10.0%	60.0%	30.0%	100.0%
10-14	25.0%	75.0%	0.0%	100.0%
15-19	25.0%	75.0%	0.0%	100.0%
20-24	0.0%	100.0%	0.0%	100.0%
25-29	20.0%	80.0%	0.0%	100.0%
30-35	33.3%	33.3%	33.3%	100.0%
35-39	0.0%	100.0%	0.0%	100.0%
40-45	16.7%	66.7%	16.7%	100.0%
45-49	0.0%	100.0%	0.0%	100.0%
50 and over	27.8%	61.1%	11.1%	100.0%
Total	28.8%	63.5%	7.7%	100.0%

4.1.8 Reasons why order or request for contraceptives are not fulfilled in full

For SDPs where quantities of contraceptive ordered or requested are not fully fulfilled, respondents were asked to state reasons for the occurrence. Non-fulfilment of quantities occurred in primary and secondary SDPs only; primarily indicating that quantities received were determined by the institution/warehouse.

4.1.9 Existence of trained staff in aspects of logistics management information system

The 2017 GPRHCS also investigated the existence of trained staff in aspects of logistics management information system (LMIS) as another modification to the survey. Table 4.1.119 presents percentage distribution of SDPs with staff trained in four aspects of LIMS by type of SDPs. Results revealed training of staff in aspects of LMIS is generally low with 24-28 percent of SDPs accounted for trained staff in an aspect of LMIS. The low existence of trained staff in all four aspects of LMIS was discovered especially in primary and secondary SDPs. Tertiary SDPs, however, were seen to have incomparable presence of trained staff in the aspects of LIMS.

Table 4.1.119: Percentage distribution of SDPs with staff trained in aspects of logistics management information system by type of SDPs

Type of facility	Percentage			
	Assessing stock status (including knowledge of minimum and maximum stock balances)	Making request or ordering for restocking	Record keeping (including the use of logistics forms and maintaining dispensing and client registers)	Ensuring appropriate physical storage of products
Primary Level Care	26.0%	26.0%	26.0%	21.9%
Secondary Level Care	21.4%	21.4%	23.8%	21.4%
Tertiary Level Care	75.0%	100.0%	100.0%	100.0%
Total	26.1%	26.9%	27.7%	24.4%

Results show Southern region reported slightly high presence of trained staff in all four aspects of LIMS than the other three regions according to Table 4.1.120. Surprisingly, Western Area accounted for the least proportions of LIMS aspects.

Table 4.1.120: Percentage distribution of SDPs with staff trained in aspects of logistics management information system by administrative unit (Region)

Administrative Unit (Region)	Percentage			
	Assessing stock status (including knowledge of minimum and maximum stock balances)	Making request or ordering for restocking	Record keeping (including the use of logistics forms and maintaining dispensing and client registers)	Ensuring appropriate physical storage of products
Eastern	34.6%	34.6%	34.6%	23.1%
Northern	17.1%	17.1%	17.1%	17.1%
Southern	40.6%	40.6%	43.8%	40.6%
Western Area	10.0%	15.0%	15.0%	15.0%
Total	26.1%	26.9%	27.7%	24.4%

Table 4.1.121 gives percentage distribution of SDPs with staff trained in aspects of logistics management information system by urban/rural residence. Findings from the survey envisage apparently low existence of staff trained in aspects of LIMS at rural and urban SDPs; showing no significant difference.

Table 4.1.121: Percentage distribution of SDPs with staff trained in aspects of logistics management information system by urban/rural residence

Urban/rural residence	Percentage			
	Assessing stock status (including knowledge of minimum and maximum stock balances)	Making request or ordering for restocking	Record keeping (including the use of logistics forms and maintaining dispensing and client registers)	Ensuring appropriate physical storage of products
Rural	26.0%	26.0%	26.0%	23.3%
Urban	26.1%	28.3%	30.4%	26.1%
Total	26.1%	26.9%	27.7%	24.4%

Findings generally revealed low presence of staff trained in all LIMS aspects at all management types of SDPs. Table 4.1.122 presents percentage distribution of SDPs with staff trained in aspects of logistics management information system by management of facility.

Table 4.1.122: Percentage distribution of SDPs with staff trained in aspects of logistics management information system by management of facility

Management of facility	Percentage			
	Assessing stock status (including knowledge of minimum and maximum stock balances)	Making request or ordering for restocking	Record keeping (including the use of logistics forms and maintaining dispensing and client registers)	Ensuring appropriate physical storage of products
Faith-based	25.0%	25.0%	33.3%	25.0%
Government	26.3%	27.4%	27.4%	24.2%
NGO	25.0%	25.0%	25.0%	25.0%
Private	25.0%	25.0%	25.0%	25.0%
Total	26.1%	26.9%	27.7%	24.4%

4.1.10 Storage of supplies that are supposed to be in cold chain

Although results from the survey indicated that majority of SDPs (73.1 percent) have a (functioning) cold chain for storing medical supplies, yet a significant percentage (26.9 percent) have got no cold chain. SDPs without any cold chain indicated often storing the required medical supplies to the nearest health facilities with a cold chain. All tertiary SDPs and 87.2 percent of secondary SDPs were found to have a cold chain. Primary SDPs are least having a cold chain; registering 64.5 percent. Regionally, Southern region has highest percentage of SDPs with a cold chain (81.0 percent).

Eastern region account for relatively least percentage of SDPs (61.5 percent) having a cold chain. Proportionately, more urban SDPs (82.6 percent) than rural SDPs (67.1 percent) were found to have a cold chain. By management type, all NGO SDPs and over 70 percent of government and private SDPs, each, have a cold chain whilst faith-based SDPs are least (66.7 percent) have a cold chain.

4.1.11 Types of cold chain available at SDPs and source of power

For SDPs with a (functional) cold chain, type and source of power were investigated and verified by physically observing the assets. An electric fridge was discovered in majority of SDPs with a (functioning) cold chain (66.4 percent) with just 6.7 percent possessing an ice box used for storing required medical supplies. Table 4.1.123 presents the types of cold chain available by type of service delivery points. All tertiary SDPs and almost 80 percent of secondary SDPs are having an electric fridge. An electric fridge was visible in slightly over half of primary SDPs (57.9 percent).

Table 4.1.123: Availability of cold chain by type of service delivery points

Type of facility	Percentage			
		Type of cold chain available		
	No cold chain available	Electric Fridge	Ice box (SDP have to regularly replenish ice supply)	Total
Primary Level Care	35.5%	57.9%	6.6%	100.0%
Secondary Level Care	12.8%	79.5%	7.7%	100.0%
Tertiary Level Care	0.0%	100.0%	0.0%	100.0%
Total	26.9%	66.4%	6.7%	100.0%

Obviously, electric fridge forms the main type of cold chain for SDPs in all regions. Western area has slightly more SDPs with an electric fridge (70.0 percent) whilst Eastern region has got less SDPs owning the cold chain (57.7 percent). Table 4.1.124 gives the types of cold chain by administrative unit (region).

Table 4.1.124: Availability of cold chain by administrative unit (region)

Administrative Unit (Region)	Percentage			
		Type of cold chain available		
	No cold chain available	Electric Fridge	Ice box (SDP have to regularly replenish ice supply)	Total
Eastern	38.5%	57.7%	3.8%	100.0%
Northern	26.8%	68.3%	4.9%	100.0%
Southern	18.8%	68.8%	12.5%	100.0%
Western Area	25.0%	70.0%	5.0%	
Total	26.9%	66.4%	6.7%	100.0%

More SDPs in urban areas (76.1 percent) than in rural areas (60.3 percent) have got an electric fridge whereas relatively less SDPs. Table 4.1.125 gives the types of cold chain available by urban/ rural residence.

Table 4.1.125: Availability of cold chain by urban/rural residence

Type of facility	Percentage			
		Type of cold chain available		
	No cold chain available	Electric Fridge	Ice box (SDP have to regularly replenish ice supply)	Total
Rural	32.9%	60.3%	6.8%	100.0%
Urban	17.4%	76.1%	6.5%	100.0%
Total	26.9%	66.4%	6.7%	100.0%

All NGO SDPs and lager percentage of privately owned SDPs (75 percent) have got an electric fridge only. Around two-thirds of government SDPs and only half of faith-based SDPs do have an electric fridge. Table 4.1.126 highlights availability of cold chain by management of facility.

Table 4.1.126: Availability of cold chain by management of facility

Type of facility	Percentage			
		Type of cold chain available		
	No cold chain available	Electric Fridge	Ice box (SDP have to regularly replenish ice supply)	Total
Faith-based	33.3%	50.0%	16.7%	100.0%
Government	27.4%	66.3%	6.3%	100.0%
NGO	0.0%	100.0%	0.0%	100.0%
Private	25.0%	75.0%	0.0%	
Total	26.9%	66.4%	6.7%	100.0%

With regards main source of power for SDPs with electric fridge, data suggests the most popular source of power for SDPs is solar power being accounted by 65.8 percent of SDPs. Solar panels are installed with support from government and health sector partners including UNICEF and UKAID at health facilities to complement electricity through solar power for maintaining cold chain where electricity from national grid managed by EDSA (Electricity Distribution and Service Authority) is rare or not available. Solar power was visibly seen as the primary source of electricity for electric fridge in almost all primary SDPs (95.5 percent). Although bulk of secondary SDPs (67.8 percent) are sourcing electricity from national grid or generator plant on premises, yet a significant proportion of them (32.2 percent) do rely on solar panel for electric fridge. Only tertiary SDPs are mainly dependent on national grid electricity according to results in Table 4.1.127.

Table 4.1.127: Source of power for electric fridge used for cold chain by type of service delivery points

Type of Facility	Percentage			
	Electricity from national grid	Generator plant at SDP	Solar power at SDP	Total
Primary Level Care	0.0%	4.5%	95.5%	100.0%
Secondary Level Care	45.2%	22.6%	32.2%	100.0%
Tertiary Level Care	100.0%	0.0%	0.0%	100.0%
Total	22.8%	11.4%	65.8%	100.0%

It is obvious that solar power is popularly the main source of power for electric fridge at SDPs in in three regions (Eastern, Northern and Southern) according to survey results; but least visible in Western Area. SDPs in Western Area are largely relying on national grid electricity or generator plant on their premises for electric fridge. Table 4.1.128 presents source of power for electric fridge used for cold chain by administrative unit (region).

Table 4.1.128: Source of power for electric fridge used for cold chain by administrative unit (region)

Administrative Unit (Region)	Percentage			
	Electricity from national grid	Generator plant at SDP	Solar power at SDP	Total
Eastern	6.7%	13.3%	80.0%	100.0%
Northern	25.0%	7.1%	67.9%	100.0%
Southern	13.6%	9.1%	77.3%	100.0%
Western Area	50.0%	21.4%	28.6%	100.0%
Total	22.8%	11.4%	65.8%	100.0%

Table 4.1.129 outlines source of power for fridges used for cold chain by urban/rural residence. Solar power is seen as the primary source of electricity for electric fridge at SDPs in rural areas (90.9 percent) with a few of them (9.0 percent) getting electricity from national grid or generator plant. Although urban SDPs are largely sourcing electricity from national grid or generator plant (65.7 percent), yet solar power provides electricity at fairly good proportion of the SDPs (34.3 percent).

Table 4.1.129: Source of power for electric fridge used for cold chain by urban/ rural residence

Residence	Percentage			
	Electricity from national grid	Generator plant at SDP	Solar power at SDP	Total
Rural	4.5%	4.5%	90.9%	100.0%
Urban	45.7%	20.0%	34.3%	100.0%
Total	22.8%	11.4%	65.8%	100.0%

Survey results in Table 4.1.130 revealed more government SDPs (76.2 percent) account for solar power for their electric fridge national grid electricity is largely visible at private SDPs. More NGO SDPs are relying on generator plant (50.0 percent).

Table 4.1.130: Source of power for electric fridge used for cold chain by management of facility

Management of facility	Percentage			
	Electricity from national grid	Generator plant at SDP	Solar power at SDP	Total
Faith-based	33.3%	16.7%	50.0%	100.0%
Government	15.9%	7.9%	76.2%	100.0%
NGO	25.0%	50.0%	25.0%	100.0%
Private	83.3%	16.7%	0.0%	100.0%
Total	22.8%	11.4%	65.8%	100.0%

4.2 Staff training and supervision

4.2.1 Availability of staff trained to provide FP services including for implants

Respondents were asked about the availability of trained staff to provide family planning (FP) services; and for the insertion and removal of implants at SDPs. The assumption was that staff received the training on basic FP methods and for the insertion and removal of implants separately. Generally, the survey results revealed that 83.2 percent of SDPs have staff trained to provide FP services; result is down by 3.1 percent and 5.1 percent of 2016 and 2015 survey result of 86.3 percent and 88.3 percent; respectively. Nearly three-quarters of SDPs (72.3 percent) have staff trained for insertion and removal of implants; up by 8.5 percent that of 2016 result (63.8 percent). Findings disclosed that all tertiary SDPs have staff trained to provide FP services and the insertion and removal of implants. Around 74.4 percent of secondary SDPs have staff trained to provide FP services as well as the insertion and removal of implants. More primary SDPs were seen to have staff trained to provide FP services (86.8 percent) than for the insertion and removal of implants (69.7 percent).

Survey results registered more SDPs with staff trained to provide FP services than for the insertion and removal of implants in all regions. Southern and Eastern regions accounted for more SDPs with staff trained to provide FP services (90.6 percent) and for the insertion and removal of implants (80.8 percent); respectively than the other regions. Whereas Western Area demonstrated the least rate for both services; registering 75.0 percent and 60.0 percent, respectively. Greater proportions of SDPs (over 80 percent) in bother rural and urban areas have got staff trained to provide FP services than for the insertion and removal of implants; that registered 78.3 percent in urban areas and 68.5 percent in rural areas.

Government SDPs largely accounted for trained staff for provision of FP services (90.5) percent and the insertion and removal of implants (76.8 percent) than SDPs of other proprietors. Survey revealed same proportions of SDPs of other three proprietors for both services; with those of faith-based organisations registering least. Table 4.2.131 shows percentage of SDPs with staff trained to provide FP services and for the insertion and removal of implants.

Table 4.2.131: Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of implants

Characteristics	Percentage of SDPs with staff trained	
	To provide FP services	For the insertion and removal of implants
Type of Facility		
Primary Level Care	86.8%	69.7%
Secondary Level Care	74.4%	74.4%
Tertiary Level Care	100.0%	100.0%
Region		
Eastern	88.5%	80.8%
Northern	78.0%	70.7%
Southern	90.6%	75.0%
Western Area	75.0%	60.0%
Residence		
Rural	83.6%	68.5%
Urban	82.6%	78.3%
Management		
Faith-based	41.7%	41.7%
Government	90.5%	76.8%
NGO	75.0%	75.0%
Private	62.5%	62.5%
Total	**83.2%**	**72.3%**

4.2.2 Training of staff members for the provision of FP services including for implants

Respondents were asked to indicate whether training of staff at SDPs on FP services included insertion and removal of implants. The implication was that staff training on basic FP methods must have included the insertion and removal of implants; integration of both trainings can be cost-effective. Survey results revealed 68.1 percent of SDPs with staff trained to provide basic FP services have training included the insertion and removal of implants at the same time.

Table 4.2.132 displays percentage distribution of SDPs with staff trained to provide FP services including the insertion and removal of implants by type of SDPs. Findings evidently showed that tertiary SDPs largely have staff trained on provision of basic FP services and for the insertion and removal of implants (75.0 percent) at the same time. Comparatively less primary and secondary SDPs were found to have trained staff on provision of basic FP services as well as the insertion and removal of implants. Whilst 69.2 percent of secondary SDPs have staff trained to provide basic FP services and the insertion and removal of implants; 67.1 percent of primary SDPs have staff to have benefitted from both trainings.

Table 4.2.132: Percentage distribution of SDPs with staff trained to provide FP services including the insertion and removal of implants by type of SDPs

Type of Facility	Percentage of staff trained	
	To provide FP services	Included the insertion and removal of Implants
Primary Level Care	86.8%	67.1%
Secondary Level Care	74.4%	69.2%
Tertiary Level Care	100.0%	75.0%
Total	**83.2%**	**68.1%**

At least half of SDPs, where staff were trained on basic FP services, have training included the insertion and removal of implants across all the regions. However, Southern region recorded slightly more SDPs (75.0 percent) to have staff trained to provide basic FP services and at the same time trained for the insertion and removal of implant whilst Western Area registered least SDPs (50.0 percent) with staff trained to provide the two services as presented in Table 4.2.133.

Table 4.2.133: Percentage distribution of SDPs with staff trained to provide FP services including the insertion and removal of implants by administrative unit (region)

Administrative Unit (Region)	Percentage of SDPs with staff trained	
	To provide FP services	Included the insertion and removal of Implants
Eastern	88.5%	73.1%
Northern	78.0%	68.3%
Southern	90.6%	75.0%
Western Area	75.0%	50.0%
Total	**83.2%**	**68.1%**

Regarding rural/urban residence, results show no significance difference between urban and rural SDPs with staff trained to provide basic FP services and the insertion and removal of implants. As much urban SDPs (67.4 percent) as rural ones (68.5 percent) have staff trained to provide both services at the same time as Table 4.2.134 shows.

Table 4.2.134: Percentage distribution of SDPs with staff trained to provide FP services including the insertion and removal of implants by urban/rural residence

Residence	Percentage of SDPs with staff trained	
	To provide FP services	Included the insertion and removal of Implants
Rural	83.6%	68.5%
Urban	82.6%	67.4%
Total	83.2%	68.1%

Table 4.2.135 highlights percentage of SDPs with staff trained to provide FP services including insertion and removal of implants. More NGO and government SDPs were seen with staff trained to basic FP services and inclusively the insertion and removal of implants; at 75.0 percent and 71.6 percent, respectively. Faith-based SDPs ranked least (41.7 percent) with staff trained to inclusively provide basic FP services and the insertion and removal of implants.

Table 4.2.135: Percentage distribution of SDPs with staff trained to provide FP services including the insertion and removal of implants by management type

Management type	Percentage of SDPs with staff trained	
	To provide FP services	Included the insertion and removal of Implants
Faith-based	41.7%	41.7%
Government	90.5%	71.6%
NGO	75.0%	75.0%
Private	62.5%	62.5%
Total	**83.2%**	**68.1%**

For SDPs with staff trained to provide basic FP services and the insertion and removal of implants, respondents were further asked to indicate the most recent time staff had received the training. Of the SDPs with staff trained, fewer (15.2 percent) reported the last time staff had received training was in the last two months before the survey. Whereas greater proportions of SDPs have staff been trained between two months and one year ago (42.5 percent). About one-fifth (23.2 percent) have staff received training more than one year ago. Sadly, about one-fifth of SDPs could not tell the most recent time staff had received training for the FP services.

Table 4.2.136 shows the percentage distribution of the last time staff received training for FP including for provision of implants by type of SDP. Survey results suggest all SDPs (primary, secondary, tertiary) largely have staff received training between two months and one year ago.

Table 4.2.136: Percentage distribution of the last time staff received training for FP including for provision of implants by type of SDP

Type of Facility	Most recent training for FP (Percentage)					
	In the last two months	Between two and six months ago	Between six month and one year ago	More than one year ago	Cannot tell	**Training exercise include the insertion and removal of implant contraceptive Total**
Primary Level Care	16.7%	15.2%	22.7%	24.2%	21.2%	67.1%
Secondary Level Care	13.8%	17.2%	31.0%	20.7%	17.2%	69.2%
Tertiary Level Care	0.0%	0.0%	75.0%	25.0%	0.0%	75.0%
Total	15.2%	15.2%	27.3%	23.2%	19.2%	68.1%

Whilst much SDPs in all regions have staff been trained in at least two months to one year's time, yet significant proportions have got staff trained more than one year ago, except in Southern region. Table 4.2.137 presents percentage distribution of the last time staff received training for FP including for provision of implants by region.

Table 4.2.137: Percentage distribution of the last time staff received training for FP including for provision of implants by administrative unit (region)

Region	Most recent training for FP (Percentage)					
	In the last two months	Between two and six months ago	Between six month and one year ago	More than one year ago	Cannot tell	**Training exercise include the insertion and removal of implant contraceptive Total**
Eastern	21.7%	13.0%	21.7%	30.4%	13.0%	73.1%
Northern	15.6%	9.4%	31.3%	31.3%	12.5%	68.3%
Southern	17.2%	27.6%	24.1%	6.9%	24.1%	75.0%
Western Area	0.0%	6.7%	33.3%	26.7%	33.3%	50.0%
Total	15.2%	15.2%	27.3%	23.2%	19.2%	68.1%

It was observed that quiet more SDPs in rural areas than in the urban areas have staff trained between two months and one year ago as shown in Table 4.2.138.

Table 4.2.138: Percentage distribution of the last time staff received training for FP including for provision of implants by urban/rural residence

Residence	Most recent training for FP (Percentage)					
	In the last two months	Between two and six months ago	Between six month and one year ago	More than one year ago	Cannot tell	**Training exercise include the insertion and removal of implant contraceptive Total**
Rural	16.4%	18.0%	24.6%	19.7%	21.3%	68.5%
Urban	13.2%	10.5%	31.6%	28.9%	15.8%	67.4%
Total	15.2%	15.2%	27.3%	23.2%	19.2%	68.1%

Survey results revealed that all SDPs of NGOs are reported to have staff trained between two months and one year ago. Significant proportions of SDPs managed by other proprietors including government have staff trained over one year ago as Table 4.2.139 outlines.

Table 4.2.139: Percentage distribution of the last time staff received training for FP including for provision of implants by management of facility

Management of facility	Most recent training for FP (Percentage)					
	In the last two months	Between two and six months ago	Between six month and one year ago	More than one year ago	Cannot tell	**Training exercise include the insertion and removal of implant contraceptive Total**
Faith-based	20.0%	20.0%	0.0%	20.0%	40.0%	41.7%
Government	15.1%	15.1%	29.1%	23.3%	17.4%	71.6%
NGO	33.3%	33.3%	33.3%	0.0%	0.0%	75.0%
Private	0.0%	0.0%	20.0%	40.0%	40.0%	62.5%
Total	15.2%	15.2%	27.3%	23.2%	19.2%	68.1%

4.2.3 Time and frequency of staff supervision

It was noted that staff supervision by RH/FP authorities has not been quiet regular. Data on most recent time of supervision showed half of SDPs (51.2 percent) reported to have been supervised in one to three months in the past 12 months. Up to one-quarter (25.2 percent) had supervision visit beyond three months to one year ago.

Survey results suggest less secondary SDPs than primary and tertiary SDPs have had supervision in one to three months in the past 12 months. Table 4.2.140 presents percentage distribution of the last time the facility was supervised in the past 12 months by type of SDPs.

Table 4.2.140: Percentage distribution of the last time the facility was supervised in the past 12 months by type of SDPs

Type of Facility	Last time the facility was supervised in the past 12 months				
	In less than one month	Between one and three months ago	Between three and six months ago	Between six month and one year ago	**Not supervised in the past 12 months**
Primary Level Care	27.6%	28.9%	14.5%	5.3%	23.7%
Secondary Level Care	28.2%	12.8%	12.8%	20.5%	25.6%
Tertiary Level Care	25.0%	25.0%	0.0%	50.0%	0.0%
Total	27.7%	23.5%	13.4%	11.8%	23.5%

Analysis by region, Eastern region and Western Area have less of SDPs been recently supervised in one to three months during the past 12 months as Table 4.2.141 highlights.

Table 4.2.141: Percentage distribution of the last time the facility was supervised in the past 12 months by administrative unit (region)

Region	Last time the facility was supervised in the past 12 months				
	In less than one month	Between one and three months ago	Between three and six months ago	Between six month and one year ago	**Not supervised in the past 12 months**
Eastern	7.7%	15.4%	23.1%	11.5%	42.3%
Northern	36.6%	22.0%	4.9%	12.2%	24.4%
Southern	40.6%	31.3%	15.6%	3.1%	9.4%
Western Area	15.0%	25.0%	15.0%	25.0%	20.0%
Total	27.7%	23.5%	13.4%	11.8%	23.5%

Findings from the survey shows slightly more SDPs in rural areas than in urban areas have been supervised in one to three months in the past 12 months as Table 4.2.142 shows.

Table 4.2.142: Percentage distribution of the last time the facility was supervised in the past 12 months by urban/rural residence

Residence	Last time the facility was supervised in the past 12 months				
	In less than one month	Between one and three months ago	Between three and six months ago	Between six month and one year ago	**Not supervised in the past 12 months**
Rural	26.0%	28.8%	16.4%	6.8%	21.9%
Urban	30.4%	15.2%	8.7%	19.6%	26.1%
Total	27.7%	23.5%	13.4%	11.8%	23.5%

Data collected suggests that slightly more government and NGO SDPs have been recently supervised in one to three months within the past 12 months. Table 4.2.143 highlights percentage distribution of the last time the facility was supervised in the past 12 months by management of facility.

Table 4.2.143: Percentage distribution of the last time the facility was supervised in the past 12 months by management of facility

Management of facility	Last time the facility was supervised in the past 12 months				
	In less than one month	Between one and three months ago	Between three and six months ago	Between six month and one year ago	**Not supervised in the past 12 months**
Faith-based	33.3%	8.3%	8.3%	0.0%	50.0%
Government	28.4%	25.3%	14.7%	12.6%	18.9%
NGO	25.0%	25.0%	0.0%	50.0%	0.0%
Private	12.5%	25.0%	12.5%	0.0%	50.0%
Total	27.7%	23.5%	13.4%	11.8%	23.5%

On the frequency of supervision, greater proportion of SDPs (59.6 percent) reported to have been supervised monthly or every three months and over one-tenth (12.6 percent) every six months or once a year. Weekly is generally least visible.

Analysis of data by level of SDPs envisages supervision seem to be more frequent at primary and secondary SDPs than tertiary ones. Around 63.2 percent of primary SDPs and 56.4 percent of secondary accounted for monthly or quarterly supervision whilst only 25.0 percent of tertiary SDPs reported supervision within the period as outlined in Table 4.2.144.

Table 4.2.144: Percentage distribution of the frequency of supervisory visits by type of SDPs

Type of facility	Frequency of supervisory visits					
	Weekly	Monthly	Every three months	Every six months	Once a year	**Not supervised**
Primary Level Care	5.3%	38.2%	25.0%	3.9%	3.9%	23.7%
Secondary Level Care	0.0%	35.9%	20.5%	5.1%	12.8%	25.6%
Tertiary Level Care	25.0%	0.0%	25.0%	25.0%	25.0%	0.0%
Total	4.2%	36.1%	23.5%	5.0%	7.6%	23.5%

Southern region has higher proportion of SDPs (81.3 percent) to have supervision visit on monthly or quarterly (every three months) basis as Table 4.2.145 presents. Whereas SDPs Eastern region least reported to have staff been supervised in the period.

Table 4.2.145: Percentage distribution of the frequency of supervisory visits by administrative unit (region)

Region	Frequency of supervisory visits					
	Weekly	Monthly	Every three months	Every six months	Once a year	**Not supervised**
Eastern	3.8%	30.8%	7.7%	7.7%	7.7%	42.3%
Northern	2.4%	39.0%	19.5%	7.3%	7.3%	24.4%
Southern	3.1%	43.8%	37.5%	3.1%	3.1%	9.4%
Western Area	10.0%	25.0%	30.0%	0.0%	15.0%	20.0%
Total	4.2%	36.1%	23.5%	5.0%	7.6%	23.5%

Survey envisaged that slightly more rural SDPs (67.1 percent) than rural ones (58.7 percent) are reported to be supervised monthly or quarterly (every three months). Table 4.2.146 presents percentage distribution of the frequency of supervisory visits by urban/rural residence.

Table 4.2.146: Percentage distribution of the frequency of supervisory visits by urban/rural residence

Residence	Frequency of supervisory visits					
	Weekly	Monthly	Every three months	Every six months	Once a year	**Not supervised**
Rural	2.7%	38.4%	26.0%	5.5%	5.5%	21.9%
Urban	6.5%	32.6%	19.6%	4.3%	10.9%	26.1%
Total	4.2%	36.1%	23.5%	5.0%	7.6%	23.5%

Table 4.2.147 shows percentage distribution of the frequency of supervisory visits by management of facility. Monthly supervision was popularly evidence in NGO SDPs than SDPs managed by other proprietors.

Table 4.2.147: Percentage distribution of the frequency of supervisory visits by management of facility

Management of facility	Frequency of supervisory visits					
	Weekly	Monthly	Every three months	Every six months	Once a year	**Not supervised**
Faith-based	0.0%	25.0%	16.7%	0.0%	8.3%	50.0%
Government	5.3%	36.8%	26.3%	6.3%	6.3%	18.9%
NGO	0.0%	75.0%	0.0%	0.0%	25.0%	0.0%
Private	0.0%	25.0%	12.5%	0.0%	12.5%	50.0%
Total	4.2%	36.1%	23.5%	5.0%	7.6%	23.5%

4.2.4 Issues included in SDP supervision

Various issues of focus during supervisory visits in the past 12 months at SDPs were investigated. Issues included staff clinical practices; drug stock out and expiry; staff availability and training; data completeness, quality and timely reporting; and reviewing use specific guidelines or job aids for reproductive health.

Table 4.2.148 shows the percentage of SDPs with issues included in supervisory visits by type of SDPs. All issues of focus ranging from staff clinical practices to data completeness, quality and timely reporting were reasonably mentioned by over 60 percent of SDPs overall. Reviewing use of specific guidelines or job aids for reproductive health was least accounted at all SDP levels. Although least supervised, yet tertiary SDPs rated higher (over 70 percent) all issues focused during supervisory visits except reviewing use of specific guidelines or job aids for reproductive health. Over 60 percent of primary and secondary SDPs generally accounted all issues.

Table 4.2.148: Percentage of SDPs with issues included in supervisory visits by type of SDPs

Type of Facility	Frequency of supervisory visits					
	Staff clinical practices	Drug stock out and expiry	Staff availability and training	Data completeness, quality and timely reporting	Reviewing use of specific guidelines or job aids for reproductive health	**Others**
Primary Level Care	65.8%	71.1%	68.4%	65.8%	55.3%	2.6%
Secondary Level Care	64.1%	64.1%	66.7%	59.0%	56.4%	7.7%
Tertiary Level Care	75.0%	75.0%	75.0%	75.0%	50.0%	0.0%
Total	65.5%	68.9%	68.1%	63.9%	55.5%	4.2%

Regional analysis reveals Southern region exceptionally accounted for all issues during supervisory visits than the other regions. Whereas Eastern region rated least for issues mentioned during supervision. Table 4.2.149 presents percentage of SDPs with issues included in supervisory visits by type of administrative unit (region) is given in.

Table 4.2.149: Percentage of SDPs with issues included in supervisory visits by type of administrative unit (region)

Administrative Unit (Region)	Frequency of supervisory visits					
	Staff clinical practices	Drug stock out and expiry	Staff availability and training	Data completeness, quality and timely reporting	Reviewing use of specific guidelines or job aids for reproductive health	**Others**
Eastern	53.8%	53.8%	53.8%	53.8%	50.0%	3.8%
Northern	61.0%	61.0%	61.0%	61.0%	53.7%	4.9%
Southern	81.3%	87.5%	84.4%	81.3%	56.3%	3.1%
Western Area	65.0%	75.0%	75.0%	55.0%	65.0%	5.0%
Total	65.5%	68.9%	68.1%	63.9%	55.5%	4.2%

Coverage of most indicated issues during supervision was considerably in both rural and urban at SDPs. Table 4.2.150 presents percentage of SDPs with issues included in supervisory visits by urban/rural residence.

Table 4.2.150: Percentage of SDPs with issues included in supervisory visits by urban/rural residence

Residence	Frequency of supervisory visits					
	Staff clinical practices	Drug stock out and expiry	Staff availability and training	Data completeness, quality and timely reporting	Reviewing use of specific guidelines or job aids for reproductive health	**Others**
Rural	65.8%	69.9%	68.5%	64.4%	54.8%	4.1%
Urban	65.2%	67.4%	67.4%	63.0%	56.5%	4.3%
Total	65.5%	68.9%	68.1%	63.9%	55.5%	4.2%

Supervision covering all indicated issues were remarkably reported for NGO and government SDPs. Faith-based SDPs registered lowest coverage of all issues during supervision. Percentage of SDPs with issues included in supervisory visits by management of facility is indicated in Table 4.2.151.

Table 4.2.151: Percentage of SDPs with issues included in supervisory visits by management of facility

Management of facility	Frequency of supervisory visits					
	Staff clinical practices	Drug stock out and expiry	Staff availability and training	Data completeness, quality and timely reporting	Reviewing use of specific guidelines or job aids for reproductive health	**Others**
Faith-based	25.0%	33.3%	33.3%	33.3%	25.0%	16.7%
Government	71.6%	75.8%	73.7%	69.5%	62.1%	2.1%
NGO	75.0%	75.0%	75.0%	75.0%	75.0%	25.0%
Private	50.0%	37.5%	50.0%	37.5%	12.5%	0.0%
Total	65.5%	68.9%	68.1%	63.9%	55.5%	4.2%

4.3 Availability of guidelines, check-lists and job aids

Service delivery points were investigated for availability of guidelines, check-lists and/or job aids for family planning and antenatal care (ANC) as well as guidelines for medical waste disposal. The availability of guidelines, check-lists and/or job aids was based on physical verification during the survey by the researchers.

4.3.1 Family planning guidelines, check-lists and/or job aids

Table 4.3.152 presents percentage of SDPs with guidelines, check-lists and/or job aids for family planning and ANC. Generally, the availability of ANC guidelines and check-lists and/or job aids at SDPs was distinctively higher than that for family planning (FP). Around 68.9 percent and 68.1 percent of SDPs have ANC guidelines and check-lists and/or job aids available, respectively.

About 52.9 percent and 48.7 percent of SDPs was found to have FP guidelines and check-lists and/or job aids available, apiece. At SDP-level, whilst more tertiary SDPs (75.0 percent) was seen to have FP guidelines and check-lists and/or job aids available; fairly more primary and secondary SDPs were discovered to possess ANC guidelines and check-lists and/or job aids.

Slightly Southern region has got more SDPs possessing FP guidelines and check-lists and/or job aids. Northern region registered the least proportions of SDPs with the FP documents. Regarding urban/rural residence, slightly more rural SDPs than urban ones have FP check-lists and/or job aids available whilst urban SDPs take lead with FP guidelines. By management type of the facilities, FP guidelines and check-lists and/or job aids were considerably seen in government and NGO SDPs.

Table 4.3.152: Percentage of SDPs with guidelines, check-lists and/or job aids

Characteristics	Percentage				
	Family planning guidelines (national or WHO)	Family planning check-lists and/ or job-aids	ANC guidelines (national or WHO)	ANC check-lists and/or job-aids	Waste disposal guideline
Type of Facility					
Primary Level Care	53.9%	51.3%	68.4%	68.4%	63.2%
Secondary Level Care	48.7%	41.0%	69.2%	71.8%	74.4%
Tertiary Level Care	75.0%	75.0%	50.0%	50.0%	75.0%
Region					
Eastern	50.0%	46.2%	53.8%	65.4%	61.5%
Northern	43.9%	43.9%	63.4%	61.0%	56.1%
Southern	65.6%	62.5%	87.5%	84.4%	81.3%
Western Area	55.0%	40.0%	65.0%	65.0%	75.0%
Residence					
Rural	50.7%	49.3%	68.5%	68.5%	64.4%
Urban	56.5%	47.8%	67.4%	69.6%	71.7%
Management					
Faith-based	16.7%	8.3%	66.7%	66.7%	50.0%
Government	60.0%	56.8%	70.5%	71.6%	70.5%
NGO	75.0%	50.0%	100.0%	100.0%	75.0%
Private	12.5%	12.5%	25.0%	25.0%	50.0%
Total	**52.9%**	**48.7%**	**68.1%**	**68.9%**	**67.2%**

4.3.2 Antenatal care guidelines, check-lists and job aids

As seen in Table 4.3.152 ANC guidelines and check-lists and/or job-aids were less seen at tertiary SDPs than at primary and secondary SDPs. Across the regions, Eastern and Northern regions registered fewer SDPs with ANC guidelines and check-lists and/or job-aids, respectively. Southern region has got more SDPs to possess both documents. Same proportions of SDPs in the rural areas
were found to have the two documents whilst slightly more urban SDPs have got ANC check-lists and/or job-aids than guidelines. Parenthetically, all NGO SDPs were seen to have ANC guidelines and check-lists and/or job-aids. More government SDPs were discovered to have ANC guidelines as well as check-lists and/or job-aids available than faith-based and private SDPs.

4.3.3 Waste disposal guidelines

Table 4.3.152 (in section 4.3.1) above gives the percentage of SDPs with waste disposal guidelines. Evidently, around two-thirds of SDPs (67.2 percent) were found to possess waste disposal guidelines, overall. Analysis by SDP type revealed waste disposal guidelines was more visible in secondary and tertiary SDPs than primary SDPs; 75.0 percent and 74.4 percent of tertiary and secondary SDPs, respectively, were found to possess waste disposal guidelines whilst 63.2 percent of primary SDPs own the document. Availability of waste disposal guidelines is higher in Southern region and Western Area; registering 81.3 percent and 75.0 percent of SDPs with waste disposal guidelines, respectively. Northern region shows the lowest availability of the guidelines at 56.1 percent of SDPs possessing the guidelines. Slightly more SDPs in urban areas (71.7 percent) than in rural areas (64.4 percent) have waste disposal guidelines available. Availability of waste disposal guidelines was higher at NGO and government SDPs.

4.4 Use of Information Communication Technology (ICT) and waste disposal

Use of information communication technology (ICT) system at SDPs was further investigated. For SDPs using ICT system, the various forms of ICT as well as the sources of acquiring them and their uses were also investigated. Use of ICT system was ascertained by physical verification on the availability of the system. Again, the survey investigates the methods of disposing medical waste at the various SDPs.

4.4.1 ICT system available and how acquired

Survey results revealed 73.1 percent of SDPs have an ICT system available. Availability and use of ICT system was found higher at secondary SDPs (76.9 percent); but less primary SDPs (56.6 percent) and tertiary SDPs (50.0 percent) accounted for it. Availability and use of ICT system was remarkably higher in Western Area at 85.0 percent. The rate of using a form of ICT system in Northern region was 78.0 percent, 46.9 percent in Southern region and 42.3 percent in Eastern region (least). Nearly three-quarters of SDPs in urban areas (73.9 percent) were discovered to possess and use an ICT system whilst 56.2 percent in rural areas are owning and using an ICT system. Evidently, same proportions (75.0 percent) of private, NGO and faith-based SDPs are possessing and using an ICT system. Government SDPs accounted for the least availability and use of an ICT system (60.0 percent).

Table 4.4.153 shows percentage of SDPs with types of Information Communication Technology system available. According to survey results, the most common ICT system available is the mobile phones (basic handsets); discovered in 35.3 percent of SDPs. The popularity of basic mobile phones was visible at the SDP levels than any other ICT type. Availability of other types is generally low. Just about one-fifth of SDPs (21.0 percent) use computer (desktop/laptops/tablets), one-fifth (20.2 percent) have smart mobile phones and 8.4 percent have access to an internet facility (LAN [23] or Wi-Fi).

23 LAN is Local area network

Tertiary SDPs are seemingly better-off in terms availability of an ICT system; in that relatively larger proportions of them than primary and secondary SDPs have all types of ICT system available. Availability of all ICT types was least visible in primary SDPs. Worst-off no primary SDP has got access to any internet facility.

More SDPs in Western Area were found to have all ICT types, except tablets/laptops. Availability of all ICT types was lowest in Eastern region. Less rural SDPs were observed to possess any form of ICT system, except for tablets/laptops. Less government SDPs were found to possess some ICT system especially desktop computer, smart mobile phones and internet facilities.

Table 4.4.153: Percentage of SDPs with types of Information Communication Technology available

Characteristics	Percentage						
	Computer (Desktop)	Tablets/ Laptops	Mobile phones (basic handsets)	Mobile phones (smart phones)	Internet facilities (through LAN)	Internet facilities (through WiFi)	Others (VHF Radio Set)
Type of Facility							
Primary Level Care	0.0%	14.5%	28.9%	11.8%	0.0%	0.0%	1.3%
Secondary Level Care	28.2%	5.1%	46.2%	38.5%	5.1%	20.5%	0.0%
Tertiary Level Care	25.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Region							
Eastern	0.0%	3.8%	30.8%	7.7%	0.0%	0.0%	0.0%
Northern	12.2%	12.2%	39.0%	29.3%	0.0%	7.3%	2.4%
Southern	9.4%	21.9%	21.9%	6.3%	0.0%	6.3%	0.0%
Western Area	20.0%	0.0%	55.0%	40.0%	10.0%	15.0%	0.0%
Residence							
Rural	2.7%	13.7%	24.7%	16.4%	0.0%	1.4%	1.4%
Urban	21.7%	6.5%	52.2%	26.1%	4.3%	15.2%	0.0%
Management							
Faith-based	33.3%	8.3%	50.0%	33.3%	0.0%	33.3%	0.0%
Government	2.1%	12.6%	34.7%	14.7%	1.1%	0.0%	1.1%
NGO	75.0%	0.0%	25.0%	50.0%	25.0%	50.0%	0.0%
Private	37.5%	0.0%	25.0%	50.0%	0.0%	25.0%	0.0%
Total	**10.1%**	**10.9%**	**35.3%**	**20.2%**	**1.7%**	**6.7%**	**0.8%**

For the SDPs that possess an ICT system, sources of acquiring the system were further investigated. Table 4.4.154 presents percentage of SDPs with source of Information Communication Technology available. Findings revealed that many of the ICT systems used in SDPs are personal items of staff members (26.9 percent). Just around 24.4 percent of SDPs have ICT systems been provided by government, 9.2 percent said the systems are provided by proprietors and 9.2 percent have got the system as donation. Although ICT systems in almost levels of SDPs are mostly staff personal items; yet there is significant presence of government provision of them.

Across the regions, staff personal items of ICT systems were renowned seen at SDPs in three regions (Western Area, Eastern, Northern). In the Southern region, government provision of ICT systems is more visible. Staff personal items of the ICT systems were somehow more present than those provided by government in both rural and urban SDPs. Though, urban SDPs evidently seen to possess the systems from both sources.

Surprisingly, ICT systems in government SDPs were observed to be more of staff personal items than being provided by government. Equally, government items than staff personal items of ICT systems are far less seen in private and NGO SDPs. Faith-based SDPs were discovered to possess as much staff personal items as government items of ICT systems.

Table 4.4.154: Percentage of SDPs with source of Information Communication Technology available

Characteristics	Percentage				
	Personal item of staff members	Provided by government	Provided by proprietor of SDP	Received as Donation	Others
Type of Facility					
Primary Level Care	22.4%	25.0%	0.0%	7.9%	2.6%
Secondary Level Care	38.5%	23.1%	28.2%	10.3%	5.1%
Tertiary Level Care	0.0%	25.0%	0.0%	25.0%	0.0%
Region					
Eastern	38.5%	0.0%	0.0%	3.8%	0.0%
Northern	26.8%	34.1%	14.6%	7.3%	2.4%
Southern	6.3%	18.8%	6.3%	12.5%	6.3%
Western Area	45.0%	45.0%	15.0%	15.0%	5.0%
Residence					
Rural	20.5%	21.9%	4.1%	6.8%	2.7%
Urban	37.0%	28.3%	17.4%	13.0%	4.3%
Management					
Faith-based	33.3%	8.3%	33.3%	0.0%	16.7%
Government	25.3%	29.5%	0.0%	10.5%	2.1%
NGO	25.0%	0.0%	75.0%	25.0%	0.0%
Private	37.5%	0.0%	50.0%	0.0%	0.0%
Total	**26.9%**	**24.4%**	**9.2%**	**9.2%**	**3.4%**

4.4.2 Uses of ICT by SDPs

For SDPs that have ICT system available, information was subsequently collected on the purposes for which the systems are used. The common use of ICT systems was routine communication in 47.9 percent of SDPs. This could be explained by the greater proportion of SDPs owning mobile phones (basic and smart) as earlier evidence. Clinical consultation (characterized by long distance communication with experts) was mentioned by 28.6 percent of SDPs whereas 20.2 percent of SDPs with ICT system said they are using them for supply chain management/stock control (especially for suitably monitoring, accountability and timely reporting with regards RH commodities supply chain) and 17.6 percent for facility record keeping. Uses of ICT systems for other purposes are significantly low. Thus, increasing availability of ICT systems to SDPs would in turn enhance usage for the indicated purposes. Table 4.4.155 shows percentage of SDPs by main purpose for which ICT is used.

Table 4.4.155: Percentage of SDPs by main purpose for which ICT is used

Characteristics	Percentage										
	Patient registration	Facility record keeping	Individual patient records/ Electronic Medical Recordsets)	Health Insurance Claims & Reimbursement System	Mobile money cash transfers & payments	Routine communication	Clinical consultation (long distance communication with experts)	Awareness and demand creation activities	Supply chain management/ stock control	Health worker training	Others
Type of Facility											
Primary Level Care	7.9%	10.5%	5.3%	6.6%	6.6%	42.1%	26.3%	15.8%	15.8%	10.5%	6.6%
Secondary Level Care	20.5%	33.3%	10.3%	7.7%	10.3%	61.5%	30.8%	15.4%	28.2%	23.1%	2.6%
Tertiary Level Care	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	50.0%	50.0%	25.0%	0.0%	0.0%
Region											
Eastern	3.8%	3.8%	0.0%	3.8%	0.0%	34.6%	11.5%	0.0%	23.1%	19.2%	0.0%
Northern	2.4%	12.2%	0.0%	0.0%	4.9%	58.5%	39.0%	22.0%	9.8%	7.3%	14.6%
Southern	21.9%	34.4%	18.8%	12.5%	6.3%	25.0%	18.8%	15.6%	18.8%	9.4%	0.0%
Western Area	25.0%	20.0%	10.0%	15.0%	25.0%	80.0%	45.0%	30.0%	40.0%	30.0%	0.0%
Residence											
Rural	9.6%	13.7%	6.8%	5.5%	5.5%	42.5%	26.0%	15.1%	16.4%	8.2%	6.8%
Urban	15.2%	23.9%	6.5%	8.7%	10.9%	56.5%	32.6%	19.6%	26.1%	23.9%	2.2%
Management											
Faith-based	8.3%	33.3%	16.7%	0.0%	8.3%	66.7%	33.3%	16.7%	25.0%	25.0%	0.0%
Government	10.5%	11.6%	5.3%	6.3%	6.3%	44.2%	28.4%	17.9%	20.0%	12.6%	6.3%
NGO	25.0%	75.0%	25.0%	25.0%	50.0%	50.0%	25.0%	25.0%	25.0%	25.0%	0.0%
Private	25.0%	37.5%	0.0%	12.5%	0.0%	62.5%	25.0%	0.0%	12.5%	12.5%	0.0%
Total	**11.8%**	**17.6%**	**6.7%**	**6.7%**	**7.6%**	**47.9%**	**28.6%**	**16.8%**	**20.2%**	**14.3%**	**5.0%**

4.4.3 Methods of health waste disposal

According to survey results, SDPs were largely observed to dispose health/medical waste using incinerator (62.2 percent). Just over half of SDPs are burning waste on grounds (53.8%) and burying in special dump pits (51.3 percent) on their premises. Fewer SDPs reported their health waste being collected by specific agency (10.1 percent) or disposed with regular waste (10.9 percent). Proper disposal of health waste is important in order to avoid environmental hazards. Where health waste is not properly disposed, population and communities can be exposed to risk of being infected.

Table 4.4.156 highlights percentage distribution of SDPs by how health wastes are disposed. Use of incinerator was discovered higher at secondary and tertiary SDPs at 70.0 percent; but relatively low at primary SDPs registering 56.6 percent. Regional analysis shows slightly high use of incinerator in Northern and Southern regions accounting for over 60.0 percent; whilst use of the facility was discovered in just over half of the SDPs in the other regions (Eastern and Western Area). The indicator is fairly high at urban SDPs (67.4 percent) than rural ones (58.9 percent). At 83.3 percent, faith-based SDPs recorded exceptionally higher use of incinerator; it is fairly high for SDPs owned by NGO (75.0 percent). Government SDPs were less using incinerator at 60.0 percent. Private SDPs manifested least use of incinerator reporting 50.0 percent.

Table 4.4.156: Percentage distribution of SDPs by how health wastes are disposed

Characteristics	Percentage				
	Burning on the grounds of SDPs	Bury in special dump pits on the grounds of SDPs	Use of Incinerator	Centrally collected by specific agency for disposal away from SDPs	Disposed with regular garbage
Type of Facility					
Primary Level Care	64.5%	53.9%	56.6%	3.9%	7.9%
Secondary Level Care	35.9%	43.6%	71.8%	20.5%	15.4%
Tertiary Level Care	25.0%	75.0%	75.0%	25.0%	25.0%
Region					
Eastern	76.9%	53.8%	53.8%	0.0%	26.9%
Northern	48.8%	58.5%	65.9%	7.3%	7.3%
Southern	68.8%	40.6%	68.8%	0.0%	3.1%
Western Area	10.0%	50.0%	55.0%	45.0%	10.0%
Residence					
Rural	68.5%	46.6%	58.9%	2.7%	9.6%
Urban	30.4%	58.7%	67.4%	21.7%	13.0%
Management					
Faith-based	41.7%	41.7%	83.3%	8.3%	8.3%
Government	56.8%	56.8%	60.0%	8.4%	10.5%
NGO	50.0%	0.0%	75.0%	50.0%	25.0%
Private	37.5%	25.0%	50.0%	12.5%	12.5%
Total	**53.8%**	**51.3%**	**62.2%**	**10.1%**	**10.9%**

4.5 Charges for user fees

Respondents were asked to indicate whether SDPs do charge user fees for consultation, medication and services provided by a qualified health care provider. For SDPs where user fees are charged, various health services and treatment were noted for charge of user fees.

4.5.1 Charge for user fees – consultation

Findings from the survey revealed that 45.4 percent of SDPs are reportedly charging user fees for consultation across the country for specified health issues [24] that the survey indicates; showing slightly reduction compared to survey results in 2016 and 2015 survey recorded at of 48.3 percent and 50.5 percent, respectively.

Charging of user fees for consultation was evidence at primary and secondary SDPs only; secondary SDPs prominently recorded user fees charging (74.4 percent) than primary SDPs (32.9 percent). User fees charging was envisaged highest in Northern region (63.4 percent); moderate in Western Area (50.0 percent). Southern and Eastern regions recorded lower rates of user fees charge for consultation at 31.3 percent and 30.8 percent, respectively, according to survey results. Analysis by rural/urban residence shows user fees charge for consultation occur most at urban SDPs (58.7 percent) than rural SDPs (37.0 percent). Regarding management type, charge of user fees for consultation was least reported at government SDPs (35.8 percent). Around three-quarters of private and NGO SDPs, each, were reported to charge user fees and nearly all SDPs of faith-based (91.7 percent) admitted charging user fees for consultation.

Table 4.5.157 highlights the percentage distribution of SDPs by health issues for which user fees are charged for consultation. Of the SDPs that charge user fees, it was surprising to note nearly one-third of SDPs (31.5 percent), each, were reported charging fees for consultation for HIV care [25] and family planning. Around 27.8 percent and 33.3 percent of SDPs manifested charging fees for delivery services and post-natal care services consultations, respectively. Around one-quarter of SDPs do charge user fees for ANC services consultation whilst rates for newborn care services and care of sick under-5 children consultations were recorded at 29.6 percent, each. User fees charging was higher for other issues such as adult medical consultation, blood pressure checking, TB test, etc. Though least, it is of great concern that fewer government SDPs were noticeably confirmed charging consultation fees for the indicated issues. This disregards the “free health care policy” that recommends care and treatment of pregnant women, lactating mothers and children under five years are free of cost.

24 The health issues for which fee is reportedly charged for consultation are family planning, antenatal care, delivery, post- natal care, new-born care, care of sick children under 5 years and HIV care.
25 HIV care requires no fee according to the National Aids Secretariat (NAS) policy

Table 4.5.157: Percentage distribution of SDPs by services for which user fee is charged for consultation

Characteristics	Percentage							
	Family planning services	Antenatal care services	Delivery services	Post-natal care services	New-born care services	Care of sick children under 5 years	HIV care (e.g. VCT PMTCT & ART)	Other
Type of Facility								
Primary Level Care	20.0%	16.0%	16.0%	16.0%	16.0%	20.0%	40.0%	84.0%
Secondary Level Care	41.4%	34.5%	37.9%	48.3%	41.4%	37.9%	24.1%	96.6%
Tertiary Level Care	-	-	-	-	-	-	-	-
Region								
Eastern	50.0%	37.5%	37.5%	50.0%	37.5%	25.0%	50.0%	87.5%
Northern	19.2%	19.2%	23.1%	26.9%	23.1%	26.9%	26.9%	96.2%
Southern	40.0%	20.0%	20.0%	30.0%	30.0%	30.0%	30.0%	80.0%
Western Area	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	30.0%	90.0%
Residence								
Rural	29.6%	29.6%	29.6%	29.6%	33.3%	33.3%	40.7%	81.5%
Urban	33.3%	22.2%	25.9%	37.0%	25.9%	25.9%	22.2%	100.0%
Management								
Faith-based	72.7%	27.3%	36.4%	72.7%	45.5%	27.3%	54.5%	90.9%
Government	14.7%	11.8%	11.8%	11.8%	11.8%	14.7%	29.4%	88.2%
NGO	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%
Private	33.3%	66.7%	66.7%	50.0%	66.7%	83.3%	16.7%	100.0%
Total	**31.5%**	**25.9%**	**27.8%**	**33.3%**	**29.6%**	**29.6%**	**31.5%**	**90.7%**

4.5.2 Charge for user fees – medication and FP commodities

With regards medication, 55.5 percent of SDPs do charge patients fee for medications including family planning, maternal and child health medicines. Analysis by SDP level indicates that patients tend to be charged fees for medication most at secondary SDPs (69.2 percent); it is admitted in 50.0 percent of primary SDPs but least for tertiary SDPs (25.0 percent).

At 78.0 percent, Northern region registered more SDPs where patients are charged fee for medication. Corresponding values for the other regions are 50.0 percent for Southern region, 40.0 percent Western Area and Eastern region 38.5 percent (least). More SDPs in urban areas (63.0 percent) than in rural areas (50.5 percent) were seen charging fee for medication. Fee charge for medication is noticeably least at government and NGO SDPs; registering 50.7 percent and 50.0 percent, respectively. Faith-based SDPs recorded highest occurrence of user charge fee for medication at 91.7 percent. The rate for private SDPs is recorded at 62.8 percent.

The percentage distribution of SDPs by issues for which user fee is charged for medication is shown in Table 4.5.158.

Findings evidence 30.3 percent of SDPs are charging fee for family planning commodities, 27.3 percent for child health medicines and 25.8 percent for maternal health medicines. It is worth noted that all tertiary SDPs accounted for user fees charge for the three mentioned medications (FP commodities, child medicines, maternal medicines). Primary SDPs recorded lowest occurrence of fee charge for the three medications. Eastern and Southern regions accounted for more SDPs charging fee for the three medications whilst Northern region recorded least. Charging of user fees for the medications was found slightly high at urban SDPs than rural SDPs according to survey results. Compared to SDPs of other management types, user fee charge is occurring least for the three medications at government SDPs.

Table 4.5.158: Percentage distribution of SDPs by services for which user fee is charged for medication

Characteristics	Percentage			
	Family planning commodities	Maternal health medicines	Child health medicines	Others
Type of Facility				
Primary Level Care	21.1%	15.8%	21.1%	84.2%
Secondary Level Care	40.7%	37.0%	33.3%	81.5%
Tertiary Level Care	100.0%	100.0%	100.0%	0.0%
Region				
Eastern	50.0%	30.0%	40.0%	80.0%
Northern	15.6%	18.8%	18.8%	90.6%
Southern	50.0%	37.5%	37.5%	62.5%
Western Area	25.0%	25.0%	25.0%	87.5%
Residence				
Rural	24.3%	21.6%	24.3%	83.8%
Urban	37.9%	31.0%	31.0%	79.3%
Management				
Faith-based	81.8%	54.5%	45.5%	63.6%
Government	16.7%	12.5%	16.7%	87.5%
NGO	50.0%	50.0%	50.0%	100.0%
Private	40.0%	80.0%	80.0%	60.0%
Total	**30.3%**	**25.8%**	**27.3%**	**81.8%**

4.5.3 Charge for user fees – services provided by a qualified health care provider

Findings from the survey revealed that 51.3 percent of SDPs charge patients fee for services provided by a qualified (specialized) health care provider in respect of health issues discussed in section 4.5.1. SDP level analysis shows that patients are charged fees for services provided by specialized health care provider more at secondary SDPs (69.2 percent), less at primary SDPs (43.4 percent) and least at tertiary SDPs (25.0 percent).

Northern region recorded 63.4 percent of its SDPs (highest) charging fees for services provided by a qualified health care provider and just over half of SDPs (53.4 percent) in Southern region charge fees. Results in the remaining two regions are apparently low, each registering below 50 percent; with Eastern region showing the lowest (38.5 percent). Over half of SDPs in urban (53.4 percent) but less than half in rural areas (44.8 percent) do charge fee for the related services. Government SDPs are the least (45.3 percent) charging fees for services provided by a qualified health care provider; higher for at faith-based and private SDPs recorded at 83.3 percent and 75.0 percent, apiece.

Table 4.5.159 presents percentage distribution of SDPs by services for which user fee is charged for services provided by a qualified health care provider. Greater proportions of secondary SDPs were seen to have qualified health care providers charging service fees for all indicated health issues, except HIV care and caesarean section. It was surprising to note the caesarean section is occurring high at primary SDPs which understandably has not got a related qualified (specialized) health care provider. It is also a concern that caesarean section is reportedly being paid for. Eastern region registers higher proportions of SDPs charging fees for all services provided by a qualified health care provider; except for caesarean section. Rural/urban residence results evidence fees charge for all services provided by a qualified health care provider are reportedly higher in urban SDPs than rural ones. It is also surprising that caesarean section takes place in rural SDPs, at higher rate, where facilities for the service could hardly exit. Fewer government SDPs are also charging fees for services provided by a qualified health care provider.

Table 4.5.159: Percentage distribution of SDPs by services for which user fee is charged for services provided by a qualified health care provider

Characteristics	Percentage								
	Family planning services	ANC services	Delivery services	Postnatal care services	Newborn care services	Care of sick children under 5 years	HIV care	Caesarean Section	Others
Type of Facility									
Primary Level Care	27.3%	27.3%	21.2%	30.3%	27.3%	27.3%	39.4%	75.8%	81.8%
Secondary Level Care	44.4%	29.6%	33.3%	37.0%	33.3%	33.3%	18.5%	74.1%	96.3%
Tertiary Level Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Region									
Eastern	50.0%	50.0%	40.0%	60.0%	50.0%	40.0%	60.0%	70.0%	80.0%
Northern	26.9%	19.2%	23.1%	19.2%	23.1%	23.1%	19.2%	88.5%	92.3%
Southern	41.2%	29.4%	23.5%	41.2%	29.4%	35.3%	29.4%	52.9%	82.4%
Western Area	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	87.5%	100.0%
Residence									
Rural	35.3%	35.3%	29.4%	41.2%	35.3%	35.3%	38.2%	79.4%	82.4%
Urban	33.3%	18.5%	22.2%	22.2%	22.2%	22.2%	18.5%	70.4%	96.3%

Table 4.5.159: Percentage distribution of SDPs by services for which user fee is charged for services provided by a qualified health care provider

Characteristics	Percentage								
	Family planning services	ANC services	Delivery services	Postnatal care services	Newborn care services	Care of sick children under 5 years	HIV care	Caesarean Section	Others
Management									
Faith-based	90.0%	40.0%	50.0%	60.0%	50.0%	40.0%	50.0%	70.0%	80.0%
Government	18.6%	18.6%	14.0%	20.9%	18.6%	18.6%	27.9%	74.4%	88.4%
NGO	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	0.0%	100.0%	100.0%
Private	50.0%	66.7%	66.7%	66.7%	66.7%	83.3%	16.7%	83.3%	100.0%
Total	34.4%	27.9%	26.2%	32.8%	29.5%	29.5%	29.5%	75.4%	88.5%

PART 5

SURVEY FINDINGS ON EXIT INTERVIEW

By survey design, the clients exit interview was restricted to clients that visited health facilities for family planning services on the day of the survey like in previous surveys. Therefore, clients who had visited the facilities on previous days before the survey were not of any interest. Survey findings are presented on data collected with the reference timeframe.

5.1 Background characteristics of clients

Age, sex, marital status and education of clients are the specific background characteristics investigated during the survey. These give an indication of the socio-demographic information about the clients seeking FP services.

5.1.1 Sex and age distribution

In total, 502 clients that received FP services on the day of survey were interviewed. Of the respondents, the majority are females (89.6 percent) and 10.4 percent are males. The larger percentage of female clients was noticeable at all SDP levels as well as across regions, residence and management type of SDPs with over 80 percent. Representation of male clients was slightly high at tertiary SDPs (17.4 percent) than at the other levels of SDPs. Northern region registered higher percentage of male clients at 18.4 percent. In particular, results showed slightly more males are seemingly using FP services in urban areas than rural areas. Male clients visiting faith-based SDPs was relatively higher than those going to SDPs of other management types. Surprisingly, no male client was envisioned at SDPs managed by NGOs. Table 5.1.160 gives sex distribution of clients.

Table 5.1.160: Sex distribution of clients

Characteristics	Percentage	
	Male	Female
Type of facility		
Primary Level Care	10.2%	89.8%
Secondary Level Care	10.3%	89.7%
Tertiary Level Care	11.8%	88.2%

Table 5.1.160: Sex distribution of clients

Characteristics	Percentage	
	Male	Female
Region		
Eastern	5.5%	94.5%
Northern	18.4%	81.6%
Southern	5.1%	94.9%
Western Area	14.1%	85.9%
Residence		
Rural	9.6%	90.4%
Urban	11.4%	88.6%
Management		
Faith-based	4.0%	96.0%
Government	10.6%	89.4%
NGO	6.3%	93.8%
Private	14.3%	85.7%
TOTAL	**10.4%**	**89.6%**

The age distribution shows that 99.4 percent of clients going for FP services are within the reproductive age group (15-49) years. By age groups category, a significant proportion of clients (44.0 percent) are adolescents age (15-19) years or young adults age (20-29) years as presented in Table 5.1.161. Adolescents and young adults in Northern region are more likely to use FP services than those in the other regions according to results. As much adolescents and young adults in rural areas (44.3 percent) as in urban areas (43.6 percent) do use FP services. More adolescents and young adults are evidently seeking FP services in government SDPs (46.2 percent) than in SDPs of other proprietors.

Table 5.1.161: Age distribution of clients

Characteristics	Percentage								
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Type of facility									
Primary Level Care	0.7%	18.8%	25.9%	27.6%	13.7%	9.9%	2.4%	0.7%	0.3%
Secondary Level Care	0.0%	16.0%	24.0%	31.4%	15.4%	10.3%	2.3%	0.6%	0.0%
Tertiary Level Care	0.0%	17.6%	41.2%	11.8%	17.6%	11.8%	0.0%	0.0%	0.0%
Region									
Eastern	0.8%	17.2%	23.4%	30.5%	12.5%	13.3%	1.6%	0.8%	0.0%
Northern	0.7%	25.2%	23.8%	20.4%	15.0%	10.9%	4.1%	0.0%	0.0%
Southern	0.0%	14.1%	32.7%	30.1%	14.1%	7.1%	1.9%	0.0%	0.0%
Western Area	0.0%	11.3%	22.5%	33.8%	18.3%	9.9%	0.0%	2.8%	1.4%

Table 5.1.161: Age distribution of clients

Characteristics	Percentage								
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Residence									
Rural	0.7%	18.6%	25.8%	28.2%	14.1%	9.3%	2.7%	0.7%	0.0%
Urban	0.0%	16.6%	27.0%	27.5%	15.2%	11.4%	1.4%	0.5%	0.5%
Management									
Faith-based	0.0%	4.0%	32.0%	36.0%	20.0%	4.0%	4.0%	0.0%	0.0%
Government	0.5%	19.2%	27.0%	26.8%	13.9%	10.2%	1.6%	0.7%	0.2%
NGO	0.0%	6.3%	6.3%	31.3%	31.3%	18.8%	6.3%	0.0%	0.0%
Private	0.0%	14.3%	21.4%	35.7%	10.7%	10.7%	7.1%	0.0%	0.0%
Total	**0.4%**	**17.7%**	**26.3%**	**27.9%**	**14.5%**	**10.2%**	**2.2%**	**0.6%**	**0.2%**

5.1.2 Marital status

The survey results revealed that 46.2 percent are never married, 48.6 percent of FP clients are married/in union and 5.2 percent of clients are divorced/separated/widowed. The implication is that as much singles (never married persons) as married persons are demanding FP services. Data suggests that married clients are mostly visiting primary SDPs (55.6 percent) than secondary and tertiary SDPs as Table 5.1.162 shows. On the contrary, the two facilities accounted more for unmarried clients than primary facilities.

Across regions, more married clients in three regions (Eastern, Northern, Southern) demanding FP services whilst Western Area accounted for single clients. By urban/rural residence, most urban SDPs (56.9 percent) accounted for non-married/single clients whereas more SDPs in rural area (56.0 percent) registered married clients. Analysis by management type shows faith-based and private SDPs accounted for more non-married clients whilst more married clients were seen at government SDPs. Equal proportion of married and non-married clients were discovered at NGO SDPs.

Table 5.1.162: Marital status of clients

Characteristics	Percentage		
	Never married	Currently married or in Union	Formerly married (divorced/ separated/ widowed)
Type of facility			
Primary Level Care	38.9%	55.6%	5.5%
Secondary Level Care	57.7%	38.9%	3.4%
Tertiary Level Care	50.0%	38.2%	11.8%

Table 5.1.162: Marital status of clients

Characteristics	Percentage		
	Never married	Currently married or in Union	Formerly married (divorced/ separated/ widowed)
Region			
Eastern	47.7%	48.4%	3.9%
Northern	42.2%	51.7%	6.1%
Southern	44.2%	51.3%	4.5%
Western Area	56.3%	36.6%	7.0%
Residence			
Rural	38.5%	56.0%	5.5%
Urban	56.9%	38.4%	4.7%
Management			
Faith-based	60.0%	36.0%	4.0%
Government	44.6%	50.3%	5.1%
NGO	43.8%	43.8%	12.5%
Private	60.7%	35.7%	3.6%
TOTAL	**46.2%**	**48.6%**	**5.2%**

5.1.3 Education

Survey findings showed that respondents' demand for family planning services is somehow associated with their education level. Around 70.1 percent of clients were found to have secondary education/higher or percent have primary education. Just over one-quarter of clients (29.9 percent) have no education. The indication is that people with some form of formal education are likely to demand for FP services than those with no such education. Although greater proportions of clients at all SDP levels have primary or secondary/higher education; yet significant proportions were found to have no education as Table 5.1.163 shows. Eastern and Southern regions have larger proportions of clients with no education; it is lesser in Western Area and Northern region. Clients without education in rural areas are more than two-folds than those in urban areas. Government SDPs accounted for more clients with no education than SDPs managed by other proprietors.

Table 5.1.163: Percentage distribution of clients by education level

Characteristics	Percentage			
	No education	Primary education	Secondary or higher education	Others
Type of facility				
Primary Level Care	39.9%	17.1%	43.0%	0.0%
Secondary Level Care	14.3%	10.9%	74.9%	0.0%
Tertiary Level Care	23.5%	8.8%	67.6%	0.0%
Region				
Eastern	36.7%	7.8%	55.5%	0.0%
Northern	27.9%	19.7%	52.4%	0.0%
Southern	30.8%	20.5%	48.7%	0.0%
Western Area	19.7%	1.4%	78.9%	0.0%
Residence				
Rural	40.2%	18.9%	40.9%	0.0%
Urban	15.6%	8.1%	76.3%	0.0%
Management				
Faith-based	28.0%	20.0%	52.0%	0.0%
Government	31.6%	14.3%	54.0%	0.0%
NGO	12.5%	12.5%	75.0%	0.0%
Private	14.3%	10.7%	75.0%	0.0%
TOTAL	**46.2%**	**48.6%**	**5.2%**	**0.0%**

5.1.4 Frequency of visit to SDPs for family planning services

Table 5.1.164 presents percentage distribution of clients by frequency of visit to SDPs for FP services. Survey results revealed that many clients (43.8 percent) are visiting SDPs for FP services on quarterly basis (once every three months), around one third (33.7 percent) visit once a month and barely 3.0 percent do visit once every two months. About 19.5 percent stated that they visit when necessary among others. Clients' preference for relatively long term modern contraceptive methods such as injectables, IUDs and implants could possibly explain the high proportion of them (clients) visiting SDPs on the quarterly basis. Quarterly visitation of clients is evidently high at primary and secondary SDPs recording (47.8 percent) and (42.3 percent) but more than half less at tertiary SDPs. More clients in all regions and both rural/urban areas are adapting quarterly visitation; this is more common at government and NGO SDPs.

Table 5.1.164: Percentage distribution of clients by frequency of visit to SDPs for FP services

Characteristics	Percentage			
	Once a month	Once every 2 months	Once every 3 months	Others
Type of facility				
Primary Level Care	33.4%	4.4%	47.8%	14.3%
Secondary Level Care	37.7%	0.6%	42.3%	19.4%
Tertiary Level Care	14.7%	2.9%	17.6%	64.7%
Region				
Eastern	28.9%	2.3%	39.1%	29.7%
Northern	27.9%	3.4%	53.7%	15.0%
Southern	51.9%	3.2%	32.1%	12.8%
Western Area	14.1%	2.8%	57.7%	25.4%
Residence				
Rural	37.8%	3.8%	43.6%	14.8%
Urban	28.0%	1.9%	44.1%	26.1%
Management				
Faith-based	88.0%	0.0%	12.0%	0.0%
Government	29.8%	3.5%	46.4%	20.3%
NGO	6.3%	0.0%	62.5%	31.3%
Private	60.7%	0.0%	21.4%	17.9%
TOTAL	**33.7%**	**3.0%**	**43.8%**	**19.5%**

5.2 Clients' perception of family planning service provision

Perception of clients on family planning services provision was determined with regards to four perspectives namely technical aspects of service providers, organisational aspects at the health facilities, inter-personal aspects of service providers and outcome aspects.

5.2.1 Service provider adherence to technical aspects

Clients were asked to give information about how they perceive FP service providers' adherence to technical aspects. Technical aspects mentioned range from offering modern contraceptive methods of clients' choice to scheduling date for check-up and/or additional supplies as displayed in Table 5.2.165. If demand for and use of modern contraceptive methods are to be improved across the country, it is significant that FP service providers adhere to such technical aspects. For instance, a client may terminate seeking for FP services if s/he is denied offer of his/her choice of a modern contraceptive method. According to survey results, FP service providers are generally reported to adhere to all technical aspects for providing FP services with perception of clients generally rated above 90 percent for the various technical aspects. Clients' perception on FP service providers' adherence to technical aspects was rated high (at least 80 percent) for all SDPs. However, clients' perspective on what to do in case any serious complications occur) is low (below 80 percent) in Western Area and Northern region.

Table 5.2.165: Percentage distribution of clients' perspective of FP service provider's adherence to technical aspects

Characteristics	Percentage						
	Provided with method of clients' choice	Provider took clients' preference and wishes into consideration	Clients taught how to use the method	Clients told about the common side effects of the method	Provider informed clients about what can be done regarding the side effects of the method	Provider informed clients about what to do in case any serious complications occur	Clients given date to return to SDP for check-up and /or additional supplies
Type of facility							
Primary Level Care	98.6%	99.7%	97.3%	95.6%	95.2%	88.7%	95.2%
Secondary Level Care	96.6%	97.7%	98.9%	95.4%	96.0%	89.1%	97.1%
Tertiary Level Care	100.0%	97.1%	97.1%	85.3%	85.3%	79.4%	85.3%
Region							
Eastern	100.0%	100.0%	99.2%	97.7%	97.7%	96.9%	98.4%
Northern	94.6%	99.3%	100.0%	94.6%	94.6%	77.6%	92.5%
Southern	98.7%	97.4%	98.7%	98.7%	98.7%	98.7%	98.7%
Western Area	100.0%	98.6%	88.7%	81.7%	81.7%	71.8%	87.3%
Residence							
Rural	97.6%	99.0%	96.6%	95.2%	94.8%	89.0%	94.5%
Urban	98.6%	98.6%	99.5%	94.3%	94.8%	87.2%	96.2%
Management							
Faith-based	100.0%	96.0%	100.0%	96.0%	96.0%	96.0%	100.0%
Government	98.4%	99.3%	97.9%	95.2%	95.2%	87.8%	94.9%
NGO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	89.3%	92.9%	92.9%	85.7%	85.7%	82.1%	92.9%
TOTAL	**98.0%**	**98.8%**	**97.8%**	**94.8%**	**94.8%**	**88.2%**	**95.2%**

5.2.2 Organizational aspects

Here, clients were asked about their perception on the organizational aspects of FP service provision. Four organizational aspects were investigated which included perception of waiting time as too long, satisfaction with cleanliness of the health facility, satisfaction with privacy at the examination room and satisfaction with allotted time.

Clients' satisfactions with health facility cleanliness, privacy at the examination room and allotted time for FP services were also generally rated very high above 90 percent as Table 5.2.166 presents. Just over one-fifth of clients (22.3 percent) perceived waiting time as too long. The high rates of clients' satisfactions were reflected at all levels of SDPs, in all regions, in both urban/ rural residences and in all management types. The relatively low perception rate on long waiting time at all SDPs' levels is an indication that clients are generally spending short time to receive FP services that somewhat signals effective FP service delivery

Table 5.2.166: Percentage distribution of clients' perspective of FP service organizational aspects

Characteristics	Percentage			
	Client perceived wait-ing time as too long	Client satisfied with the cleanli-ness of the health facility	Client satisfied with the privacy at the examination room	Client satisfied with the time that was al-lotted to his/her case
Type of facility				
Primary Level Care	22.9%	98.6%	97.6%	98.3%
Secondary Level Care	21.1%	97.7%	94.3%	96.0%
Tertiary Level Care	23.5%	100.0%	88.2%	94.1%
Region				
Eastern	31.3%	100.0%	95.3%	97.7%
Northern	23.1%	96.6%	90.5%	94.6%
Southern	16.0%	99.4%	100.0%	98.7%
Western Area	18.3%	97.2%	98.6%	98.6%
Residence				
Rural	21.6%	98.3%	96.9%	98.3%
Urban	23.2%	98.6%	94.3%	95.7%
Management				
Faith-based	4.0%	100.0%	100.0%	92.0%
Government	25.2%	98.4%	95.6%	97.2%
NGO	0.0%	100.0%	100.0%	100.0%
Private	7.1%	96.4%	92.9%	100.0%
TOTAL	**22.3%**	**98.4%**	**95.8%**	**97.2%**

5.2.3 Interpersonal aspects

Investigation on interpersonal aspects relates on treatment of clients with courtesy by staff at health facilities, clients' acceptance of FP methods and satisfaction with attitude of FP providers towards clients. Findings from the survey rated treatment of clients with courtesy and respect as well as clients' satisfaction with the attitude of FP service provider very high as Table 5.2.167 outlines. Almost all clients confirmed that FP service providers do treat them with courtesy and respect; and that they are generally satisfied with the attitudes of the FP service providers. Clients' perception with FP service provider forcing them to accept a modern contraceptive method was considerably very low; as stated by 8.0 percent of clients interviewed on the whole. This is somehow consistent with clients' high rated perception on FP service provider offering them the modern contraceptive method of choice as well as taking clients' preference and wishes into consideration for the method as earlier mentioned in section 5.2.1.

Clients' perception on FP service providers treating them (clients) with courtesy and respect as well as satisfaction with the attitude of FP service provider were evidently rated high at all levels of SDPs, in all regions, in both urban/rural areas and for all management types of SDPs. Likewise, the lower rate of clients' perception with FP service providers forcing clients to accept a modern contraceptive method was visible for most components of the domains of analysis. Though, the indicator was relatively high (above average) for clients in Eastern region, Western Area and for SDPs faith-based organisations.

Table 5.2.167: Percentage distribution of clients' perspective of FP service inter-personal aspects

Characteristics	Percentage		
	Client indicated he/she was treated with cour-te-sy and respect by staff at the SDP	Client indicated FP service pro-viders force him/her to accept or insisted he/she should accept FP method	Client satisfied with the attitude of the FP service provider towards him/her generally
Type of facility			
Primary Level Care	99.3%	7.5%	99.7%
Secondary Level Care	99.4%	8.6%	97.7%
Tertiary Level Care	100.0%	8.8%	100.0%
Region			
Eastern	100.0%	10.2%	100.0%
Northern	98.6%	6.8%	96.6%
Southern	99.4%	5.1%	100.0%
Western Area	100.0%	12.7%	100.0%
Residence			
Rural	99.3%	7.6%	99.3%
Urban	99.5%	8.5%	98.6%

Table 5.2.167: Percentage distribution of clients' perspective of FP service inter-personal aspects

Characteristics	Percentage		
	Client indicated he/she was treated with cour-te-sy and respect by staff at the SDP	Client indicated FP service pro-viders force him/her to accept or insisted he/she should accept FP method	Client satisfied with the attitude of the FP service provider towards him/her generally
Management			
Faith-based	100.0%	12.0%	100.0%
Government	99.5%	8.3%	99.1%
NGO	100.0%	6.3%	100.0%
Private	96.4%	0.0%	96.4%
TOTAL	**99.4%**	**8.0%**	**99.0%**

5.2.4 Outcome aspects

Three outcome aspects were investigated; these include clients' satisfaction with the service received, intend of clients to continue visiting SDPs and intend of clients to recommend SDPs to relatives or friends. Survey results indicated that almost all clients generally manifested satisfaction with FP service they receive as well as agreed to continue visiting SDPs and recommending SDPs to relatives or friends according to Table 5.2.168.

Clients' perception on the outcome aspects was envisaged remarkably high for all levels of SDPs and across all regions, urban/rural areas as well as management types of the SDPs.

Table 5.2.168: Percentage distribution of clients' perspective of FP service outcome aspects

Characteristics	Percentage		
	Client satisfied with the service received	Client will continue visiting SDP in future	Client would recom-mend SDP to rela-tives or friends
Type of facility			
Primary Level Care	99.7%	99.7%	98.0%
Secondary Level Care	100.0%	99.4%	98.3%
Tertiary Level Care	100.0%	100.0%	97.1%
Region			
Eastern	100.0%	100.0%	100.0%
Northern	99.3%	98.6%	93.2%
Southern	100.0%	100.0%	100.0%
Western Area	100.0%	100.0%	100.0%

Table 5.2.168: Percentage distribution of clients' perspective of FP service outcome aspects

Characteristics	Percentage		
	Client indicated he/she was treated with cour-te-sy and respect by staff at the SDP	Client indicated FP service pro-viders force him/her to accept or insisted he/she should accept FP method	Client satisfied with the attitude of the FP service provider towards him/her generally
Residence			
Rural	99.7%	99.3%	97.6%
Urban	100.0%	100.0%	98.6%
Management			
Faith-based	100.0%	100.0%	100.0%
Government	99.8%	99.8%	97.9%
NGO	100.0%	100.0%	100.0%
Private	100.0%	96.4%	96.4%
TOTAL	**99.8%**	**99.6%**	**98.0%**

5.3 Clients' appraisal of cost of family planning services

Clients' appraisal of cost of family planning services was interpreted as percentage of clients that reported paying for FP services and average amount paid for the various issues.

5.3.1 Payment for family planning service

Clients were asked to indicate whether they pay for family planning services that they receive from respective SDPs. And if they did, how much did they pay for the different service components. According to survey results, 14.5 percent of clients admitted to have paid for FP services that they received from the SDPs on the day of survey, overall. The indication is that there is a sharp increase in proportion of clients paying for FP services compared with survey results in 2016 (2.2 percent) and 2015 (4.3 percent). Payment for FP services was reported by clients visiting primary and secondary SDPs only; registering 10.9 percent and 23.4 percent, respectively.

Percentage of clients paying for FP service at service delivery points was reportedly comparatively high in Southern region (21.8 percent); modest in Western Area (18.3 percent), Northern region (10.9 percent) and least in Eastern region (7.8 percent). As much clients in rural areas (14.4 percent) as in urban areas (14.7 percent) were found paying for FP service. Clients in private SDPs and faith-based SDPs are largely discovered paying the services. Payment was least stated at government SDPs (9.2 percent)

Although, significant percentage of clients indicated to have paid for FP services received on the day of survey yet no information was provided on amount they might have paid for any service. Given that data was not available on amount paid for FP service relating, Table 5.3.169-5.3.172 to types of SDPs, administrative unit (region), urban/rural residence and facility management type are therefore not displayed.

5.3.2 Travel cost

The distribution of clients by mode of transportation reveals that majority of clients (63.9 percent) have walked to SDPs for FP services on the day of survey. Over one-quarter (29.3 percent) of clients indicated to have used motorcycle whilst 4.2 percent had used bicycle and barely 1.0 percent had used bus/taxi. Just 1.4 percent used private vehicle.

The average distance travelled by clients to SDPs for FP services was estimated at 4.7 kilometres; higher in Eastern region (15.2 kilometres) and for NGO SDPs (13.1 kilometres). For the clients who travel by vehicle or motorcycle that paid for travelling to and/or from SDPs, the average travel cost was estimated at SLL 4,638.89. Comparatively, average travel cost was found to be fairly high for clients going to secondary SDPs (SLL 5,191.67) as well as SDPs in Western Area (SLL 4,976.19), in rural areas (SLL 5,257.35) and of faith-based organisations (SLL 5,667). Travel cost to government SDPs was noticeably least (SLL 4,299.05); probably owing to the predominant presence of these SDPs across nationwide. Table 5.3.173 presents percentage distribution of clients by mode of transportation, distance travelled and cost of transportation.

Table 5.3.173: Percentage distribution of clients by mode of transportation, distance travelled and cost of transportation

Characteristics	Percentage							
	Walked	Bicycle	Motor cycle	Bus/ Taxi	Private vehicle	Others	Average distance travelled (km)	Average travel cost (to and from SDP) - in Leones
Type of facility								
Primary Level Care	79.9%	2.0%	17.4%	0.3%	0.3%	0.0%	4.9	4,351.69
Secondary Level Care	44.6%	6.3%	44.6%	1.1%	3.4%	0.0%	4.7	5,191.67
Tertiary Level Care	26.5%	11.8%	52.9%	5.9%	0.0%	2.9%	3.8	3,625.00
Region								
Eastern	68.8%	5.5%	25.0%	0.0%	0.0%	0.8%	15.2	4,800.00
Northern	56.5%	2.0%	38.8%	0.7%	2.0%	0.0%	8.0	4,326.53
Southern	63.5%	6.4%	28.2%	0.0%	1.9%	0.0%	1.8	4,790.70
Western Area	71.8%	1.4%	19.7%	5.6%	1.4%	0.0%	7.6	4,976.19
Residence								
Rural	74.2%	2.1%	23.0%	0.0%	0.7%	0.0%	4.9	5,257.35
Urban	49.8%	7.1%	37.9%	2.4%	2.4%	0.5%	4.5	4,011.19
Management								
Faith-based	44.0%	0.0%	48.0%	0.0%	8.0%	0.0%	3.8	6,764.71
Government	67.2%	4.4%	26.8%	0.9%	0.5%	0.2%	4.5	4,292.95
NGO	75.0%	0.0%	12.5%	6.3%	6.3%	0.0%	13.1	6,333.33
Private	25.0%	7.1%	60.7%	0.0%	7.1%	0.0%	4.5	6,260.87
TOTAL	**63.9%**	**4.2%**	**29.3%**	**1.0%**	**1.4%**	**0.2%**	**4.7**	**4,638.89**

5.3.3 Time spent

Information was collected on time spent on travelling to and from SDPs as well as time for waiting and receiving family planning services on the day of the survey. The average time spent by clients for travelling, waiting and receiving FP services is given in Table 5.3.174. On the whole, clients reported to have spent an average time of 58.4 minutes (less than 1 hour) for travelling, waiting and receiving FP services. It was discovered that clients tend to spend lesser time waiting and receiving FP services than travelling. Survey results reveal that clients spend about 50. minutes, on average, waiting and receiving FP services at SDPs whilst they spend total time of 47 minutes (equivalently 0.78 hour) for travelling to and from SDPs. Clients attending secondary SDPs are seemingly spending more time on travelling (than national average) and waiting to receive FP services. Travelling and waiting times were observably longer for clients in Eastern and Southern regions; urban areas as well as for faith-based SDPs.

Table 5.3.174: Average time spent by clients for FP services

Characteristics	Average time spent (in minutes)			
	Travelling from place of residence to the SDP	Waiting for and receiving services	Traveling from the SDP to place of residence	Total
Type of facility				
Primary Level Care	24.9	16.1	18.6	59.6
Secondary Level Care	17.0	19.8	17.3	54.1
Tertiary Level Care	22.6	25.2	22.5	70.3
Region				
Eastern	23.7	19.0	24.5	67.1
Northern	32.6	20.6	19.9	73.1
Southern	14.5	14.9	14.3	43.7
Western Area	13.6	17.8	13.5	44.9
Residence				
Rural	26.9	15.9	20.6	63.4
Urban	15.2	21.0	15.4	51.6
Management				
Faith-based	18.0	6.4	18.6	43.0
Government	22.9	18.5	18.7	60.0
NGO	13.9	23.1	13.9	50.9
Private	16.9	18.5	16.8	52.2
TOTAL	**22.0**	**18.0**	**18.4**	**58.4**

Clients were asked to state activities that they would have engaged in at the time they visited the SDPs for FP services. In general, majority of clients (81.4 percent) reported to have engaged on household chores or working on household farm or selling in the market/trading at the time they were receiving FP services. Around 11.4 percent of clients are unskilled labourers or skilled labourers or professional workers and 7.2 percent are students who should have been in school at the time they went for FP services.

Table 5.3.175 shows percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services with regards sex, age and marital status of clients. Survey results revealed that majority of female clients than their male counterparts would have engaged in household chores and selling in market/trading. Most older clients (30 years and above) would have been engaged in household chores or working on household farm, selling in market/trading or are professional workers. Majority of currently married clients would have been engaged in household chores or working on household farm, selling in market/trading, unskilled labourer or skilled labourers.

Table 5.3.175: Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services

Respondents Background Characteristics	Percentage							
	House-hold chores	Working on house-hold farm	Selling in the market/ trading	Employed as un-skilled labourer	Employed as skilled labourer	Clerical or pro-fessional work	Should have been in school	Total
Sex								
Male	13.5%	19.2%	3.8%	23.1%	11.5%	11.5%	17.3%	100.0%
Female	47.3%	16.2%	23.1%	1.1%	1.6%	4.7%	6.0%	100.0%
Age (years)								
10-14	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	100.0%
15-19	58.4%	9.0%	4.5%	1.1%	4.5%	2.2%	20.2%	100.0%
20-24	44.7%	14.4%	25.8%	3.0%	0.8%	3.8%	7.6%	100.0%
25-29	37.1%	19.3%	25.0%	5.7%	3.6%	5.7%	3.6%	100.0%
30-34	46.6%	20.5%	21.9%	1.4%	2.7%	4.1%	2.7%	100.0%
35-39	29.4%	21.6%	27.5%	3.9%	2.0%	15.7%	0.0%	100.0%
40-44	36.4%	27.3%	18.2%	9.1%	0.0%	9.1%	0.0%	100.0%
45-49	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	100.0%
50+	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**

Table 5.3.175: Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services

Respondents Background Characteristics	Percentage							
	House-hold chores	Working on house-hold farm	Selling in the market/ trading	Employed as un-skilled labourer	Employed as skilled labourer	Clerical or profes-sional work	Should have been in school	Total
Marital status								
Never married or in union	45.9%	22.1%	20.5%	1.6%	2.0%	6.1%	1.6%	100.0%
Currently married or in Union	50.0%	7.7%	26.9%	3.8%	0.0%	3.8%	7.7%	100.0%
Formerly married (divorced/ separated/ widowed)	40.9%	11.6%	21.1%	5.2%	3.4%	4.7%	12.9%	100.0%
Total	**43.8%**	**16.5%**	**21.1%**	**3.4%**	**2.6%**	**5.4%**	**7.2%**	**100.0%**

Furthermore, clients were asked to indicate persons that had performed activities on their behalf while they were away for FP services at SDPs. For the greater proportion of clients (56.6 percent), clients had nobody performed their activities while they were away for FP services. Slightly over one-third of clients (38.0 percent) stated that family members performed their activities and barely 5.4 percent indicated co-workers performed their activities. No payment was reported for persons who performed activities of clients whilst they were away for FP services as Table 5.3.176 reveals.

Table 5.3.176: Percentage distribution of clients by persons indicated to have performed activities on their behalf while they were away receiving FP services and the estimated average payment

Respondents' Background Characteristics	Person who performed activities on behalf of client				
	Family member	Co-worker	Nobody	Others	Average amount paid by client
Sex					
Male	17.3%	19.2%	63.5%	0.0%	0.00
Female	40.4%	3.8%	55.8%	0.0%	0.00

Table 5.3.176: Percentage distribution of clients by persons indicated to have performed activities on their behalf while they were away receiving FP services and the estimated average payment

Respondents' Background Characteristics	Person who performed activities on behalf of client				
	Family member	Co-worker	Nobody	Others	Average amount paid by client (SSL)
Age (years)					
10-14	50.0%	0.0%	50.0%	0.0%	0.00
15-19	31.5%	4.5%	64.0%	0.0%	0.00
20-24	34.8%	1.5%	63.6%	0.0%	0.00
25-29	35.0%	6.4%	58.6%	0.0%	0.00
30-34	50.7%	5.5%	43.8%	0.0%	0.00
35-39	47.1%	13.7%	39.2%	0.0%	0.00
40-44	27.3%	9.1%	63.6%	0.0%	0.00
45-49	100.0%	0.0%	0.0%	0.0%	0.00
50+	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.00**
Marital status					
Never married/in union	42.6%	4.5%	52.9%	0.0%	0.00
Currently married or in union	34.6%	11.5%	53.8%	0.0%	0.00
Formerly married (Divorced/ separat-ed/widowed)	33.6%	5.6%	60.8%	0.0%	0.00
Total	38.0%	5.4%	56.6%	0.0%	0.00

Again Table 5.3.177 is not presented since clients interviewed had not paid persons who performed their activities whilst they were away receiving FP services.

5.3.4 Sources of funds for family planning

On the sources of funds, most clients confirmed to have paid for FP services they received on the day of survey by themselves. Percentage distribution of clients by source of funds used to pay for FP services is given in Table 5.3.178.

Table 5.3.178: Percentage distribution of clients by source of funds used to pay for FP services

Respondents Background Characteristics	Source of funds used to pay for FP services			
	Client (Self)	Spouse	Family members other than spouse (husband/ wife)	Total
Sex				
Male	0.0%	0.0%	0.0%	0.0%
Female	78.1%	10.9%	11.0%	100.0%
Age (years)				
10-14	0.0%	0.0%	0.0%	0.0%
15-19	55.6%	0.0%	44.4%	100.0%
20-24	87.0%	8.7%	4.3%	100.0%
25-29	75.0%	20.0%	5.0%	100.0%
30-34	85.7%	7.2%	7.1%	100.0%
35-39	83.3%	16.7%	0.0%	100.0%
40-44	0.0%	100.0%	0.0%	100.0%
45-49	0.0%	0.0%	0.0%	0.0%
50+	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Marital status				
Never married/in union	77.4%	16.1%	6.5%	100.0%
Currently married or in union	100.0%	0.0%	0.0%	100.0%
Formerly married (Divorced/ separated/ widowed)	77.5%	10.0%	12.5%	100.0%
Total	78.1%	12.3%	9.6%	100.0%

Similarly, Table 5.3.179 is not exhibited since clients did not provide information on amount they might have paid for FP service.

PART 6

CONCLUSION AND RECOMMENDATIONS

6.1 Summary of findings

6.1.1 Offering of modern contraceptive methods based on requirement of national guidelines, protocols and/or laws

The 2017 UNFPA Supplies Survey principally investigated provision of modern contraceptive methods in line with national guidelines, protocols and/or laws for health facilities that provide family planning services. Data collected envisaged 87.4 percent of health facilities are providing family planning (FP) services in 2017; down by 4.0 percent that of results in 2016 and 3.6 percent compared to 2015 survey results (91.0 percent). Whilst all tertiary level care facilities were found to provide FP service, 95.9 percent of primary level care facilities and 71.4 percent of secondary level care facilities are providing the services are providing the services.

Findings indicated oral pills, male condoms and injectables are the most popular modern contraceptives regularly offered to clients at SDPs in line with national protocols, guidelines and/or laws; recorded at 93.3 percent, 92.3 percent and 91.3 percent; respectively. Female condoms and IUDs are least offered; registered at 61.5 percent and 55.1 percent, respectively. Provision of all modern contraceptives is seemingly higher in the urban areas than the rural areas; except for male condoms which was amazingly offered by more of rural SDPs (98.3 percent) than urban SDPs (93.8 percent).

The most popular reasons stated by SDPs for not offering modern contraceptives were delay on the part of institutions/warehouses to re-supply them and no/low demand from clients for some contraceptives like female condoms. Female clients tend to prefer male condoms, claiming that female condoms are difficult to use. Where they are used, supply was reportedly low and restocking is often delayed. For other contraceptives including IUDs and implants, lack of equipment and expert/trained personnel are other reasons for SDPs not being able to offer them on regular basis. Also, low client demand for these methods of contraceptives is possibly due to fear for side effects of these long term and permanent contraceptives. In spite of efforts made by RH/FP programme to train staff for handling IUDs and implants, a number of SDPs are still lacking trained staff to handle these contraceptives.

On the aggregate, 94.2 percent of SDPs offering at least three modern methods of contraceptives. Results show 95.7 percent of primary SDPs are offering at least three modern methods of contraceptives to clients in line with national protocols, guidelines and/or laws; result is up by 2.5 percent that of 2016 survey result (93.2 percent) but down by 2.8 percent of result in 2015 (98.5 percent). Whilst all tertiary SDPs (100 percent) are offering at least three methods, 90.0 percent of secondary SDPs do offer at least three methods. Regional analysis Eastern and Northern regions have all SDPs (100 percent) offering at least three modern contraceptives whilst rates in Southern region and Western Area are 86.2 percent and 88.2 percent, respectively. Over 90 percent of rural and urban areas SDPs are offering at least three methods of modern contraceptive methods, each. At 95.7 percent, government-owned SDPs outperformed those of faith-based and private proprietors.

Around three-quarters of SDPs (76.9 percent) are offering at least five modern contraceptive methods to their clients in line with national protocols, guidelines and/or laws. Whilst 78.6 percent of primary SDPs are offering at least five modern contraceptive methods; slightly above secondary and tertiary SDPs.

Combined result showed 73.5 percent of secondary and tertiary SDP are offering at least five modern contraceptive methods; the lowest since 2015. Only Eastern region had all SDPs offering at least five modern contraceptive methods. Rate in Northern and Southern regions is 72-83 percent; with Western Area registering least (41.5 percent). More rural SDPs (82.1 percent) than urban ones (67.7 percent) are offering at least five modern contraceptives. Except for NGO-owned SDPs, government SDPs performed better (at 78.9 percent) than SDPs managed by faith-based (66.7 percent) and private (40.0 percent) proprietors.

6.1.2 Offering of modern contraceptive methods as part of SDP regular and normal service delivery process

Trend in offering any modern contraceptive method and that of at least three modern contraceptive methods as part of SDP regular and normal service delivery is quite similar to that based on the requirement of national protocols, guidelines and/or laws. Results however show slight change in the provision of five and more modern contraceptive methods; with 78.8 percent of SDPs offering at least five modern contraceptive methods marginally above results based on the requirement of national guidelines, protocols and/or laws (76.9 percent). Around 78.6 percent of primary SDPs are offering at least five modern contraceptive methods. When combined, 79.4 percent of secondary and tertiary SDPs are offering at least five modern contraceptive methods. Again, only in Eastern region is there 100 percent coverage of the indicator. SDPs in rural areas are almost twice as much those in urban areas (79.3 percent against 41.2 percent) offering at least five modern contraceptive methods. Government SDPs also proved performing better (80.0 percent) than SDPs of faith-based (66.7 percent) and private (60.0 percent) proprietors in attaining the indicator.

6.1.3 Availability of maternal and RH medicines

About 93.3 percent of health facilities are offering delivery services (maternal and reproductive health services) in 2017; least from 2015. Provision of maternal health services was seen universal (100 percent) in tertiary SDPs but fairly less at primary SDPs (93.2 percent) and secondary (92.9%) SDPs. Despite high prevalence of delivery/maternal health services, availability of most maternal/RH medicines was markedly low at health facilities in 2017; even lower than survey results in 2016. Tertiary SDPs were however noticeably better-off with availability of all maternal/RH medicines; except for methyldopa being least available. Most maternal medicines were least available at primary SDPs.

Data suggests that 65.8 percent of SDPs have seven essential life-saving maternal/ RH medicines (including the two mandatory: magnesium sulphate and oxytocin) available; same as survey result in 2016 but less by 2.7 percent of 2015 survey result (68.2 percent). Availability of the seven essential life-saving maternal/reproductive health medicine was higher at secondary SDPs recording 82.1 percent, fairly less at tertiary SDPs (75.0 percent) and least at primary (55.9 percent). Whilst availability is higher in Southern region (71.0 percent); Eastern region registered least (54.2 percent). More urban SDPs (79.1 percent) than rural SDPs (57.4 percent) have fulfilled the indicator. More private SDPs (85.7 percent) than the other SDPs were seen with the seven essential life-saving maternal/RH medicines available. Notably, government SDPs demonstrated least availability of the seven life-saving medicines (62.5 percent).

According to the survey, delay on the part of warehouses to resupply maternal/RH medicines was prominently stated as one main reason for non-availability of all medicines at the time of survey. Other significant reasons mentioned were delay on part of SDPs to request for resupply when stocks are run out, no/low client demand and non-availability of some medicines in market possibly for private and NGO facilities as they have to outsource from elsewhere most of the time.

In fewer SDPs, trained personnel are lacking to handle specific medicines such as Nifedipine and Cefixime (used for surgical services).

6.1.4 Incidence of 'no stock out' of modern contraceptive methods offered in line with national protocols, guidelines and/or laws

Findings revealed 25.0 percent of SDPs had 'no stock out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months; indicating incidence of 'stock-out' of 75.0 percent in 2017. Primary SDPs registered slightly higher 'No stock-out' at 31.4 percent; tertiary SDPs recorded 25.0 percent and secondary SDPs 10.0 percent (least). Northern region had 41.7 percent of SDPs with 'no stock out' of any modern contraceptive method; which is lower in Southern region (24.1 percent) and Western Area (17.6 percent) but least in Eastern region (4.5 percent). 'No stock-out' situation of any modern contraceptive method at rural SDPs was noticeably three-folds that at urban SDPs (32.8 percent compared to 10.8 percent). 'No stock-out' of any modern contraceptive method was reported at government SDPs and private SDPs only; registering 27.8 percent and 20.0 percent; respectively.

Around 80.8 percent of SDPs had 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months. Whilst all SDPs at tertiary level care experienced no stock-out of at least three modern contraceptive methods, primary SDPs registered 81.4 percent 'and secondary SDPs recorded 76.7 percent (least). The 'no stock-out' situation occurred highest in Northern region (91.7 percent) and fairly less in Eastern region (68.2 percent). Rural SDPs were seen to have higher rate (83.6 percent) than urban SDPs (75.7 percent).

'No stock-out' situation of at least five modern contraceptive methods in the last three months before the survey is generally low with just over one-third of SDPs (37.5 percent) had accounted for it. The rate is at its lowest at primary level care (31.4 percent). Exactly half of secondary and tertiary SDPs (combined) had experienced 'no stock-out' of at least five modern contraceptive methods offered; although tertiary SDPs registered considerably higher rate (75.0 percent) over secondary SDPs (46.7 percent). Except for is low (below 50 percent) in the other three regions (below 50 percent). Government-owned SDPs had demonstrated low 'no stock-out' of at least five modern contraceptive methods (36.7 percent), lower than rates for those of NGOs (100.0 percent) and private (40.0 percent). At 40.5 percent, SDPs in urban areas slightly outperformed over those in rural areas (35.5 percent).

Reference to 'no stock-out' prevalence on the day of the survey, 32.7 percent of SDPs experienced 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of the survey. However, rate was evidently better for primary SDPs registering 37.1 percent; lower for secondary SDPs (26.7 percent) but worse for tertiary SDPs recording zero rate. Except for Northern region registering 44.4 percent, rates for the other regions are low below national rate. 'No stock-out' situation for rural SDPs (40.3 percent) more than doubled that for urban SDPs (18.6 percent). Whilst all NGO SDPs were discovered to have experienced 'no stock-out' of any modern contraceptive method, around one-third of government SDPs and 20.0 percent of private SDPs had accounted for it with faith-based SDPs recording zero rate.

Aggregate results revealed 79.8 percent of SDPs had experienced 'no stock-out' of at least three contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey. Around 77.1 percent of primary SDPs experienced 'no stock out' of at least three contraceptive methods; lower than to results for secondary (83.3 percent) and tertiary (100 percent) SDPs. Northern region registered higher rate (91.8 percent) and Western Area recorded lowest rate at 58.8 percent. SDPs in rural and urban areas had shown no marked difference (79.1 percent against 81.1 percent). At 81.1 percent, government-owned SDPs performed better than SDPs of the other proprietors except those of NGOs.

'No stock-out' of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey is consistently low; as

rate of 'no stock-out' of at least the five modern contraceptive methods below national rate; tertiary level showing least at 25 percent.

Findings revealed 44.1 percent of secondary and tertiary SDPs (together) experienced 'no stock-out' of at least five modern contraceptive methods. All regions, except Northern region, demonstrated low 'no stock-out' of at least five modern contraceptive methods below national level. Slightly more SDPs in rural areas (40.3 percent) than urban areas (37.8 percent) experienced 'no stock out' of at least five modern contraceptive methods. Though low, government SDPs had got better rate (38.9 percent) than those of the other proprietors except NGO ones.

6.1.5 Incidence of 'no stock out' of modern contraceptive methods regularly offered as part of normal service delivery

Findings revealed 28.8 percent of SDPs had experienced 'no stock-out' of any modern contraceptive method regularly offered as normal service delivery process in the last three months; higher than survey results based on the requirement of national protocols, guidelines and/or laws (25.0 percent). Only primary and secondary SDPs happened to experienced 'no stock-out' of any modern contraceptive method. 'No stock-out' situation of any modern contraceptive method was especially poor in Western Area (11.8 percent) and Eastern region (18.2 percent) as well as for faith-based SDPs (16.7 percent), all below the national rate, and worse for and private ones recording zero rate. Rate for rural SDPs was evidently almost thrice that for urban SDPs (37.3 percent compared to 13.5 percent).

Results also showed 79.8 percent of SDPs had experienced 'no stock out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months. At facility-level, 80.0 percent of primary SDPs attained the indicator comparing with result based on the requirement of national protocols, guidelines and/or laws (81.4 percent). Whilst all tertiary SDPs had experienced 'no stock-out' of at least the three methods, around three-quarters of SDPs (76.7 percent) at secondary level accounted for it. Still Northern region outperformed the other regions with 'no stock-out' of at least three modern contraceptive methods; registering 88.9 percent; with Western Area scoring least (70.6 percent). 'No stock out' situation for rural SDPs is 10.6 percent higher than that for urban SDPs (83.6 percent compared to 73.0 percent).

Results indicated 39.4 percent of SDPs had experienced 'no stock out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months. Rate was lowest at primary SDPs (35.7 percent). Combined result showed 47.1 percent of secondary and tertiary SDPs (together) had experienced 'no stock-out' of at least five modern contraceptive methods; though tertiary SDPs slightly outperformed secondary SDPs; registering 50.0 percent against 46.7 percent. 'No stock-out' situation was apparently low in three regions (Eastern, Southern, Western Area) and for rural SDPs as well as government SDPs; all below national rate.

Around one-third of SDPs (32.7 percent) did experience 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process on the day of the survey. 'No stock out' situation was reported for primary and secondary SDPs at 37.1 percent and 26.7 percent; respectively. Rates in all regions, except Northern region, as well as for urban and private SDPs are apparently low, below national level; with zero rate reported for faith-based SDPs. About one-third of government SDPs accounted for 'no stock out' of any modern contraceptive method.

Evidently, 80.8 percent of SDPs experienced 'no stock-out' of at least three contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey. Whilst all tertiary SDPs (100 percent) registered 'no stock-out' of at least three contraceptive methods, 83.3 percent of secondary SDPs and 78.6 percent of primary SDPs accounted for it.

Northern region took lead having recorded 91.7 percent of SDPs (highest) experienced 'no stock out' of at least three modern contraceptive methods whilst Western Area reported least at 64.7 percent. Rate for urban SDPs (78.4 percent) is somehow below that for rural SDPs (82.1 percent). At 82.2 percent, government SDPs outperformed SDPs managed by faith-based (66.7 percent) and private (66.7 percent) proprietors.

Nationally, 48.1 percent of SDPs attained 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey. Primary SDPs scored the lowest rate at 40.0 percent. When combined, 64.7 percent of secondary and tertiary SDPs were discovered to have experienced 'no stock-out' of at least five modern contraceptive methods; with secondary SDPs outperformed by 16.7 percent higher than tertiary SDPs. Rates of 'no stock-out were evidently below the national average in three regions (Eastern, Southern, Western Area), for rural SDPs and government-owned SDPs.

6.1.6 Survey findings for health facility resources

Pharmacists were primarily seen to be responsible for ordering of medical supplies in 55.5% of SDPs. In 44.5 percent of SDPs, health staff (including nurses, clinical officers, medical doctors) were reported taking the responsibility. Although SDP staff members are reported to determine quantities of resupply for modern contraceptives in most SDPs (54.8 percent) based on 'report request and issue voucher' (RR&IV) in most SDPs (62.3 percent), yet significant proportion of SDPs (38.5 percent) have re-supplies been determined by institution/warehouse responsible for re-supply. Staff involvement in quantifying resupply for modern contraceptives was considerably higher especially at secondary and tertiary SDPs than at primary SDPs where the responsibility is carried out partly by staff members and partly by institutions/warehouses.

Around 73.1 of SDPs are reportedly using logistics forms at the time of the survey, as verified by the researchers. Although 14.3 percent of SDPs confirmed using logistics forms, yet none of the forms were available for verification. It was surprising to discover that 12.6 percent of SDPs are not using any logistics form. Primary SDPs were discovered mostly using logistics forms (79.0 percent) whilst secondary SDPs manifested relatively least usage (61.9 percent) of logistics forms.

Regional/district warehouse or institution was seen as the main source of medical supplies for the majority of SDPs (70.6 percent). Primary SDPs are the most beneficiary (93.7 percent) getting medical supplies from regional/district warehouse or institution. Up to 17.9 percent of secondary SDPs stated receiving supplies from the central medical store, 46.2 percent are getting supplies from private entities/ donors/charitable organizations (NGOs) and only 7.7 percent are getting the supplies from local medical stores on same premise. Tertiary SDPs are receiving medical supplies partly from regional/district warehouse or institution (50.0 percent) and partly from local medical stores on same premise (50.0 percent).

On the frequency of resupply, most SDPs were found receiving medical resupplies on quarterly basis (once every three months) with 64.7 percent of SDPs stating it. Just 18.5 percent of SDPs indicated to receive resupply monthly (once every month) and a few of them (11.8 percent) are receiving resupply once every two weeks. It was revealed that primary SDPs (84.2 percent) are popularly receiving medical resupplies quarterly (once every three months) whilst most secondary (61.6 percent) SDPs and all tertiary SDPs receive supplies every two weeks or every month.

The local/district administration was acknowledged to be primarily responsible for transporting medical supplies from sources of supplies to premises for 63.9 percent of SDPs whilst 22.7 percent account for collection of supplies by SDPs themselves and barely 10.9 percent indicated that national/ central government is responsible. Local/ district administration is generally in control of transporting medical supplies for majority of primary SDPs (86.8 percent). Collection of supplies by SDPs is common with secondary and tertiary SDPs reported at 59.0 percent and 50.0 percent, respectively.

With regards time lapse between ordering and receiving of medical supplies, although most SDPs (59.7 percent) stated receiving supplies after 1 month of ordering, yet significant proportion of them (40.4 percent) confirmed receiving supplies within two weeks to one month after ordering.

Secondary and tertiary SDPs are seemingly better-off with 60.7 percent of secondary SDPs and 75.0 percent of tertiary SDPs reported receiving supplies within two weeks to one month after ordering. Primary SDPs are seemingly worse-off with just one-quarter of them stated to receive supplies after one month.

Regarding fulfilment of quantities of contraceptives ordered or requested, around one-quarter of SDPs (28.8 percent) offering family planning services indicated that quantities of contraceptives ordered or requested were fully fulfilled and 63.8 percent said quantities were not fully fulfilled. Low fulfilment of quantities of contraceptives ordered or requested was evidenced at primary and secondary SDPs; accounted for 26.0 percent and 25.9 percent, respectively. Only tertiary SDPs had got quantities of contraceptives ordered or requested fully fulfilled.

On staff training in aspects of logistics management information system (LMIS), barely 24-28 percent of SDPs accounted for trained staff in four aspects of LMIS: stock status assessment, making request or ordering for restocking, record keeping (use of logistics forms and maintaining dispensing and client registers) and appropriate physical storage of products. The low existence of trained staff in all four aspects of LMIS was discovered especially at primary and secondary SDPs. Tertiary SDPs (75-100 percent) were seen to have incomparable presence of trained staff in all aspects of LMIS.

Overall, 73.1 percent of SDPs have a (functioning) cold chain for storing medical supplies and 26.9 percent are without a cold chain. Primary SDPs were least seen (64.5 percent) with a cold chain whilst 87.2 percent of secondary SDPs and all tertiary SDPs (100 percent) have a cold chain. Whilst Southern region has highest percentage of SDPs with a cold chain (81.0 percent), Eastern region accounted for least percentage of SDPs (61.5 percent) having a cold chain. Around 71.6 percent of government and private SDPs, each, 100 percent of NGO SDPs and 66.7 percent of faith-based SDPs own a cold chain. Slightly more urban SDPs (82.6 percent) than rural SDPs (67.1 percent) were found to have a cold chain.

Electric fridge is the most common type of cold chain; seen in 66.4 percent of SDPs. Less primary SDPs (57.9 percent) than the other SDP levels have got an electric fridge. The main source of power for the electric fridge is solar power in 65.8 percent of SDPs. Only 22.8 percent of SDPs source electricity from the national grid for electric fridge and barely 11.4 percent possess own generator plant. Solar power was visibly seen as the primary source of power for electric fridge in almost all primary SDPs (95.5 percent) whereas all tertiary SDPs mainly depend on the national grid electricity. Although many secondary SDPs are sourcing power for electric fridge from national grid (45.2 percent), significant proportion of them (32.2 percent) also source electricity from solar power and few get power from own generator plant (22.6 percent). Solar power is most popular at SDPs in rural areas where electricity from national grid is not available.

Around 83.2 percent of SDPs have staff trained to provide FP services and only 72.3 percent have staff trained for the insertion and removal of implants distinctively. Results disclosed that all tertiary SDPs have staff trained to provide FP services and the insertion and removal of implants. Around 74.4 percent of secondary SDPs have staff trained to provide FP services as well as the insertion and removal of implants. More primary SDPs were seen to have staff trained to provide FP services (86.8 percent) than for the insertion and removal of implants (69.7 percent). More SDPs have staff trained to provide FP services than for the insertion and removal of implants in all regions. Southern and Eastern regions accounted for more SDPs with staff trained to provide FP services (90.6 percent) and for the insertion and removal of implants (80.8 percent); respectively than the other regions. Whilst Western Area demonstrated the least rate for both services; registering 75.0 percent and 60.0 percent, respectively.

Government SDPs largely accounted for trained staff for provision of FP services (90.5) percent and the insertion and removal of implants (76.8 percent) than SDPs of other proprietors. Around 68.1 percent of SDPs with staff trained to provide basic FP services and the insertion and removal of implants at the same time. Findings manifestly showed that tertiary SDPs largely have staff trained on provision of basic FP services and for the insertion and removal of implants (75.0 percent) at the same time.

Whereas 69.2 percent of secondary SDPs have staff trained to provide basic FP services and the insertion and removal of implants; 67.1 percent of primary SDPs (least) have staff to have benefitted from both trainings.

With regards supervision of health facilities, 76.4 percent of SDPs reported to have been supervised by RH/FP authorities in the past 12 months and 23.5 percent stated that they have not been supervised at all in past 12 months. Findings revealed that around half of SDPs (51.2 percent) reported have been supervised in one to three months in the past 12 months. Up to one-quarter (25.2 percent) had supervision visit beyond three months to one year ago. On the frequency of supervision, 59.6 percent of SDPs reported to have been supervised monthly or every three months and 12.6 percent said they have been supervised every six months or once a year. Issues of focus during supervision included staff clinical practices; drug stock out and expiry; staff availability and training; data completeness, quality and timely reporting; and reviewing use specific guidelines or job aids for reproductive health.

On availability of guidelines check-lists and/ or job aids, 52.9 percent and 48.7 percent of SDPs were discovered to have the FP guidelines and check-lists and/or job aids available, respectively. At the same time, around 68.9 percent and 68.1 percent of SDPs were observed to have ANC guidelines and check-lists and/or job-aids available, correspondingly. Whereas 67.2 percent of SDPs had got waste disposal guidelines. FP guidelines and check-lists and/ or job aids and waste disposal guidelines were more visible at tertiary SDPs whilst more primary and secondary SDPs evidently possess ANC guidelines and check-lists and/or job-aids.

Around 63.0 percent of SDPs have an ICT system available. An ICT system was seen more visible at secondary SDPs (76.9 percent); but less at primary SDPs (56.6 percent) and tertiary SDPs (50.0 percent). Availability of the different types of ICT system is generally low at SDPs. Basic mobile phones/handsets were found available in 35.3 percent of SDPs; least seen at primary SDPs (28.9 percent). Smart mobile phones are available in 20.2 percent of SDPs, computer (desktop) 10.9 percent, computer (laptops/tablets) 10.1 percent and barely 8.4 percent have access to an internet facility (LAN [26] or Wi-Fi). ICT systems in 26.9 percent of SDPs were discovered to be personal items of staff members. In 24.4 percent of SDPs, ICT systems were reported to be provided by government whilst the systems have been by proprietors in 9.2 percent of SDPs or received as donation in 9.2 percent of SDPs. Common use of ICT systems was routine communication in 47.9 percent of SDPs. Clinical consultation (characterized by long distance communication with experts) was mentioned by 28.6 percent of SDPs; 20.2 percent confirmed using the systems for supply chain management/stock control (in terms of monitoring, accountability and timely reporting with regards RH commodities supply chain) and 17.6 percent used it for facility record keeping.

SDPs were readily seen using incinerator (62.2 percent), the recommended method, to dispose health/medical waste. Use of incinerator was more visible at tertiary SDPs (75.0 percent); and secondary (71.8 percent) but less at primary SDPs which accounted for 56.6 percent. Burning waste on ground and burying in special dump pits on premises were however observed in 53.8 percent and 51.3 percent of SDPs respectively. Around 10.9 percent of SDPs were seen disposing health waste with regular garbage.

According to survey results, charging user fees for consultation nationwide was reported in 45.4 percent of SDPs (mainly primary and secondary); but least reported for government SDPs.

28 LAN is Local area network

Up to 55.5 percent of SDPs confirmed charging patients fee for medication. Patients are charged fees for medication most at secondary SDPs (69.2 percent); but fairly less at primary SDPs (50.0 percent) and least at tertiary SDPs (25.0 percent). Fee charge for medication was noticeably least at government and NGO SDPs; yet higher at faith-based and private SDPs.

6.1.7 Clients' perception of family planning service provision

The majority of clients for FP services are female (89.6 percent) and barely 10.4 percent are male according to survey results. The age distribution shows that almost all clients for FP services (99.4 percent) are between 15 and 49 years; the reproductive age group. Age-specific shows that 65.9 percent of clients are adolescents aged (15-19) years and young adults (20-29) years who are sexual active whilst 27.5 percent are older people (30-49) years. Findings revealed 48.6 percent of clients are currently married/in union, 46.2 percent are not married and 5.2 percent are divorced/ separated/widowed. Clients' demand for FP services tend be linked with education level; with 70.1 percent of clients found to have primary education or secondary/higher education; just over a quarter (29.9 percent) have no education. On the frequency of visit, 43.8 percent of clients are visiting SDPs for FP services on quarter basis (once every months), one-third (33.7 percent) monthly (once every month) and 3.0 percent once every two months. About one-fifth (19.5 percent) indicated that they visit as and when necessary among others. Quarterly visitation of clients is evidently higher at primary and secondary SDPs recording (47.8 percent) and (42.3 percent), respectively; but lower at tertiary SDPs (17.6 percent).

Clients' perception of family planning service provision suggests that service providers are generally adhering to all technical aspects for providing FP services with perception of clients rated over 80 percent for the various technical aspects ranging from offering of modern contraceptive methods of clients' choice to scheduling date for check-up and/ or additional supplies. Clients' perspective of FP service organizational aspects except for perception on waiting time was rated higher. Above 90 percent of clients said that they were satisfied with health facility cleanliness, privacy at the examination room and allotted time for FP services. Less than one-quarter of clients (22.3 percent) perceived waiting time as too long; meaning that the majority of clients tend to appreciate waiting time at SDPs for FP services. With regards clients' perspective of FP service inter-personal aspects, nearly all clients acknowledged service providers treating them with courtesy and respect; and almost all clients are generally satisfied with attitudes of service providers towards them. Fewer clients (8.0 percent) claimed that they are been forced to accept FP method which is consistent with clients' high rated perception on FP service providers offering them the modern contraceptive method of choice as well as taking clients' preference and wishes into consideration for the method (over 80 percent). Consistently, perspective of FP service outcome aspects evidence that almost clients are satisfied with the service received and that they (clients) could continue visiting SDPs as well as recommending SDPs to relatives or friends.

6.1.8 Clients' appraisal of cost of family planning services

Evidently, findings from the survey suggest 14.5 percent of clients paid for FP services that they received from the SDPs on the day of survey. Payment for services was reported at primary SDPs (10.9 percent) and secondary SDPs (23.4 percent) only but not at tertiary SDPs. Payment for FP services was reportedly high in Southern region (21.8 percent); other regions registered relatively low rates (Western Area 18.3 percent, Northern 10.9 percent, Eastern region 7.8 percent). Payment was reported least at government SDPs at 9.2 percent but higher especially at faith-based (48.0 percent) and private SDPs (64.3 percent). Although significant percentage of clients indicated to have paid for FP services received yet no information was provided on amount they might have paid for any service.

Information on means of transportation revealed majority of clients (63.9 percent) walk to SDPs for FP services. Over one-quarter of clients (29.3 percent) are using motorcycle, 4.2 percent use bicycle, 2.4 percent use vehicle (bus/taxi or private) and less than 1 percent use other transportation means such as canoe especially in the riverine areas. The average distance travelled to SDPs for FP services is 4.7 kilometres. For the clients who travel by vehicle or motorcycle, the average travel cost (to and from SDPs) was estimated at 4,638 SLL. On the sources of funds, many clients (55.6 percent) confirmed to have provided funds by themselves to pay for FP services they received on the day of survey.

Information on time spent for FP services on the day of the survey revealed that clients spent an average time of 58.4 minutes for travelling, waiting and receiving FP services. However, clients fairly tend to spend lesser time waiting and receiving FP services than travelling. Evidently, the survey results revealed that clients spend about 18.0 minutes, on average, waiting and receiving FP services at SDPs whilst they spend up to 40.4 minutes for travelling to and from SDPs.

6.2 Recommendations

The following recommendations are made based on interventions of the various actors for the provision of RH commodities and services:

6.2.1 Policy level interventions

• There is need for policy makers to encourage all non-state SDP managers to streamline family planning services to all health facilities as a way to ensure general FP service delivery across the country. In particular, faith-based organizations, having substantial number of health facilities, should be encouraged to incorporate FP services in all their health facilities as an aspect of human right beyond religious belief.
• In majority of health facilities, FP services are generally provided cost-free but a few government-owned facilities continue to charge fee for FP services. MoHS should ensure elimination of user fees for FP services in those health facilities.
• Increasing availability of ICT system to health facilities and its use would enhance proper monitoring, accountability and timely reporting with regards RH commodities supply chain.

6.2.2 Programmatic level interventions

• It is important that RH/FP programme extends cost-free FP commodities and services beyond government managed health facilities, especially to private health facilities which are substantially in existence across the country. This will enhance universality of FP services nationwide.
• Improving the availability of the two essential medicines (magnesium sulfate and oxytocin) at all health facilities across the country will help improve the facilities' coverage level of the seven-lifesaving maternal/RH medicines.
• Appropriate management of the 'pull and push' system through constant monitoring will ensure commodities are not over-supplied to areas that need them less whilst under-supplying those that need them most. Subsequently, there is high need of building service provider's capacity to timely initiate request for RH commodities based on needs and expected caseload of FP clients.
• Warehouses responsible for resupply of RH commodities should ensure that appropriate quantities of commodities are always available to maintain stock levels for offer to clients at all times.
• District warehouses are often challenged with inadequate quantities of RH commodities to serve all facilities. There is therefore need to ensure that adequate quantities of commodities are available for each district to reduce the risk of stock-out at SDP levels. Also, programme should ensure that transportation is all districts be strengthened in order to maintain stock of RH commodities including modern contraceptives.
• Noting that not all staff trained on insertion and removal of implants were providing FP services, there is need to institute a system of dedicated family planning staff. It is significant to provide training for staff in all SDPs on family planning services including the insertion and removal of IUDs and implants.

• There is need for capacity building of healthcare service providers on Implanon/Etonogestrel implant (one-rod implant) in addition to Jadelle/ Levonorgestrel implants (two-rod implant/ captain band) at national and sub-national levels to ensure provision of an alternative implant method for FP clients in order to avoid the risk of stock-out in case of possible global shortage in supply chain/production of Jedelle.
• Although there is a relative a good number of health facilities with guidelines and job aids, it is important that all health facilities are provided with these documents for reference purposes. Guidelines checklists and/or job aid materials are critical for proper execution of duties for healthcare service providers. Ensuring that all healthcare service providers are properly using in routine work would enhance quality service delivery.
• It is essential that appropriate apparatus for managing flow of data and information from central level to district and SDPs and vice versa be defined to ensure timely recording and reporting for strengthening of supply chain management.
• As much as RH commodities monitoring/ supportive supervision is essential, there is still need for further strengthening of monitoring function to ensure timely use of data for programmatic actions in collaboration with relevant stakeholders to reduce the risk of stock-out and/or irrational use of RH commodities. Creating linkage between consumption trend and actual acceptor of FP methods is important for proper utilization review of resource in line with the programmatic achievements.

6.2.3 Service delivery (health facility level) interventions

• It is essential that service provision at health facilities include outreach services on family planning, especially in distant communities where there no health facilities. This will not only improve demand creation but also provides an ideal opportunity to the wider population on the awareness of contraceptive methods that best meet clients' needs and the importance of family planning.
• In-chargers should ensure that all RH/FP commodities be provided at no cost to clients in order to increase demand and use. Prosecuting facility staff would help to adverse user fee charging at SDPs.

6.2.4 Community level interventions

• Reinforcing sensitization on FP services would increase awareness and importance of modern contraceptives use. Sensitization should focus removal of cultural barriers to FP services and acceptance of family planning to the wider population, especially the rural areas, as caseload of FP clients at SDPs was found very low, that needs collaborative efforts from MoHS and key stakeholders for effective community coverage planning/outreach interventions for FP demand creation.
• Service providers should continue improving their relationship with clients by adherence to technical, organizational and inter-personal aspects for the provision of family planning services.

6.3 Lessons learnt

1. Noting the increased scope of data analysis guided by the annotated outlined for GPRHCS survey reporting based on revision of the survey in 2017, time allocated for data analysis and writing survey report was relatively short. There is need for more time to be allocated in order to produce such comprehensive and high quality survey report.

2. With the introduction of electronic data collection time for training of data collectors was inadequate with regards to the expansion of the survey scope. It is recommended period for training be increased to five (5) days; including one (1) day of pre-test.

3. Data collection was delayed for one week due to delay in disbursement of finance from UNFPA to support survey team including enumerators. This subsequently reflected in delay to entire survey implementation. Early disbursement of finance is recommended in order to prevent delay in data collection for subsequent GPRHCS surveys.

4. List of health facilities from DHSPPI needs to streamline facilities that provide family planning services and maternal and reproductive health services. Few health facilities that are neither providing FP services nor maternal/ reproductive health services continue to be part of the sampling frame. It is important for the survey to target health facilities that are providing these services as survey methodology indicates. DHSPPI should regularly update list of health facilities to ensure universe coverage of service delivery points.

5. The 'day of survey' restriction for the client exit interview could be accountable for the low client coverage during the survey. Flexibility of the restriction would enhance wider coverage of clients for exit interview.Data collectors were mixed of health personnel and other persons with little or no experience in survey data collection.

6. Even after training on the questionnaires some of the other persons were seemingly not comfortable.

7. Also, some of the health personnel were also found engaged in other assignments and were less committed to the fieldwork. It is important that persons with survey experience to serve as additional data collectors and committed health personnel should be recruited.

8. Recruitment of data collectors was the solely responsibility of RH/FPD of MoHS without involvement of the Consultant. As the Consultant takes responsibility of the overall quality of the survey process and report, it is important that s/ he be part of the recruitment process to ensure that data collectors are of high quality.

9. UNFPA was seemingly unequipped for adopting electronic data collection process as they did not own appropriate electronic devices (iPads/tablets) and server/data storage space to host data collected from the field. As such they relied on outsourced devices and server (from WFP); this created undue delay in retrieval of data for analysis. It is important that UNFPA acquire the appropriate electronic devices (iPads/tablets) and server/data storage space that the organization can adequately utilised.

10. It is not known the extent to which actions are taken on recommendations outlined for previous GPRHCS surveys from programmatic side. As a result, Consultant is somehow obliged to give holistic recommendations. It is important that UNFPA provides action points recommendations for past surveys to guide Consultant provide appropriate recommendations that will better focus on programme implementation.

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ANNEXES

ANNEX I: SUMMARY TABLES FOR AVAILABILITY AND STOCK OUT OF CONTRACEPTIVE METHODS

Table 6.180: Percentage distribution of service delivery points offering modern contraceptive method based on requirements of national guidelines, protocols and laws

Characteristics	Modern contraceptive method offered based on requirements of national guidelines, protocols and laws								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	95.9%	61.6%	97.3%	91.8%	83.6%	47.4%	77.1%	0.0%	0.0%
Secondary Level Care	85.2%	59.3%	81.5%	88.9%	70.4%	57.7%	90.0%	60.0%	43.3%
Tertiary Level Care	75.0%	75.0%	100.0%	100.0%	100.0%	75.0%	100.0%	50.0%	50.0%
Region									
Eastern	100.0%	90.9%	100.0%	90.9%	100.0%	62.5%	90.9%	4.5%	0.0%
Northern	97.2%	58.3%	100.0%	100.0%	88.9%	43.8%	83.3%	25.0%	13.9%
Southern	89.7%	58.6%	86.2%	82.8%	72.4%	60.0%	86.2%	17.2%	17.2%
Western Area	76.5%	35.3%	82.4%	88.2%	52.9%	60.0%	58.8%	29.4%	29.4%
Residence									
Rural	95.5%	64.2%	97.0%	92.5%	85.1%	57.9%	79.1%	4.5%	1.5%
Urban	86.5%	56.8%	86.5%	89.2%	73.0%	53.3%	86.5%	45.9%	37.8%
Management									
Faith-based	50.0%	25.0%	75.0%	75.0%	50.0%	25.0%	83.3%	33.3%	16.7%
Government	94.6%	63.4%	96.8%	92.5%	83.9%	52.6%	81.1%	13.3%	10.0%
NGO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	75.0%	25.0%	25.0%	75.0%	25.0%	75.0%	80.0%	60.0%	40.0%

Table 6.180: Percentage distribution of service delivery points offering modern contraceptive method based on requirements of national guidelines, protocols and laws

Characteristics	Modern contraceptive method offered based on requirements of national guidelines, protocols and laws								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Distance from nearest warehouse/source of supplies (in km)									
0-4	95.8%	54.2%	87.5%	87.5%	66.7%	62.5%	75.0%	41.7%	33.3%
5-9	70.0%	40.0%	80.0%	80.0%	60.0%	37.5%	80.0%	30.0%	10.0%
10-14	100.0%	75.0%	100.0%	100.0%	100.0%	66.7%	75.0%	50.0%	50.0%
15-19	75.0%	50.0%	87.5%	100.0%	75.0%	75.0%	100.0%	12.5%	12.5%
20-24	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	0.0%	0.0%
25-29	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	80.0%	0.0%	0.0%
30-35	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	0.0%	0.0%
35-39	100.0%	50.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%	50.0%
40-45	100.0%	50.0%	100.0%	83.3%	83.3%	100.0%	100.0%	0.0%	0.0%
45-49	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	50.0%	0.0%	0.0%
50 and over	94.4%	75.0%	100.0%	97.2%	91.7%	30.8%	86.1%	8.3%	5.6%
Total	96.2%	55.7%	89.6%	82.1%	57.5%	19.8%	55.7%	17.9%	9.4%

Table 6.181: Percentage distribution of service delivery points offering modern contraceptive method as part of the SDP's regular and normal service delivery

Characteristics	Modern contraceptive method offered based on requirements of as part of the SDP's regular and normal service delivery								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	100.0%	67.1%	100.0%	95.7%	92.9%	10.0%	77.1%	1.4%	0.0%
Secondary Level Care	86.7%	56.7%	86.7%	93.3%	80.0%	43.3%	86.7%	46.7%	26.7%
Tertiary Level Care	75.0%	50.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	25.0%
Region									
Eastern	100.0%	81.8%	100.0%	95.5%	95.5%	18.2%	90.9%	9.1%	0.0%
Northern	97.2%	47.2%	100.0%	100.0%	91.7%	11.1%	83.3%	16.7%	5.6%
Southern	100.0%	82.8%	96.6%	89.7%	96.6%	31.0%	79.3%	17.2%	10.3%
Western Area	76.5%	41.2%	82.4%	94.1%	64.7%	29.4%	64.7%	23.5%	23.5%

Table 6.181: Percentage distribution of service delivery points offering modern contraceptive method as part of the SDP's regular and normal service delivery

Characteristics	Modern contraceptive method offered based on requirements of as part of the SDP's regular and normal service delivery								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Residence									
Rural	100.0%	67.2%	95.5%	95.5%	14.9%	79.1%	6.0%	1.5%	100.0%
Urban	86.5%	56.8%	94.6%	78.4%	32.4%	83.8%	35.1%	21.6%	86.5%
Management									
Faith-based	66.7%	16.7%	83.3%	100.0%	66.7%	0.0%	66.7%	16.7%	0.0%
Government	97.8%	67.8%	98.9%	95.6%	92.2%	17.8%	81.1%	11.1%	5.6%
NGO	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	80.0%	40.0%	60.0%	80.0%	60.0%	60.0%	80.0%	60.0%	20.0%
Distance from nearest warehouse/source of supplies (in km)									
0-4	95.8%	50.0%	91.7%	91.7%	79.2%	33.3%	75.0%	41.7%	20.8%
5-9	80.0%	70.0%	90.0%	100.0%	90.0%	20.0%	80.0%	20.0%	10.0%
10-14	100.0%	75.0%	100.0%	100.0%	100.0%	50.0%	75.0%	50.0%	50.0%
15-19	87.5%	50.0%	87.5%	100.0%	75.0%	37.5%	100.0%	0.0%	0.0%
20-24	100.0%	25.0%	100.0%	100.0%	100.0%	0.0%	50.0%	0.0%	0.0%
25-29	100.0%	80.0%	100.0%	100.0%	100.0%	20.0%	80.0%	20.0%	0.0%
30-35	100.0%	100.0%	100.0%	66.7%	100.0%	33.3%	66.7%	0.0%	0.0%
35-39	100.0%	50.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%
40-45	100.0%	33.3%	100.0%	66.7%	83.3%	16.7%	100.0%	0.0%	0.0%
45-49	100.0%	50.0%	100.0%	100.0%	100.0%	0.0%	50.0%	0.0%	0.0%
50 and over	97.2%	77.8%	100.0%	100.0%	94.4%	8.3%	86.1%	2.8%	0.0%
Total	95.2%	63.5%	96.2%	95.2%	89.4%	21.2%	80.8%	16.3%	8.7%

Table 6.182: Percentage distribution of service delivery points with any maternal/ RH medicine available

Characteristics	Maternal/RH Medicines															
	Ampicillin	Azithromycin	Benzathine benzylpenicillin	Betamethasone or/ Dexamethasone	Calcium gluconate	Cefixime	Getamicin	Hydralazine	Magnesium sulfate	Methyldopa	Metronidazole	Mifepristone	Misoprostol	Nifedipine	Oxytocin	Sodium chloride or Sodium lactate compound solution	Tetanus toxoid
Type of facility																	
Primary Level Care	19.1%	8.8%	29.4%	22.1%	61.8%	7.4%	27.9%	8.8%	95.6%	91.2%	83.8%	1.5%	10.3%	13.2%	75.0%	89.7%	86.8%
Secondary Level Care	76.9%	69.2%	79.5%	84.6%	76.9%	61.5%	89.7%	69.2%	89.7%	94.9%	87.2%	15.4%	71.8%	82.1%	94.9%	94.9%	84.6%
Tertiary Level Care	25.0%	50.0%	50.0%	50.0%	75.0%	0.0%	100.0%	100.0%	75.0%	100.0%	100.0%	0.0%	100.0%	100.0%	75.0%	100.0%	75.0%
Region																	
Eastern	37.5%	25.0%	54.2%	41.7%	62.5%	12.5%	54.2%	29.2%	95.8%	87.5%	70.8%	0.0%	37.5%	25.0%	79.2%	95.8%	66.7%
Northern	33.3%	23.1%	43.6%	43.6%	82.1%	20.5%	43.6%	33.3%	92.3%	89.7%	92.3%	7.7%	28.2%	38.5%	79.5%	82.1%	87.2%
Southern	38.7%	35.5%	48.4%	38.7%	58.1%	32.3%	48.4%	25.8%	93.5%	100.0%	83.9%	12.9%	29.0%	41.9%	90.3%	96.8%	90.3%
Western Area	58.8%	52.9%	47.1%	64.7%	58.8%	47.1%	76.5%	52.9%	88.2%	94.1%	94.1%	0.0%	58.8%	64.7%	76.5%	100.0%	100.0%
Residence																	
Rural	23.5%	13.2%	32.4%	25.0%	64.7%	11.8%	30.9%	14.7%	95.6%	91.2%	85.3%	4.4%	16.2%	16.2%	77.9%	88.2%	85.3%
Urban	65.1%	60.5%	72.1%	76.7%	72.1%	48.8%	86.0%	62.8%	88.4%	95.3%	86.0%	9.3%	65.1%	79.1%	88.4%	97.7%	86.0%
Management																	
Faith-based	66.7%	58.3%	75.0%	83.3%	83.3%	58.3%	83.3%	50.0%	91.7%	91.7%	83.3%	25.0%	66.7%	75.0%	100.0%	91.7%	91.7%
Government	28.4%	23.9%	39.8%	35.2%	64.8%	15.9%	42.0%	26.1%	94.3%	93.2%	84.1%	3.4%	25.0%	31.8%	78.4%	90.9%	87.5%
NGO	100.0%	75.0%	75.0%	75.0%	100.0%	75.0%	100.0%	100.0%	75.0%	100.0%	100.0%	0.0%	100.0%	75.0%	75.0%	100.0%	75.0%
Private	100.0%	57.1%	85.7%	85.7%	57.1%	71.4%	100.0%	57.1%	85.7%	85.7%	100.0%	14.3%	71.4%	71.4%	100.0%	100.0%	57.1%
Distance from nearest warehouse/source of supplies (in km)																	
0-4	57.1%	50.0%	71.4%	67.9%	67.9%	35.7%	75.0%	64.3%	92.9%	96.4%	85.7%	7.1%	60.7%	67.9%	78.6%	96.4%	85.7%
5-9	45.5%	45.5%	54.5%	72.7%	63.6%	36.4%	63.6%	45.5%	81.8%	100.0%	100.0%	0.0%	54.5%	63.6%	90.9%	90.9%	90.9%
10-14	75.0%	50.0%	0.0%	50.0%	75.0%	25.0%	75.0%	50.0%	75.0%	100.0%	100.0%	0.0%	75.0%	25.0%	25.0%	100.0%	75.0%
15-19	37.5%	25.0%	25.0%	25.0%	62.5%	37.5%	50.0%	12.5%	87.5%	75.0%	87.5%	0.0%	12.5%	25.0%	75.0%	87.5%	62.5%
20-24	0.0%	0.0%	25.0%	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%	50.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
25-29	60.0%	40.0%	40.0%	40.0%	80.0%	20.0%	20.0%	20.0%	100.0%	100.0%	80.0%	0.0%	20.0%	20.0%	80.0%	100.0%	100.0%
30-35	33.3%	0.0%	33.3%	0.0%	66.7%	0.0%	0.0%	0.0%	100.0%	100.0%	66.7%	0.0%	33.3%	0.0%	100.0%	100.0%	100.0%
35-39	50.0%	0.0%	100.0%	50.0%	100.0%	50.0%	50.0%	50.0%	100.0%	100.0%	100.0%	0.0%	50.0%	50.0%	100.0%	100.0%	50.0%
40-45	0.0%	16.7%	33.3%	33.3%	100.0%	0.0%	50.0%	0.0%	100.0%	83.3%	83.3%	0.0%	0.0%	0.0%	100.0%	83.3%	100.0%
45-49	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%	100.0%	0.0%	0.0%	50.0%	100.0%	50.0%	100.0%
50 and over	31.6%	23.7%	44.7%	36.8%	63.2%	23.7%	47.4%	23.7%	97.4%	94.7%	78.9%	13.2%	23.7%	34.2%	81.6%	89.5%	84.2%
Total	39.6%	31.5%	47.7%	45.0%	67.6%	26.1%	52.3%	33.3%	92.8%	92.8%	85.6%	6.3%	35.1%	40.5%	82.0%	91.9%	85.6%

Table 6.183: Percentage distribution of service delivery points with 'no stock out' of modern contraceptives offered in line with national protocols, guidelines and/or laws in the last three months

Characteristics	'No stock-out' of modern contraceptives offered in line with national protocols, guidelines and laws in the last three months								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	90.0%	58.6%	78.6%	30.0%	52.9%	77.1%	58.6%	0.0%	0.0%
Secondary Level Care	76.7%	56.7%	70.0%	43.3%	63.3%	33.3%	60.0%	60.0%	46.7%
Tertiary Level Care	100.0%	100.0%	75.0%	50.0%	100.0%	50.0%	75.0%	75.0%	50.0%
Region									
Eastern	90.9%	50.0%	63.6%	31.8%	40.9%	4.5%	63.6%	13.6%	4.5%
Northern	86.1%	72.2%	88.9%	44.4%	77.8%	11.1%	55.6%	25.0%	19.4%
Southern	89.7%	55.2%	72.4%	27.6%	48.3%	3.4%	72.4%	17.2%	13.8%
Western Area	76.5%	52.9%	70.6%	29.4%	52.9%	41.2%	41.2%	23.5%	23.5%
Residence									
Rural	89.6%	61.2%	79.1%	32.8%	55.2%	3.0%	64.2%	4.5%	1.5%
Urban	81.1%	56.8%	70.3%	37.8%	62.2%	29.7%	51.4%	48.6%	40.5%
Management									
Faith-based	50.0%	50.0%	50.0%	33.3%	33.3%	0.0%	33.3%	33.3%	33.3%
Government	88.9%	61.1%	78.9%	34.4%	58.9%	10.0%	60.0%	14.4%	11.1%
NGO	100.0%	66.7%	100.0%	33.3%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	80.0%	40.0%	40.0%	40.0%	40.0%	20.0%	60.0%	60.0%	20.0%
Distance from nearest warehouse/source of supplies (in km)									
0-4	87.5%	54.2%	79.2%	37.5%	50.0%	16.7%	54.2%	45.8%	33.3%
5-9	70.0%	80.0%	70.0%	50.0%	60.0%	30.0%	50.0%	30.0%	10.0%
10-14	100.0%	75.0%	100.0%	50.0%	100.0%	50.0%	75.0%	50.0%	50.0%
15-19	87.5%	50.0%	62.5%	12.5%	50.0%	12.5%	87.5%	0.0%	0.0%
20-24	50.0%	50.0%	100.0%	25.0%	75.0%	0.0%	50.0%	0.0%	0.0%
25-29	60.0%	60.0%	100.0%	60.0%	60.0%	0.0%	80.0%	0.0%	0.0%
30-35	100.0%	66.7%	66.7%	33.3%	33.3%	0.0%	33.3%	0.0%	0.0%
35-39	100.0%	0.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
40-45	100.0%	66.7%	83.3%	50.0%	66.7%	0.0%	83.3%	0.0%	0.0%
45-49	100.0%	0.0%	100.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
50 and over	91.7%	63.9%	69.4%	27.8%	58.3%	5.6%	55.6%	11.1%	11.1%
Total	86.5%	59.6%	76.0%	34.6%	57.7%	12.5%	59.6%	20.2%	15.4%

Table 6.184: Percentage distribution of service delivery points with 'no stock-out' of modern contraceptives offered in line with national protocols, guidelines and laws on the day of the survey

Characteristics	No stock-out' of modern contraceptives offered in line with national protocols, guidelines and laws on the day of the survey								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	88.6%	54.3%	85.7%	31.4%	57.1%	12.9%	58.6%	0.0%	0.0%
Secondary Level Care	80.0%	66.7%	76.7%	70.0%	63.3%	53.3%	83.3%	60.0%	50.0%
Tertiary Level Care	75.0%	75.0%	75.0%	75.0%	75.0%	50.0%	75.0%	50.0%	50.0%
Region									
Eastern	90.9%	50.0%	68.2%	31.8%	68.2%	22.7%	77.3%	9.1%	9.1%
Northern	86.1%	75.0%	97.2%	52.8%	72.2%	22.2%	66.7%	25.0%	16.7%
Southern	86.2%	55.2%	79.3%	34.5%	48.3%	27.6%	65.5%	17.2%	17.2%
Western Area	76.5%	41.2%	76.5%	58.8%	41.2%	35.3%	52.9%	23.5%	23.5%
Residence									
Rural	88.1%	58.2%	86.6%	35.8%	61.2%	14.9%	61.2%	4.5%	3.0%
Urban	81.1%	59.5%	75.7%	59.5%	56.8%	45.9%	75.7%	45.9%	40.5%
Management									
Faith-based	50.0%	50.0%	66.7%	66.7%	50.0%	16.7%	50.0%	33.3%	33.3%
Government	87.8%	58.9%	84.4%	40.0%	60.0%	23.3%	65.6%	13.3%	11.1%
NGO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	80.0%	40.0%	60.0%	60.0%	40.0%	40.0%	80.0%	60.0%	40.0%
Distance from nearest warehouse/source of supplies (in km)									
0-4	87.5%	54.2%	83.3%	41.7%	50.0%	41.7%	62.5%	41.7%	37.5%
5-9	70.0%	60.0%	80.0%	70.0%	60.0%	30.0%	70.0%	30.0%	10.0%
10-14	100.0%	75.0%	100.0%	75.0%	75.0%	75.0%	75.0%	50.0%	50.0%
15-19	75.0%	50.0%	62.5%	37.5%	50.0%	37.5%	87.5%	0.0%	0.0%
20-24	50.0%	50.0%	100.0%	25.0%	50.0%	0.0%	25.0%	0.0%	0.0%
25-29	60.0%	60.0%	100.0%	60.0%	60.0%	0.0%	80.0%	0.0%	0.0%
30-35	100.0%	100.0%	66.7%	66.7%	66.7%	33.3%	66.7%	0.0%	0.0%
35-39	100.0%	50.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%
40-45	100.0%	66.7%	83.3%	33.3%	100.0%	16.7%	83.3%	0.0%	0.0%
45-49	100.0%	0.0%	100.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
50 and over	91.7%	61.1%	80.6%	36.1%	61.1%	13.9%	63.9%	11.1%	11.1%
Total	85.6%	58.7%	82.7%	44.2%	59.6%	26.0%	66.3%	19.2%	16.3%

Table 6.185: Percentage distribution of service delivery points with 'no stock-out' of modern contraceptives regularly offered as part of normal service delivery in the last three months

Characteristics	'No stock-out' of modern contraceptives regularly offered as part of normal service delivery in the last three months								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	88.6%	54.3%	77.1%	32.9%	58.6%	11.4%	58.6%	1.4%	1.4%
Secondary Level Care	73.3%	50.0%	63.3%	43.3%	56.7%	53.3%	73.3%	60.0%	43.3%
Tertiary Level Care	75.0%	75.0%	75.0%	50.0%	75.0%	50.0%	75.0%	75.0%	50.0%
Region									
Eastern	86.4%	45.5%	59.1%	27.3%	63.6%	18.2%	68.2%	13.6%	4.5%
Northern	86.1%	72.2%	86.1%	47.2%	72.2%	22.2%	61.1%	27.8%	19.4%
Southern	89.7%	55.2%	72.4%	27.6%	44.8%	27.6%	69.0%	17.2%	13.8%
Western Area	64.7%	23.5%	64.7%	41.2%	47.1%	35.3%	52.9%	23.5%	23.5%
Residence									
Rural	88.1%	58.2%	77.6%	38.8%	62.7%	14.9%	64.2%	6.0%	3.0%
Urban	75.7%	45.9%	64.9%	32.4%	51.4%	43.2%	62.2%	48.6%	37.8%
Management									
Faith-based	50.0%	50.0%	50.0%	50.0%	50.0%	33.3%	50.0%	33.3%	33.3%
Government	85.6%	54.4%	75.6%	34.4%	58.9%	21.1%	62.2%	15.6%	11.1%
NGO	100.0%	66.7%	100.0%	33.3%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	80.0%	40.0%	40.0%	60.0%	40.0%	40.0%	80.0%	60.0%	20.0%
Distance from nearest warehouse/source of supplies (in km)									
0-4	87.5%	45.8%	79.2%	33.3%	45.8%	41.7%	66.7%	45.8%	29.2%
5-9	60.0%	50.0%	70.0%	60.0%	60.0%	20.0%	50.0%	30.0%	10.0%
10-14	100.0%	50.0%	75.0%	25.0%	75.0%	75.0%	75.0%	50.0%	50.0%
15-19	75.0%	37.5%	62.5%	25.0%	50.0%	37.5%	100.0%	0.0%	0.0%
20-24	50.0%	50.0%	100.0%	25.0%	50.0%	25.0%	50.0%	0.0%	0.0%
25-29	60.0%	60.0%	100.0%	60.0%	60.0%	0.0%	80.0%	0.0%	0.0%
30-35	66.7%	66.7%	66.7%	33.3%	33.3%	0.0%	33.3%	0.0%	0.0%
35-39	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
40-45	100.0%	66.7%	66.7%	33.3%	83.3%	16.7%	83.3%	0.0%	0.0%
45-49	100.0%	0.0%	100.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
50 and over	91.7%	63.9%	66.7%	36.1%	66.7%	13.9%	55.6%	13.9%	13.9%
Total	83.7%	53.8%	73.1%	36.5%	58.7%	25.0%	63.5%	21.2%	15.4%

Table 6.186: Percentage distribution of service delivery points with 'no stock-out' of modern contraceptives regularly offered as part of normal service delivery on the day of the survey

Characteristics	'No stock-out' of modern contraceptives regularly offered as part of normal service delivery in the last three months								
	Male Condoms	Female Condoms	Oral Pills	Injectables	Emergency contracep-tion	IUDs	Implants	Sterilization for Females	Sterilization for Males
Type of facility									
Primary Level Care	88.6%	54.3%	87.1%	34.3%	60.0%	12.9%	57.1%	0.0%	0.0%
Secondary Level Care	80.0%	63.3%	76.7%	70.0%	63.3%	50.0%	83.3%	60.0%	46.7%
Tertiary Level Care	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	50.0%	75.0%	50.0%
Region									
Eastern	90.9%	50.0%	68.2%	31.8%	72.7%	27.3%	68.2%	13.6%	4.5%
Northern	86.1%	75.0%	94.4%	55.6%	72.2%	22.2%	66.7%	25.0%	16.7%
Southern	86.2%	55.2%	82.8%	34.5%	48.3%	27.6%	65.5%	20.7%	17.2%
Western Area	76.5%	35.3%	82.4%	64.7%	47.1%	29.4%	52.9%	23.5%	23.5%
Residence									
Rural	88.1%	58.2%	88.1%	40.3%	64.2%	14.9%	61.2%	6.0%	1.5%
Urban	81.1%	56.8%	75.7%	56.8%	56.8%	45.9%	70.3%	48.6%	40.5%
Management									
Faith-based	50.0%	50.0%	50.0%	50.0%	50.0%	16.7%	50.0%	33.3%	33.3%
Government	87.8%	57.8%	86.7%	43.3%	62.2%	23.3%	63.3%	15.6%	10.0%
NGO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Private	80.0%	40.0%	60.0%	60.0%	40.0%	40.0%	80.0%	60.0%	40.0%
Distance from nearest warehouse/source of supplies (in km)									
0-4	87.5%	54.2%	83.3%	41.7%	45.8%	45.8%	54.2%	45.8%	33.3%
5-9	70.0%	60.0%	80.0%	70.0%	60.0%	30.0%	70.0%	30.0%	10.0%
10-14	100.0%	75.0%	100.0%	75.0%	75.0%	75.0%	75.0%	50.0%	50.0%
15-19	75.0%	37.5%	87.5%	37.5%	62.5%	25.0%	87.5%	0.0%	0.0%
20-24	50.0%	50.0%	75.0%	25.0%	50.0%	0.0%	25.0%	0.0%	0.0%
25-29	60.0%	60.0%	100.0%	60.0%	60.0%	0.0%	80.0%	0.0%	0.0%
30-35	100.0%	100.0%	66.7%	66.7%	66.7%	33.3%	66.7%	0.0%	0.0%
35-39	100.0%	50.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%
40-45	100.0%	66.7%	83.3%	50.0%	83.3%	16.7%	83.3%	0.0%	0.0%
45-49	100.0%	0.0%	100.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
50 and over	91.7%	61.1%	80.6%	38.9%	69.4%	13.9%	63.9%	13.9%	11.1%
Total	85.6%	57.7%	83.7%	46.2%	61.5%	26.0%	64.4%	21.2%	15.4%

ANNEXES

ANNEX II: 2017 UNFPA SUPPLIES SURVEY PERSONNEL

A. Data collectors

TEAM LEADERS	INTERVIEWERS	DISTRICT
ALPHA U JALLOH	IBRAHIM BAH	KAILAHUN
ALIMAMY KAMARA	HAJA ISHA BANGURA	KENEMA
THEODORA EKU BOME	SALLIEU KANU	KONO/KENEMA
UMU G KANU	ABIBATU M FAWUNDU	BOMBALI
PHILIP MACAULEY	ALUSINE SESAY	KOINADUGU/BOMBALI
AUGUSTIN KAMANDA	AIAH JIMMY	PORT LOKO
DAVID SESAY	MAMBU MOMOH	KAMBIA/PORT LOKO
DR. JOSEPH S KANU	ISHA MANASARAY	TONKOLILI
MOHAMED F. KAMARA	HAWA CONTEH	BO
DR JOHN CONTEH	DESMOND CONTEH	BONTHE/BO
NATHENIEL KARFO	EZEKEIL JOHN	MOYAMBA
BARBA TURNYA FO-DAY	SAMUEL D. NAUTTY	PUJEHUN/BO
ISATU M THOLLEY	FATMATA CONTEH	WESTERN AREA RURAL/URBAN
ELISABETH CAREW	HIKMATU JOHNSON	WESTERN AREA URBAN

B. Field coordination team

Assignment of regional coordinators for GPRHCS survey

NO.	NAME	INSTITUTION	REGION/ZONE	DISTRICTS
1	Mr. Mohamed Jalloh	RH/FP Prog.	Northern I	Kambia, Port Loko
2	Mrs. Isatu Pamela Kamara-Bockarie	SSL	Northern II	Koinadugu, Bombali , Tonkolili
3	Mr. Edward Mckwen	DHSPPI	Eastern	Kailahun, Kenema, Kono
4	Dr. Sulaiman G. Conteh	RH/FP Prog.	Southern	Moyamba, Bonthe, Pujehun
5	Dr. Santigie Sesay	RCH Dir.	Western Ar-ea	Western Area Rural & Western Area Urban
6	Mr. Mohamed B. Moigua	Consultant	ALL Re-gions	Western Area Urban, Western Area Rural, Port Loko, Bombali, Bo, Moyamba, Kenema, Kono

C. Technical assistance

1. Dr. Sulaiman G. Conteh (Program Manager RH/FP Division)
2. Mr. Wogba Kamara (DHSPPI)
3. Mrs. Isatu Pamela Kamara-Bockarie (SSL),
4. Dr. Mohammed Elhassein (RH Technical Specialist, UNFPA)
5. Dr. Chris Abiodun Oyeyipo (Technical Specialist RHCS, UNFPA)
6. Mrs. Safiatu Foday (Programme Analyst, RHCS UNFPA)

D. Consultant

Mohamed B. Moigua

ANNEXES

ANNEX III: SAMPLE SERVICE DELIVERY POINTS FOR THE 2016 GPRHCS SURVEY

A. Primary level care SDPs

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
1	Daru CHC	Eastern	Kailahun	Primary Level Care
2	Jokibu MCHP	Eastern	Kailahun	Primary Level Care
3	Manboma CHP	Eastern	Kailahun	Primary Level Care
4	Nyandehun Nguvoihun CHP	Eastern	Kailahun	Primary Level Care
5	Under Fives Clinic	Eastern	Kailahun	Primary Level Care
6	Bendu CHC	Eastern	Kenema	Primary Level Care
7	Gao MCHP	Eastern	Kenema	Primary Level Care
8	Jormu CHP	Eastern	Kenema	Primary Level Care
9	Kpetema CHC	Eastern	Kenema	Primary Level Care
10	Ngegboiya CHP	Eastern	Kenema	Primary Level Care
11	Punduru CHP	Eastern	Kenema	Primary Level Care
12	Torpkombu CHP	Eastern	Kenema	Primary Level Care
13	Gandorhun Gbane CHC	Eastern	Kono	Primary Level Care
14	Kimbadu CHC	Eastern	Kono	Primary Level Care
15	Mansundu MCHP	Eastern	Kono	Primary Level Care
16	Seidu MCHP	Eastern	Kono	Primary Level Care

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
17	Yardu MCHP	Eastern	Kono	Primary Level Care
18	Dumbaya CHP	Northern	Bombali	Primary Level Care
19	Kagbo CHP	Northern	Bombali	Primary Level Care
20	Kayassi CHP	Northern	Bombali	Primary Level Care
21	Maharie CHP	Northern	Bombali	Primary Level Care
22	Maselleh CHP	Northern	Bombali	Primary Level Care
23	Rothata CHP	Northern	Bombali	Primary Level Care
24	Gbonkomarie CHP	Northern	Kambia	Primary Level Care
25	Laya-Gboray CHP	Northern	Kambia	Primary Level Care
26	Moribaya MCHP	Northern	Kambia	Primary Level Care
27	Tonko Wesleyan Health Center	Northern	Kambia	Primary Level Care
28	Dogoloya CHP	Northern	Koinadugu	Primary Level Care
29	Kaliyereh MCHP	Northern	Koinadugu	Primary Level Care
30	Manna MCHP	Northern	Koinadugu	Primary Level Care
31	Tambiabalia MCHP	Northern	Koinadugu	Primary Level Care
32	Gbomsamba MCHP	Northern	Port Loko	Primary Level Care
33	Kuranko MCHP	Northern	Port Loko	Primary Level Care
34	Makiteh CHP	Northern	Port Loko	Primary Level Care
35	Masumana CHP	Northern	Port Loko	Primary Level Care
36	Rogbaneh MCHP	Northern	Port Loko	Primary Level Care
37	Warima MCHP	Northern	Port Loko	Primary Level Care
38	Gbonko-Kerene MCHP	Northern	Port Loko	Primary Level Care
39	Hinistas CHC	Northern	Tonkolili	Primary Level Care
40	Macorbana MCHP	Northern	Tonkolili	Primary Level Care
41	Makonie Line MCHP	Northern	Tonkolili	Primary Level Care
42	Masanga MCHP	Northern	Tonkolili	Primary Level Care
43	Mayorgbor MCHP	Northern	Tonkolili	Primary Level Care
44	SLRCS MCH Clinic	Northern	Tonkolili	Primary Level Care
45	Buma MCHP	Southern	Bo	Primary Level Care
46	Gbangba MCHP	Southern	Bo	Primary Level Care
47	Jormu MCHP	Southern	Bo	Primary Level Care
48	Kpewama MCHP	Southern	Bo	Primary Level Care
49	Messima CHC	Southern	Bo	Primary Level Care
50	Ngogbebu MCHP	Southern	Bo	Primary Level Care
51	Sembehun Tarbey MCHP	Southern	Bo	Primary Level Care
52	Yamandu CHC	Southern	Bo	Primary Level Care
53	Gbongeh CHP	Southern	Bonthe	Primary Level Care
54	Mokaba MCHP	Southern	Bonthe	Primary Level Care

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
55	Tissana CHC	Southern	Bonthe	Primary Level Care
56	Bradford CHC	Southern	Moyamba	Primary Level Care
57	KANGAHUN CHC	Southern	Moyamba	Primary Level Care
58	Mofombo MCHP	Southern	Moyamba	Primary Level Care
59	Mondokor MCHP	Southern	Moyamba	Primary Level Care
60	Ngolala Junction CHC	Southern	Moyamba	Primary Level Care
61	Suen MCHP	Southern	Moyamba	Primary Level Care
62	Bendu MCHP	Southern	Pujehun	Primary Level Care
63	Futagolawoma MCHP	Southern	Pujehun	Primary Level Care
64	Mano Bonjeima CHC	Southern	Pujehun	Primary Level Care
65	Sengema CHP	Southern	Pujehun	Primary Level Care
66	Fogbo MCHP	Western	Western Area Rural	Primary Level Care
67	Madaka MCHP	Western	Western Area Rural	Primary Level Care
68	Tect Jui CHP	Western	Western Area Rural	Primary Level Care
69	Calaba Town CHC	Western	Western Area Urban	Primary Level Care
70	Julipha MCHP	Western	Western Area Urban	Primary Level Care
71	Parliament CHP	Western	Western Area Urban	Primary Level Care
72	Tasly Global Clinic	Western	Western Area Urban	Primary Level Care

B. Secondary Level Care SDPs

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
1	Kailahun Government Hospital	Eastern	Kailahun	Secondary Level Care
2	Nixon Memorial Hospital	Eastern	Kailahun	Secondary Level Care
3	Ahmadiyya Mission Hospital	Eastern	Kenema	Secondary Level Care
4	Panguma Hospital	Eastern	Kenema	Secondary Level Care
5	Ralph Mini Hospital	Eastern	Kenema	Secondary Level Care
6	Koidu Government Hospital	Eastern	Kono	Secondary Level Care
7	City Garden Hospital	Northern	Bombali	Secondary Level Care
8	Holy Spirit Catholic Hospital	Northern	Bombali	Secondary Level Care
9	Kamakwie Wesleyan Hospital	Northern	Bombali	Secondary Level Care
10	Magbenteh Community Hospital	Northern	Bombali	Secondary Level Care
11	Good Grace Hospital	Northern	Kambia	Secondary Level Care
12	Kambia Government Hospital	Northern	Kambia	Secondary Level Care
13	Kabala Government Hospital	Northern	Koinadugu	Secondary Level Care
14	Bai Bureh Memorial Hospital	Northern	Port Loko	Secondary Level Care
15	Lungi Government Hospital	Northern	Port Loko	Secondary Level Care
16	Port Loko Government Hospital	Northern	Port Loko	Secondary Level Care
17	St. John Of God Catholic Hospital	Northern	Port Loko	Secondary Level Care
18	Ahmadiyya Muslim Hospital	Northern	Tonkolili	Secondary Level Care

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
19	Lion Heart Hospital	Northern	Tonkolili	Secondary Level Care
20	Magburaka Government Hospital	Northern	Tonkolili	Secondary Level Care
21	Dougountoni Hospital	Southern	Bo	Secondary Level Care
22	Gila's Hospital	Southern	Bo	Secondary Level Care
23	Kindoya Hospital	Southern	Bo	Secondary Level Care
24	Mercy Hospital	Southern	Bo	Secondary Level Care
25	Serabu Catholic Hospital	Southern	Bo	Secondary Level Care
26	Bonthe Government Hospital	Southern	Bonthe	Secondary Level Care
27	Industrial Hospital - Sierra Rutile	Southern	Bonthe	Secondary Level Care
28	Mattru UBC Hospital	Southern	Bonthe	Secondary Level Care
29	Hatfield Archer Memorial (UMC) Hospi-tal	Southern	Moyamba	Secondary Level Care
30	Moyamba Government Hospital	Southern	Moyamba	Secondary Level Care
31	Pujehun Government Hospital	Southern	Pujehun	Secondary Level Care
32	ADRA Hospital	Western	Western Area Ru-ral	Secondary Level Care
33	34 Military Hospital	Western	Western Area Ur-ban	Secondary Level Care
34	Aberdeen Women's Center	Western	Western Area Ur-ban	Secondary Level Care
35	Blue Shield Hospital	Western	Western Area Ur-ban	Secondary Level Care
36	Kingharman Road Govern-ment Hospital	Western	Western Area Ur-ban	Secondary Level Care
37	Kingtom Police Hospital	Western	Western Area Ur-ban	Secondary Level Care
38	Lumley Government Hospital	Western	Western Area Ur-ban	Secondary Level Care
39	Macauley Government Hospital	Western	Western Area Ur-ban	Secondary Level Care
40	Marie Stopes (EPI)	Western	Western Area Ur-ban	Secondary Level Care
41	Rokupa Government Hospital	Western	Western Area Ur-ban	Secondary Level Care
42	St. Mary Emmaculate Hospital	Western	Western Area Ur-ban	Secondary Level Care

C. Tertiary level care SDPs

NO.	NAME OF SDP	REGION	DISTRICT	LEVEL OF SDP
1	Kenema Government Hospital	Eastern	Kenema	Tertiary Level Care
2	Makeni Government Hospital	Northern	Bombali	Tertiary Level Care
3	Bo Government Hospital	Southern	Bo	Tertiary Level Care
4	PCM Hospital	Western	Western Area Ru-ral	Tertiary Level Care

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ANNEX IV: 2017 GPRHCS SURVEY QUESTIONNAIRE

2016 FACILITY ASSESSMENT FOR REPRODUCTIVE HEALTH COMMODITIES AND SERVICES

INFORMATION ABOUT THE INTERVIEW
Country: _____
Date of the Survey (year and month): _____
Name of Interviewer: _____
Date of Interview (dd/mm/yyyy): _____
Time Interview Started (GMT): _____ Time Interview Ended (GMT): _____
Questionnaire checked and attested to be properly completed
Name of Supervisor: _____
Signature: _____ Date checked (dd/mm/yyyy): _____

The questionnaire is in three parts; Module 1 (Sections 1 to 5) and Module 2 (Sections 6 to 13) is for the health facility/SDP; and Module 3 (Sections 14 and 15) is for exit interview of clients visiting the SDP.

To administer Modules 1 and 2, the interviewer should find the person-in-charge of the facility or the most senior worker who is present at the facility on the day. It is recommended that the interviewer should greet the interviewee; introduce himself herself; and, explain the purpose of the visit.

To ensure informed consent to the interview it is necessary to read the following statement to the interviewee:

- Your facility was selected to participate in this study. We will be asking you questions about aspects of RH commodities and services in your facility including family planning. The information obtained from your facility and from other facilities will be used by the MOH and other partners to understand the situation and for better planning to improve on service provision.

- The survey is in three parts: The first and second parts will be answered by you the service provider and the third part will be answered by the clients who are visiting the facility for family planning services. We will require your permission to carry on with the exit at the appropriate time.

- You are assured that your name or that of any other health worker who will be designated to respond to this questions or the name of any client WILL NOT be mentioned or included in the dataset or in any report of this survey.

- You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will be of benefit to strengthening national efforts to provide RH services including family planning.

- If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

- At this point, do you have any questions about the study? Do I have your agreement to proceed?

The interviewer can proceed with the interview once the consent of the interviewee has been obtained. At the end of the interview for the SDP [Sections 1 to 13]; please thank the interviewee for his/her time and the information provided; and, obtain his/her permission or the permission of the relevant authorities before carrying on with the Exit Interview of Family planning clients Module 3 [Sections 14 and 15]

Module 1: Availability of commodities and services

SECTION 1: FACILITY IDENTIFICATION (Name, Location and Distance)	
SN°	ITEMS
001	Name of Service Delivery Point: ______
002	A) Location (Town or Village): ______ B) Location (Chiefdom/Ward): ______ C) Location (District): ______ D) Location (Region): ______
003	Indicate geographic coordinates of the SDP if any system Global Positioning System (GPS) is used; |______|______|
004	Is SDP located in a rural or an urban settlement (as per your country's classification)? 1= Rural ☐ 2= Urban ☐
005	A) What is the distance between the location of the health facility and the nearest warehouse or store or facility which this SDP receives its regular supplies? |______| B) Please indicate distance is in kilometer or mile. 1= Kilometer ☐ 2= Mile ☐

SECTION 2: SDP TYPE AND SERVICES PROVIDED	
006	A). Level of Service Delivery Point (*Tick only one option*) Primary Level Care SDPs/facilities/PHUs (CHP, MCHP, CHC/Clinic) -- 1 ☐ Secondary level care SDPs/facilities/hospitals (District/Urban/Non-Teaching Hospitals) ---------- 2 ☐ Tertiary level care SDPs/facilities/hospitals (Government Teaching Hospitals) ----------------------- 3 ☐ B). If Primary Level Care, what is the sub-Level of SDP (*Tick only one option*) Maternal & Child Health Post (MCHP) ---------- 1 ☐ Community Health Post (CHP) --------------------- 2 ☐ Community Health Center (CHC)/Clinic -------- 3 ☐
007	Management of Service Delivery Point: Government ----------1 ☐ Private ---------- 2 ☐ NGO ---------- 3 ☐ 4 Others (please specify) ---------- 4 ☐ ______
008	Does this facility provide **Family Planning** services? Yes ---------- 1 ☐ No ---------- 2 ☐ >>> ***If No, then items in Section 3 and 5 (that is 011 to 014 and 019 to 024) <u>SHOULD NOT</u> be administered***
009	Does this facility provide maternal health including delivery services (e. g. Facility has a maternity unit or section for delivery)? Yes ---------- 1 ☐ No ---------- 2 ☐ >>> ***(If No, then items 019, 020, 021, 022 & subsequent interviewer verification in Section 4 should NOT be administered)***
010	Does this facility provide any HIV/AIDS services (e.g. VCT, PMTCT, ART, etc.)? Yes ---------- 1 ☐ No ---------- 2 ☐

SECTION 3.1

MODERN CONTRACEPTIVE METHODS <u>OFFERED BY SDPs IN LINE WITH THE CURRENT NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS SPECIFIC FOR LEVELS OF SERVICE DELIVERY POINTS</u>

Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
011 With respect to each of the contraceptive methods, <u>please state whether the SDP is supposed/ expected to offer it</u>, **in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery**. Please discuss with the respondent and then record your conclusion before proceeding. *(* Please recall SDP level as recorded in item 006 above)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected/supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to provide this method ☐ **2= No,** this SDP is NOT expected/ supposed to provide this method ☐ *(Tick only one option)*
012 **<u>If 'Yes' in item 011</u>** (i.e., this SDP is supposed/ expected to offer this method), **<u>please state whether the SDP actually offer it to clients on a regular basis</u>**	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 011)* ☐ *(Tick only one option*
	NOTE, FOR EACH OF THE METHODS - If this SDP is **actually supposed/expected to <u>OFFERS</u>** the contraceptive method but it is currently not being offered or is not available at the time of the survey, please record as "Yes" (i.e.; the method is actually offered, although it is not currently being offered). The aim here is to measure the range of methods offered in line with national protocols, not to assess stock-out								
013 **<u>SDPs Offering Three (3) Methods in line with the current national protocols, guidelines and/or laws</u>** From responses provided to Item 012, discuss with the respondent and record the conclusion by ticking one of the following statements	1= <u>This SDP **offers at least three** modern contraceptive methods</u> (***SDP offers three or more contraceptive methods***) ☐ 2= <u>This SDP **does not offer at least three** modern contraceptive methods</u> [***SDP offers less than three methods***] ☐								
014 **<u>SDPs Offering Five (5) Methods in line with the current national protocols, guidelines and/or laws</u>** From responses provided to Item 012, discuss with the respondent and record the conclusion by ticking one of the following statements	1= <u>This SDP **offers at least five** modern contraceptive methods</u> (***SDP offers five or more contraceptive methods***) ☐ 2= <u>This SDP **does not offer at least five** modern contraceptive methods</u> [***SDP offers less than five methods***] ☐								

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
015 If this SDP is supposed/expected to offer this method to clients (in line with current national guidelines, etc.) but the response to 012 is "2 No", **<u>please indicate the main reason why the SDP does not offer the method to clients on a regular basis</u>** *(**Tick only one option** [as the main reason] for each contraceptive)*	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= Contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 5= No train staff to provide this contraceptive at the SDP ☐ 6= Lack of equipment for the provision of this contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 5= No train staff to provide this contraceptive at the SDP ☐ 6= Lack of equipment for the provision of this contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 5= No train staff to provide this contraceptive at the SDP ☐ 6= Lack of equipment for the provision of this contraceptive ☐ 7= Any other Reason (please specify) ____________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= The contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 5= No train staff to provide this contraceptive at the SDP ☐ 6= Lack of equipment for the provision of this contraceptive ☐ 7= Any other Reason (please specify) ____________

SECTION 3.2:

MODERN CONTRACEPTIVE METHODS <u>NORMALLY OFFERED BY SDPs ON A REGULAR BASIS AS PART OF ITS NORMAL SERVICE DELIVERY PROCESS</u>

Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency Contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
016 With respect to each of the contraceptive methods, <u>please state whether the SDP provides it on a regular basis to clients</u>	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option)*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*	**1= Yes,** this SDP provides this method <u>on a regular basis to clients</u> ☐ **2= No,** this SDP does not provide this method <u>on a regular basis to clients</u> ☐ *(Tick only one option*
017 **<u>SDPs Offering Three 3 Method on a regular basis and as part of its normal service delivery process</u>** From responses provided to Item **016**, discuss with the respondent and record the conclusion by ticking one of the following statements	1= <u>This SDP **offers at least THREE** (three or more) modern contraceptive methods on regular basis</u> ☐ 2= This <u>SDP **does not offer at least THREE** [less than three] modern contraceptive methods on regular basis</u> ☐								
018 **<u>SDPs Offering Five (5) Methods on a regular basis and as part of its normal service delivery process</u>** From responses provided to Item **016**, discuss with the respondent and record the conclusion by ticking one of the following statements	1= <u>This SDP **offers at least FIVE** (five or more) modern contraceptive methods on regular basis</u> ☐ 2= This <u>SDP **does not offer at least FIVE** (less than five) modern contraceptive methods on regular basis</u> ☐								

SECTION 4: AVAILABILITY OF MATERNAL/RH MEDICINES Please note that for the SDP to respond to items in this section, it should have indicated in Item 009 above that 'Yes' it provides maternal health including delivery services									
	Maternal/RH Medicines								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Items	**Ampicillin**	**Azithromycin**	**Benzathine benzylpenicillin**	***Either*** **Betamethasone** ***Or*** **Dexamethasone** ***Or Both of these medicines***	**Calcium gluconate**	**Cefixime**	**Gentamicin**	**Hydralazine**	**Magnesium sulfate**
019 With respect to each of the maternal/ RH Medicines, please state whether the SDP is supposed have it available; **in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery.** Please discuss with the respondent and then record your conclusion before proceeding ***(Please recall SDP level as recorded in item 006 above)***	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available any or both of these Maternal /RH Medicines ☐ **2= No,** this SDP is NOT expected/ supposed to have available any or both of these Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*
020 **If 'Yes' in item 019** (i.e., this SDP is expected/ supposed to have available the maternal /RH medicine) please state whether the medicine is currently available at the SDP	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ 3= Not Applicable *(because "No" to item 019)* ☐ *(Tick only one option)*
021 If this SDP is supposed/ expected to have available this medicine (in line with current national guidelines, etc.) but the response to 020 is "No", please indicate the main reason	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐

(Tick only one option [as the main reason] for each medicine)	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________	3 The medicine is not available in the market for the SDP to procure ☐ 4 Low or no demand/need for the medicine at this SDP ☐ 5 **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify) ____________

INTERVIEWER VERIFICATION for ITEM 020									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Medicines	**Ampicillin**	**Azithromycin**	**Benzathine benzylpenicillin**	***Either*** **Betamethasone** ***Or*** **Dexamethasone** ***Or Both of these medicines***	**Calcium gluconate**	**Cefixime**	**Gentamicin**	**Hydralazine**	**Magnesium sulfate**
For each response provided for **item 020**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, any or both of the medicine(s) is/are in stock ☐ 2= Inventory taken, any or both of the medicine(s) is/are NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐

Items	Maternal/RH Medicines (10) Methyldopa	(11) Metronidazole	(12) Mifepristone	(13) Misoprostol	(14) Nifedipine	(15) Oxytocin	(16) *Either* Sodium lactate compound solution *Or* Sodium chloride *Or Both of these medicines*	(17) Tetanus toxoid
SECTION 4 - continues: AVAILABILITY OF MATERNAL/RH MEDICINES Please note that for the SDP to respond to items in this section, it should have indicated in Item 007 above that 'Yes' it provides delivery services								
019-*continues* With respect to each of the maternal/ RH Medicines, please state whether the SDP is supposed have it available; **in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery.** Please discuss with the respondent and then record your conclusion before proceeding *(Please recall SDP level as recorded in in item 006 above)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal/RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available any or both of these Maternal /RH Medicines ☐ **2= No,** this SDP is NOT expected/supposed to have available any or both of these Maternal /RH Medicine ☐ *(Tick only one option)*	**1= Yes,** this SDP is expected /supposed to have available this Maternal /RH Medicine ☐ **2= No,** this SDP is NOT expected/ supposed to have available this Maternal /RH Medicine ☐ *(Tick only one option)*
020-*continues* If **'Yes' in item 019** (i.e., this SDP is expected/ supposed to have available the maternal /RH medicine) please state whether each medicine is currently available at the SDP	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes ☐ 2= No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1= Yes (for any or both) ☐ 2= No (for any or both) ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*	1 Yes ☐ 2 No ☐ **3= Not Applicable** *(because "No" to item 019)* ☐ *(Tick only one option)*
021-*continues* If this SDP is supposed/ expected to have available this medicine (in line with current national guidelines, etc.) but the response to 020 is "No", please indicate the main reason *(Tick only one option [as the main reason] for each medicine)*	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 6= The SDP does not have a cold chain to store the medicine ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this medicine ☐ 2= Delays by this SDP to request for supply of the medicine ☐ 3= The medicine is not available in the market for the SDP to procure ☐ 4= Low or no demand/need for the medicine at this SDP ☐ 5= **No** train staff to provide this medicine at the SDP ☐ 7= Any other Reason (please specify)

022	1 Yes	2 No
From responses provided to Item **020** above, please discuss with respondent and record the conclusion by ticking one of the following statements. [Consider all 17 Maternal/RH medicines mentioned]	**1 Yes** - this SDP has available the **seven (7)** lifesaving maternal/RH medicines *(which included the two mandatory medicines [Magnesium Sulfate and Oxytocin] and any other five of the remaining medicines on the list - bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone* ☐	**2 No**- this SDP does not have available the **seven (7)** lifesaving maternal/RH medicines *(which included the two mandatory medicines [Magnesium Sulfate and Oxytocin) and any other five of the remaining medicines on the list - bearing in mind that; a) Sodium chloride and Sodium lactate compound solution are alternate; and b) Dexamethasone is an alternate to Betamethasone* ☐

INTERVIEWER VERIFICATION for ITEM 020

Medicines	(10) Methyldopa	(11) Metronidazole	(12) Mifepristone	(13) Misoprostol	(14) Nifedipine	(15) Oxytocin	(16) *Either* Sodium chloride *Or* Sodium lactate compound solution	(17 Tetanus toxoid
For each response provided for **item 020**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock ☐	1= Inventory taken, any or both of the medicine(s) is/are in stock ☐ 2= Inventory taken, any or both of the medicine(s) is/are NOT in stock	1= Inventory taken, Medicine is in stock ☐ 2= Inventory taken, Medicine is NOT in stock

SECTION 5.1:

NO STOCK OUT OF MODERN CONTRACEPTIVE METHODS THAT SDPs ARE EXPECTED TO PROVIDE IN LINE WITH THE CURRENT NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS SPECIFIC FOR LEVELS OF SERVICE DELIVERY

Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services

(i): NO STOCK-OUT IN THE LAST THREE MONTHS BEFORE THE SURVEY

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency Contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
023 With respect to each of the contraceptive methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery** (as indicated in Item 011 above); please indicate whether it has been "**out of stock**" **at this SDP on any given day, within the last three months preceding the survey, and therefore the contraceptive method was not available to give/provide to clients at this SDP** *(* Please recall SDP level as recorded in in item **006** above)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK-OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method has been out-of-stock (**STOCK-OUT**) on a given day at this SDP in the last **three months** ☐ **2= No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **3 months** ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*
024 **NO STOCK OUT OF ANY METHOD IN THE LAST THREE MONTHS** From responses provided to Item **023** above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**			1= One or more of the contraceptive methods, which this SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws** has/have been out-of- stock on a given day in the last **three months** preceding the survey. Therefore, **this SDP experienced stock out of at least ONE method in the last three months [STOCK-OUT WITHIN THE LAST THREE MONTHS]** ☐			2= All contraceptive methods which this SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws** have been available/ in-stock at all times during the last **three months** preceding the survey. Therefore, this **SDP did not experience stock out of at least ONE method in the last three months [NO-STOCK-OUT WITHIN THE LAST THREE MONTHS]** ☐			
025 **NO STOCK-OUT OF AT LEAST THREE [3] METHODS IN THE LAST THREE MONTHS** From the responses provided to Item **023** above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**			1= Three [3] or more contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **have not been available or have not been in stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP experienced stock out of at least THREE (3 or more) method in the last three months [STOCK-OUT OF AT LEAST THREE METHODS IN THE LAST THREE MONTHS]** ☐			2= Three [3] or more of the contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **have been available or have been in stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP did not experience stock out of at least THREE (3 or more) methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS WITHIN THE LAST THREE MONTHS]** ☐			
026 **NO STOCK-OUT OF FIVE [5] METHODS IN THE LAST THREE MONTHS** From the responses provided to Item 023 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**			1= Five [5] or more contraceptive methods which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws **have not been available or have not been in stock at all times** during the last **three months** preceding the survey. Therefore, this **SDP experienced stock-out of at least FIVE method in the last three months [STOCK-OUT OF AT LEAST THREE METHODS IN THE LAST THREE MONTHS]** ☐			2= Five [5] or more of the contraceptive methods which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws **have been available or have been in stock at all times** during the last **three months** preceding the survey. Therefore, this **SDP did not experience stock-out of at least FIVE methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS WITHIN THE LAST THREE MONTHS]** ☐			
027 If "Yes" to Item 023 (that this method has been out of stock (**STOCK OUT**) at this SDP on any given day within **the last three months** (in line with current national guidelines, etc.) please **indicate the main reason**	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= Contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7= Any other Reason (please specify) ________	1= Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2= Delays by this SDP to request for supply of the contraceptive ☐ 3= Contraceptive is not available in the market for the SDP to procure ☐ 4= Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ________

(ii): NO STOCK-OUT AT THE TIME OF THE SURVEY

[WITH RESPECT TO MODERN CONTRACEPTIVE METHODS THAT SDPs ARE EXPECTED TO PROVIDE IN LINE WITH THE CURRENT NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS]

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
028 To continue With respect to each of the contraceptive methods that the SDP is supposed/expected to **provide in line with the current national protocols, guidelines and/or laws specific for this level* of service delivery (as indicated in Item 011 above)**; please indicate whether it is currently **out of stock at this SDP and therefore the contraceptive method is not available to give/provide to clients at this SDP today** *(* Please recall SDP level as recorded in in item 006 above)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*	**1= Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2= No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3= Not applicable;** this SDP is not supposed/expected to offer this method provide **in line with the current national protocols, guidelines and/or laws** ☐ *(Tick only one option)*

029 **NO STOCK OUT OF ANY METHOD ON THE DAY OF THE SURVEY** From responses provided to Item 028 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**	1= One or more of the contraceptive methods, which this SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws,** is/are out of stock today (on the day of the survey) Therefore, **this SDP is experiencing stock out of at least ONE method on the day of the survey [STOCK-OUT ON THE DAY OF THE SURVEY]** ☐	2= All contraceptive methods, which this SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws,** are available or are in-stock on the day of the survey Therefore, **this SDP did not experience stock out of at least ONE on the day of the survey [NO-STOCK-OUT ON THE DAY OF THE SURVEY]** ☐
030 **NO STOCK OUT OF AT LEAST THREE [3] ON THE DAY OF THE SURVEY** From the responses provided to Item 028 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**	1= Three [3] or more contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **are not available or are not in stock on the day of the survey** Therefore, **SDP is experiencing stock out of at least THREE methods on the day of the survey [STOCK-OUT OF AT LEAST THREE METHODS ON THE DAY OF THE SURVEY]** ☐	2= Three [3] or more of the contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **are available or are in stock on the day of the survey** Therefore, **this SDP did not experience stock out of at least THREE methods on the day of the survey [NO-STOCK-OUT OF AT LEAST THREE METHODS ON THE DAY OF THE SURVEY]** ☐
031 **NO STOCK OUT OF AT LEAST FIVE [5] METHODS ON THE DAY OF THE SURVEY** From the responses provided to Item 028 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the methods that the SDP is supposed/expected to provide **in line with the current national protocols, guidelines and/or laws**	1= Five [5] or more contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **are not available or are not in stock on the day of the survey** Therefore, **SDP is experiencing stock out of at least FIVE methods on the day of the survey [STOCK-OUT OF AT LEAST FIVE METHODS ON THE DAY OF THE SURVEY]** ☐	2= Five [5] or more of the contraceptive methods, which this SDP is supposed/expected to provide in line with the current national protocols, guidelines and/or laws, **are available or are in stock today (on the day of the survey** Therefore, **this SDP did not experience stock out of at least FIVE methods on the day of the survey [NO-STOCK-OUT OF AT LEAST FIVE METHODS ON DAY OF THE SURVEY]** ☐

Item	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
032 If "Yes" to Item **028** (that this method is out-of-stock **(STOCK OUT)** at this SDP (in line with current national guidelines, etc.) please **indicate the main reason** *(Tick only one option [as the main reason] for each contraceptive)*	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. …………………………

INTERVIEWER VERIFICATION for ITEM 028

Contraceptive	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables	(5) Emergency contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
For each response provided for **item 028**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐

SECTION 5.2:
NO STOCK OUT OF MODERN CONTRACEPTIVE METHODS THAT ARE REGULARLY PROVIDED AS PART OF THE SDPs NORMAL SERVICE DELIVERY PROCESS
Please note that for the SDP to respond to items in this section, it should have indicated in Item 008 above that 'Yes' it provides family planning services

(I): NO STOCK-OUT IN THE LAST THREE MONTHS BEFORE THE SURVEY

Item	(1) Male condoms	(2) Female Condoms	(3) Oral Contraception	(4) Injectables (Depo)	(5) Emergency Contraception	(6) IUDs	(7) Implants	(8) Sterilisation for Female	(9) Sterilisation for Male
033 With respect to each of the contraceptive methods that the SDP regularly provides as part of its normal service delivery, **[refer to Item 016 above]**, please indicate whether it has been **out of stock at this SDP on any given day, within the last three months preceding the survey, and therefore the contraceptive method was not available to give/provide to clients at this SDP** *(* Please recall SDP level as recorded in in item 006 above)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*	1 **Yes;** this method has been out-of-stock (STOCK-OUT) on a given day at this SDP in the last **three months** ☐ 2 **No;** this method has not been out-of-stock **(NO STOCK OUT)** on any given day at this SDP in the last **three months** ☐ 3 **Not applicable;** this method is **not regularly offered** as part of the SDP's normal service delivery process ☐ *(Tick only one option)*
034 **NO STOCK OUT OF ANY METHOD IN THE LAST THREE MONTHS** From responses provided to Item 034 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the **modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			One or more of the contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** has/have been out-of- stock on a given day in the last **three months** preceding the survey. Therefore, **this SDP experienced stock out of at least ONE method in the last three months [STOCK-OUT WITHIN THE LAST THREE MONTHS]** ☐			All contraceptive, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** have been available/ in-stock at all times during the last **three months** preceding the survey. Therefore, **this SDP did not experience stock out of at least ONE method in the last three months [NO-STOCK-OUT WITHIN THE LAST THREE MONTHS]** ☐			
035 **NO STOCK OUT OF AT LEAST THREE [3] METHODS IN THE LAST THREE MONTHS** From the responses provided to Item 034 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the **modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			Three [3] or more contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** have not been available or have not been in **stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP experienced stock out of at least THREE methods in the last three months [STOCK-OUT OF AT LEAST THREE METHODS IN THE LAST THREE MONTHS]** ☐			Three [3] or more of the contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** have been available or have been **in stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP did not experience stock out of at least THREE methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS WITHIN THE LAST THREE MONTHS]** ☐			

036 **NO STOCK OUT OF AT LEAST FIVE [5] METHODS IN THE LAST THREE MONTHS** From the responses provided to Item 034 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to the **modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			Five [5] or more contraceptive, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** have not been available or have not been **in stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP experienced stock out of at least FIVE method in the last three months [STOCK-OUT OF AT LEAST THREE METHODS IN THE LAST THREE MONTHS]** ☐			Five [5] or more of the contraceptive, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** have been available or have been **in stock at all times** during the last **three months** preceding the survey. Therefore, **this SDP did not experience stock out of at least FIVE methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS WITHIN THE LAST THREE MONTHS]** ☐			
037 If "Yes" to Item 034 (that this method has been out of stock **(STOCK OUT)** at this SDP on any given day within **the last three months** (in line with current national guidelines, etc.) please **indicate the main reason**	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ____________	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ 6. Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify) ____________

(ii): NO-STOCK-OUT AT THE TIME OF THE SURVEY [WITH RESPECT TO MODERN CONTRACEPTIVE METHODS THAT ARE REGULARLY PROVIDED AS PART OF THE SDPS NORMAL SERVICE DELIVERY PROCESS]									
Item	**(1) Male condoms**	**(2) Female Condoms**	**(3) Oral Contraception**	**(4) Injectable**	**(5) Emergency contraception**	**(6) IUDs**	**(7) Implants**	**(8) Sterilisation for Female**	**(9) Sterilisation for Male**
038 With respect to each of the contraceptive methods that the SDP regularly provides as part of its normal service delivery, **[refer to Item 016 above]**, please indicate whether it is currently out-of-stock (STOCK-OUT) today **therefore the contraceptive method is not available to give/provide to clients at this SDP on the day of the survey** *(* Please recall SDP level as recorded in in item 006 above)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been in-stock or issued/dispensed in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been available in the last 12 months) at this SDP ☐ *(Tick only one option)*	**1 Yes;** this method is currently out-of-stock (STOCK-OUT) at this SDP ☐ **2 No;** this method is currently not out-of-stock **(NO STOCK OUT)** at this SDP ☐ **3 Not applicable;** this method is **NOT OFFERED** (has not been available in the last 12 months) at this SDP ☐ *(Tick only one option)*
039 **NO STOCK OUT OF ANY METHOD ON THE DAY OF THE SURVEY** From responses provided to Item 039 above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to **the modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			One or more of the contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** is/are out of stock today (on the day of the survey) Therefore, **this SDP experienced stock out of at least ONE method on the day of the survey [STOCK-OUT ON THE DAY OF THE SURVEY]** ☐			All contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process,** are available or are in-stock on the day of the survey Therefore, this **SDP did not experience stock out of at least ONE on the day of the survey [NO-STOCK-OUT ON THE DAY OF THE SURVEY]** ☐			
040 **NO STOCK OUT OF AT LEAST THREE [3] ON THE DAY OF THE SURVEY** From the responses provided to Item **038** above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to **the modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			Three [3] or more contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process, are not available or are not in stock today (on the day of the survey** Therefore, **this SDP experienced stock out of at least THREE method in the last three months [STOCK-OUT OF AT LEAST THREE METHODS ON THE DAY OF THE SURVEY]** ☐			Three [3] or more of the contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process, are available or are in stock today (on the day of the survey** Therefore, this **SDP did not experience stock out of at least THREE methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS ON THE DAY OF THE SURVEY]** ☐			
041 **NO STOCK OUT OF FIVE [5] METHODS ON THE DAY OF THE SURVEY** From the responses provided to Item **038** above, please discuss with respondent and record the conclusion by ticking one of the following statements with respect to **the modern contraceptive methods that are regularly provided as part of the SDPs normal service delivery process**			Five [5] or more contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process, are not available or are not in stock today (on the day of the survey** Therefore, **this SDP experienced stock out of at least FIVE method in the last three months [STOCK-OUT OF AT LEAST THREE METHODS IN THE LAST THREE MONTHS]** ☐			Five [5] or more of the contraceptive methods, **which this SDP provides regularly and as part of the SDPs normal service delivery process, are available or are in stock today (on the day of the survey** Therefore, this **SDP did not experience stock out of at least FIVE methods in the last three months [NO-STOCK-OUT OF AT LEAST THREE METHODS WITHIN THE LAST THREE MONTHS]** ☐			

042 If "Yes" to Item 039 (that the method that the SDP regularly provides as part of its normal service delivery **[refer to Item 016 above]** is out-of-stock **(STOCK OUT)** please **indicate the main reason** *(Tick only one option [as the main reason] for each contraceptive)*	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ………………………	1 Delays on the part of main source institution/warehouse to re-supply this SDP with this contraceptive ☐ 2 Delays by this SDP to request for supply of the contraceptive ☐ 3 The contraceptive is not available in the market for the SDP to procure ☐ 4 Low or no client demand for the contraceptive ☐ 5 No train staff to provide this contraceptive at the SDP ☐ **6.** Lack of equipment for the provision of this contraceptive ☐ 7. Any other Reason (please specify)……. ………………………

INTERVIEWER VERIFICATION for ITEM 038									
Contraceptive	**(1) Male condoms**	**(2) Female Condoms**	**(3) Oral Contraception**	**(4) Injectables**	**(5) Emergency contraception**	**(6) IUDs**	**(7) Implants**	**(8) Sterilisation for Female**	**(9) Sterilisation for Male**
For each response provided for **item 039**, the interviewer should validate the response by a physical Inventory and note the appropriate finding	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐	1= Inventory taken, contraceptive is in stock ☐ 2= Inventory taken, contraceptive is NOT in stock ☐

Module 2: Health facility resources

SECTION 6: SUPPLY CHAIN *[To be responded to by all SDPs]*				
044 Who is the main person responsible for ordering medical supplies at this facility? *(Tick only one option)*	Medical Doctor 1☐ Clinical Officer (CHO/CHA) 2☐ Pharmacist 3☐ Nurse (SECHN/SRN/MCHA/Midwife) 4☐ Other (specify) _____ 5 ☐			
045 How are the resupplies for contraceptives for this facility determined? (Tick only one option)	Staff member(s) of this facility makes request based on calculation of quantity needed using a formula1 ☐ Quantity is determined by the institution/warehouse responsible for supplying this SDP 2 ☐ Any other method used (please specify) ……3 ☐ SDP not offering FP …… 4 ☐			
046 Does this SDP use any logistics forms for reporting and ordering supplies? *(Tick only one option)*	Yes *(enumerator verifies the availability of forms)* 1 ☐ Yes *(but availability not observed by enumerator)* 2 ☐ No; there are no logistics forms in use 3 ☐			
047 What is the **main source** of your routine medicines and supplies? *(Tick only one option)*	Central Medical Stores 1☐ Regional/district Warehouse or institution 2☐ Local medical store on the same site 3☐ NGO 4 ☐ Donors 5 ☐ Private Sources 6 ☐			
048 Who is responsible for transporting products to your facility? *(Tick only one option)*	National/central government 1 ☐ Local/District administration 2 ☐ This Facility Collects 3 ☐ Other(Specify) _____4 ☐			
049 On average, approximately how long does it take between ordering and receiving products? *(Tick only one option)*	Less than two weeks 1 ☐ More than two weeks but not up to one month 2 ☐ More than one month but not up to two months 3 ☐ More than two months but not up to four months 4 ☐ More than four months but not up to six months 5 ☐ More than six months 6 ☐			
050 On average, how frequently is the facility resupplied? *(Tick only one option)*	Once every two weeks 1 ☐ Once every month 2 ☐ Once every three months 3 ☐ Once every six months 4 ☐ Once a year 5 ☐			
051 During the **last three months**; did you receive the full quantity of all the contraceptives that you ordered or requested for? *(Tick only one option)*	Yes (full quantities for all contraceptives **were received**) 1 ☐ **>>> 053** No (quantities for some or all contraceptives **were not received in full**) 2 ☐ Not Applicable (SDP did not ordered or requested for contraceptives during the last three months or SDP does not offer FP) 3 ☐ **>>> 054**			
052 Please provide reason(s) why the orders were not received in full	Quantities received were determined by the institution/warehouse responsible for supplying this SDP ….. 1 ☐ Any other reason(s) *[please specify]* …… 2 ☐			
053 Please indicate whether you have staff working at this SDP that are **trained** in each of the following aspects of logistics management information system (LMIS)? *(Tick only one option for option)*	1. Assessing stock status (including knowledge of minimum and maximum stock balances) Yes 1☐ No 2☐	2. Making request or ordering for restocking Yes 1☐ No 2☐	3. Record keeping (including the use of logistics forms and maintaining dispensing and client registers) Yes 1☐ No 2☐	4) Ensuring appropriate physica storage of products Yes 1☐ No 2☐

SECTION 7: EXISTENCE OF COLD CHAIN AT SDP *[To be responded to by all SDPs]*	
054 Does this SDP have its own cold chain to store medicines or items? *(Tick only one option)*	Yes 1 ☐ No 2 ☐ **>>>> 058**
055 If yes to **054**, please give a list of the reproductive/maternal health medicines or items that this SDP stores in cold chain?	_____ _____
056 If yes to **054**; what type of cold chain does the SDP have? *(Tick only one option)*	Electric Fridge 1 ☐ Ice box (SDP have to regularly replenish ice supply) 2 ☐ Other (specify) _____ 3 ☐
057 If the type of cold chain (in 053) is a fridge please indicate the source of power for this *(Tick only one option)*	Electricity from national grid 1 ☐ Generator plant at the SDP 2 ☐ Portable generator at the SDP 3☐ Kerosene/paraffin fuel 4 ☐ Solar power 5 ☐ Any Other (specify) _____ 3 ☐
058 If the SDP does not have its own cold chain, how does it preserve items that are supposed to be in cold chain?	_____ _____

SECTION 8: STAFF TRAINING FOR FAMILY PLANNING *[To be responded to by all SDPs]*	
059 Are there staff working at this SDP who are trained to provide basic modern contraceptives? *(Tick only one option)*	Yes 1 ☐ No 2 ☐ >>>> 061
060 If yes; please indicate how many staff members are trained in provision of modern contraceptives	[……]
061 Is any staff member trained for the insertion and removal of implant contraceptive, specifically? *(Tick only one option)*	Yes 1☐ No 2☐ >>>> **067**
062 If yes; please indicate how many staff members are trained for the insertion and removal of implant contraceptive	[……]
063 Are the trained staff actually providing modern contraceptives *(Tick only one option)*	Yes 1 ☐ >>>> **065** No 2 ☐
064 If no to item 063 please indicate the reason why the staff is NOT actually providing modern contraceptives to clients (Tick only one option)	Facility does not offer FP services 1 ☐ No contraceptive supplies to provide services 2 ☐ Low or no client demand 3 ☐ Other_____ 4 ☐
065 When last did any staff at this SDP receive training in provision of family planning services *(Tick only one option)*	In the last two months 1 ☐ Between two and six months ago 2 ☐ Between six month and one year ago 3 ☐ More than one year ago 4 ☐
066 Did the training exercise for provision of basic modern contraceptives include the insertion and removal of implant contraceptive *(Tick only one option)*	Yes 1☐ No 2☐

SECTION 9: STAFF SUPERVISION FOR REPRODUCTIVE HEALTH INCLUDING FAMILY PLANNING *[To be responded to by all SDPs]*	
067 When was the last time this facility was visited by a supervisory authority (from FP/RH Division) in the past 12 months? *(Tick only one option)*	In less than one month 1 ☐ Between one and three months ago 2 ☐ Between three and six months ago 3 ☐ Between six month and one year ago 4 ☐ Not supervised in the past 12 month 5 ☐ >>>>> **070**
068 How frequently does this facility receive visits from the supervisory authorities (from FP/RH Division)? *(Tick only one option)*	Weekly 1 ☐ Monthly 2 ☐ Every three months 3 ☐ Every six months 4 ☐ Once a year 5 ☐
069 Which of the following were included in the supervision *(Tick ALL options that apply)*	Staff clinical practices 1 ☐ Drug stock out and expiry 2 ☐ Staff availability and training 3 ☐ Data completeness, quality, and timely reporting 4 ☐ Review use of specific guideline or job aid for reproductive health 5 ☐ Any other please specify…… 6 ☐

SECTION 10: AVAILABILITY OF GUIDELINES, check-lists and Job aid *[To be responded to by all SDPs]*	
070 This facility has available any family planning guidelines (national or WHO)? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
071 This facility has available any family planning check-lists and/or job-aids? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
072 This facility has available any ANC guidelines (national or WHO)? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
073 This facility has available any ANC check-lists and/or job-aids? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐
074 This facility has available any Waste disposal guideline? *(Tick only one option)*	Yes (enumerator verifies the availability of guidelines 1☐ Yes availability of guideline not verified 2☐ Not available 3☐

SECTION 11: AVAILABILITY AND USE OF INFORMATION COMMUNICATION TECHNOLOGY (ICT) *[To be responded to by all SDPs]*	
075 Does this facility use any form of Information Communication Technologies (ICT) System *(see list in 076 below)* - *(Tick only one option*	Yes (enumerator verifies availability) 1 ☐ Yes (availability not verified) 2 ☐ No ICT is not used 3 ☐
076 If Yes; which of the following types of ICT are used in the SDP *(Tick ALL the options that apply)*	Computer 1 ☐ Mobile phones - basic handsets 2 ☐ Mobile phones - smart phones 3 ☐ Tablets 4 ☐ Internet facilities – LAN 5 ☐ Internet facilities - Wi-Fi 6 ☐ Other…….(specify) 7 ☐
077 How did the SDP acquire the ICT? *(Tick ALL the options that apply)*	Staff members personal item 1 ☐ Provided by government 2 ☐ Provided by proprietor of SDP 3 ☐ Received as Donation 4☐ Other…….(specify) 5 ☐
078 What is the main purpose for which the SDP uses the ICT? *(Tick ALL the options that apply)*	Patient registration 1☐ Facility record keeping 2 ☐ Individual patient records/Electronic Medical Record 3☐ Health Insurance Claims and Reimbursement System 4 ☐ Mobile money cash transfers and payments 5☐ Routine communication 6 ☐ Clinical consultation (long distance communication with experts) 7☐ Awareness and demand creation activities 8 ☐ Supply chain management/stock control 9 ☐ Health worker training 10 ☐ Other (specify)…….. 11☐

SECTION 12: WASTE DISPOSAL *[To be responded to by all SDPs]*	
079 How does the SDP dispose of health waste? *Tick ALL the options that apply)*	Burning on the grounds of the SDP 1☐ Bury in special dump pits on the grounds of the SDP 2☐ Use of Incinerators 3☐ Centrally collected by specific agency for disposal away from the SDP 4☐ Disposed with regular garbage 5☐

SECTION 13: CHARGING FOR USER FEE *[To be responded to by all SDPs]*	
080 Does this facility charge patients for consultation *(Tick only one option)*	Yes 1☐ No 2 ☐ >>>>> **082**
081 If Yes; are there exemptions for any of the following services *(Tick ALL the options that apply)*	Family planning services 1☐ Antenatal care services 2☐ Delivery services 3☐ Postnatal care services 4☐ Newborn care services 5☐ Care of sick children under 5 years 6☐ HIV care (e.g. HTC and ART) 7☐ Other (specify)…….. 8☐
082 Does this facility charge patients for any medication *(Tick only one option)*	Yes 1☐ No 2 ☐ >>>>> **084**
083 If Yes; are there exemptions for any of the following services *(Tick ALL the options that apply)*	Family planning commodities 1☐ Maternal Health medicines 2☐ Child health medicines 3 ☐ Other (specify)…….. 4☐
084 Does this facility charge patients for any service provided by a qualified health care provider *(Tick only one option)*	Yes 1☐ No 2 ☐ >>>>> **Module 2**

085 If Yes; are there exemptions for the following services *(Tick ALL the options that apply)*	Family planning services 1 ☐ Post-natal care services 4 ☐ HIV care 7 ☐	Antenatal care services 2 ☐ Newborn care services 5 ☐ Caesarean Section 8 ☐	Delivery services 3 ☐ Care of sick children under 5 years 6 ☐ Other (specify)…….. 9 ☐

NOTE:

At this stage;

1) Thank the interviewer for his/her time and for the information provided

2) Inform him/her that for the next part of the survey, as you informed him/her earlier, you would interview family planning clients who are visiting the SDP

3) Assure him/her that the responses of the clients will not be used against anybody or the SDP but will be used for a general understanding of the views of clients and for better service provision

4) Specifically ask for permission from the relevant authority of the SDP for you to carry on with the exit interview

Module 3: Exit interview - clients' perception and appraisal of cost for FP services

Instructions

Please inform the respondent that;

- You are not a staff member of the SDP but here to talk to ask their opinion about the services they have just received
- Although the staff of the SDP have been informed about, and have given permission for the exercise; they will not be told anything that the respondent says
- The questions are not personal and his/her name or particulars will not be recorded
- His/her response will not be used against anybody
- He/she may refuse to answer any question or choose to stop the interview at any time. However, you hope he/she will answer the questions, which will be useful to improve on the services that are provided.
- If he/she has any questions about the study he/she can ask at this stage

The interviewer can then ask client, if he/she agrees to proceed with the interview. Once the consent of the interviewee has been obtained, then the interviewer can proceed with the interview.

SECTION 14: EXIT INTERVIEW - CLIENTS' PERCEPTION *[To be administered to clients at SDPs offering FP services (indicating 'Yes' to Item 008 above)]*		
14.1 Respondents Background		
086 Age (in completed years as last birthday)	/__/__/	
087 Sex *(Tick only one option)*	Male 1 ☐ Female 2 ☐	
088 Marital status *(Tick only one option)*	Never Married or in union 1 ☐ Currently Married or in Union 2 ☐ Formerly Married (Divorced/separated/widowed) 3 ☐	
089 Level of Education *(Tick only one option)*	No Education 1 ☐ Primary 2 ☐ Secondary and higher level 3 ☐	
090 How often do you visit this SDP for FP services? *(Tick only one option)*	Once a month 1 ☐ Once every 2 months 2 ☐ Once every 3 months 3 ☐ Others (please specify) 4 ☐ ……	
14.2 Provider adherence to technical aspects		
091 Were you provided with the family planning method of your choice at this SDP? *(Tick only one option)*	Yes 1☐	No 2 ☐
092 Did the family planning service provider take your preference and wishes into consideration in deciding on the family planning method you received? *(Tick only one option)*	Yes 1☐	No 2 ☐
093 Did the health worker teach you how to use the family planning method? *(Tick only one option)*	Yes 1☐	No 2 ☐
094 Were you told about the common side effects of the family planning method? *(Tick only one option)*	Yes 1☐	No 2 ☐
095 Did the health worker inform you about what you can do regarding the side effects of the family planning method should they occur? *(Tick only one option)*	Yes 1☐	No 2 ☐
096 Did the health worker inform you about any serious complications that can occur, as a result of using the family planning method, for which you should come back to the SDP should such occur? *(Tick only one option)*	Yes 1☐	No 2 ☐
097 Were you given any date when you should come back for check-up and/or additional supplies? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.3 Organizational aspect		
098 In your opinion did you wait too long for the service to be provided to you? *(Tick only one option)*	Yes 1☐	No 2 ☐
099 Are you satisfied with the cleanliness of the health facility? *(Tick only one option)*	Yes 1☐	No 2 ☐
100 Are you satisfied with the privacy at the exam room? *(Tick only one option)*	Yes 1☐	No 2 ☐
101 Are you satisfied with the time that was allotted to your case by the health care provider? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.4 Interpersonal aspect		

SECTION 1: FACILITY IDENTIFICATION (Name, Location and Distance)	
SN°	**ITEMS**
001	Name of Service Delivery Point: _____
002	A) Location (Town or Village): _____ B) Location (Chiefdom/Ward): _____ C) Location (District): _____ D) Location (Region): _____
003	Is SDP located in a rural or an urban settlement (as per your country's classification)? 1= Rural ☐ 2= Urban ☐
004	**A).** Level of Service Delivery Point (***Tick only one option***) Primary Level Care SDPs/facilities/PHUs (CHP, MCHP, CHC/Clinic) ---------- 1 ☐ Secondary level care SDPs/facilities/hospitals (District/Urban/Non-Teaching Hospitals) ---------- 2 ☐ Tertiary level care SDPs/facilities/hospitals (Government Teaching Hospitals) ---------- 3 ☐ **B).** If Primary Level Care, what is the sub-Level of SDP ***(Tick only one option)*** Maternal & Child Health Post (MCHP) ---------- **1** ☐ Community Health Post (CHP) ---------- **2** ☐ Community Health Center (CHC) ---------- **3** ☐
005	Management of Service Delivery Point: Government ----------1 ☐ Private ---------- 2 ☐ NGO ---------- 3 ☐ 4 Others (please specify) ---------- 4 ☐ _____

102 Did staff at the health facility treat you with courtesy and respect *(Tick only one option)*	Yes 1☐	No 2 ☐
103 Did any of the health service providers force you to accept or insisted that you should accept the family planning method that you received today? *(Tick only one option)*	Yes 1☐	No 2 ☐
104 Are you satisfied with the attitude of the health provider towards you generally? *(Tick only one option)*	Yes 1☐	No 2 ☐
14.5 Outcome aspect		
105 Are you satisfied with the service you received? *(Tick only one option)*	Yes 1☐	No 2 ☐
106 Will you continue visiting this SDP in future? *(Tick only one option)*	Yes 1☐	No 2 ☐
107 Would you recommend your relatives or friends to come to this clinic *(Tick only one option)*	Yes 1☐	No 2 ☐

SECTION 15: EXIT INTERVIEW – CLIENTS' APPRAISAL OF COST FOR FP SERVICES *[To be administered to clients at SDPs offering FP services (indicating 'Yes' to Item 008 above)]*		
15.1 Family Planning service payment		
108 For today's visit did you pay to receive any family planning service? *(Tick only one option) - (If yes then continue with **109**, but if no please skip to 110)*	Yes 1 ☐	No 2 ☐
109 If you paid for anything today please how much did you pay for the following method (amount in local currency)? *(Indicate for ALL that apply)* Card 1 ☐ /_____/ Laboratory test/x-ray 2 ☐ /_____/ Contraceptive received from service provider 3 ☐ /_____/ Others (please specify) 6 ☐ …… Contraceptive purchased from pharmacy 4 ☐ /_____/ Consultation fee 5 ☐ /_____/ /_____/		
15.2 Travel cost		
110 What was the main mode of transportation for you to travel from your place of residence to this SDP *(Tick only one option)* Walked 1 ☐ (*if this is selected then skip to **113**)* Bicycle 2 ☐ Motorcycle 3 ☐ Bus/taxi 4 ☐ Private vehicle 5 ☐ Others (please specify) 6 ☐ …… /_____/		
111 What distance (in specified unit) did you travel from your place of residence to this SDP: **a)** Distance /_____/ **b)** Unit of distance: 1 Kilometers ☐ 2 Mile ☐ *(Tick only one option)*		
112 How much did you pay for your travel (from your residence to this SDP) /_____/ (amount in local currency)		
113 How much will it cost you to travel from this SDP back to your residence /_____/ (amount in Leones)		
15.3 Family Planning time spent and cost		
114 How long did it take for you to travel from your place of residence to this SDP today? /_____/ Hours ; /_____/ Minutes		
115 How long did it take for you to get the service at this SDP (time it took between your arrival at this SDP and the time you got the service today) /_____/ Hours ; /_____/ Minutes		
116 How long will it take you to travel back to your place of residence? /_____/ Hours ; /_____/ Minutes		
117 What is the main thing you would have been doing during the time you have been here receiving FP services at this SDP today *(Tick only one option)* Household chores 1 ☐ Working on household farm 2 ☐ Selling in the market/trading 3 ☐ Employed as unskilled labourer 4 ☐ Employed as skilled labourer 5 ☐ Clerical or professional work 6 ☐ Others (please specify) 7 ☐ ……		
118 From the activity you referred to in 117, who took over this activity? *(Tick only one option)* Family member 1 ☐ Co-worker 2 ☐ Nobody 3 ☐ Other (please specify) 4 ☐……		
119 Did you have to pay the person who took over the activity on your behalf *(Tick only one option)*	Yes 1☐	No 2 ☐
120 If yes please indicate or estimate the monetary value of the payment *(Tick only one option)*	/_____/ (amount in local currency)	
15.4 Financing for FP		
121 Please indicate from whom you obtain the resources to pay for the cost of FP services you have received today? *(Tick ALL the options that apply) - Please refer only to payments mentioned under **109** - [family planning service payment]*		

Paid for by myself 1 ☐ Spouse (husband or wife) 2 ☐ Family Members other than spouse (husband or wife) 3☐ Others (please specify) 4☐…… Did not pay 5 ☐

If did not pay for FP service, end interview

122 Please indicate the amount for each of the sources mentioned in **121** for payment for the cost of FP services you have received today? *(Indicate for ALL the options that apply) – Indicate with reference to payments mentioned under **109** [family planning service payment]*

Paid for by myself 1☐ /_____/(amount in local currency)	Spouse (husband or wife) 2☐ /_____/(amount in local currency)	Family Members other than spouse (husband or wife) 3☐ /_____/(amount in local currency)	Others (please specify) 4☐…… /_____/(amount in local currency)

NOTE:
At this stage;
1) Inform him/her that the interview has ended, and
2) Thank the interviewee for his/her time and for the information provided