GOVERNMENT OF SIERRA LEONE

UNFPA

2022

Health Facility Assessment of Availability of Reproductive Health Commodities and Services in Sierra Leone

ANALYTICAL REPORT

FOREWORD

The Government of Sierra Leone has demonstrated its commitment to ensuring access to sexual and reproductive health services including family planning to its citizens. The concerted efforts of the Government and development partners has led to remarkable progress in accelerating reduction in preventable maternal deaths and improving access to voluntary family planning services. Sierra Leone has made notable progress in improving maternal health with a 74% reduction in MMR from 1,682 deaths per 100,000 live births in 2000 to 443 deaths per 100,000 live births in 2020 (UN Estimates, 2023). The Government of Sierra Leone has also committed to strengthening family planning as part of its FP2030 commitments, including a focus on increased access to quality family planning services, strengthening supply chain and sustainable financing.

Nevertheless, there a long way to go. Contraceptive use has gradually increased but remains relatively low with the modern contraceptive prevalence rate for all women increasing from 8% in 2008, to 21% in 2013, to 24% in 2019. Unmet need for family planning for married women aged 15-49 remains high at 24.8% and rises to 27.8% for adolescent girls aged 15-19 (DHS, 2019). Less than half of the total demand for contraceptives is currently satisfied.

In order to avert this situation, cost effective and feasible interventions do exist. However, these interventions require the reliable supply of contraceptives and life-saving maternal health medicines. The United Nations Population Fund continues to support voluntary family planning through its UNFPA Supplies Partnership programme. Alongside the provision of modern methods of contraceptives and capacity-building initiatives, UNFPA supports the regular conduct of the National Health Facility Assessment on Availability of Reproductive Health Commodities and Services, which provides data on the availability of contraceptives and life-saving maternal and reproductive health medicines in the country.

This report provides data on key indicators related to the percentage of Service Delivery Points offering at least three and five modern contraceptive methods; the percentage of SDPs providing delivery services where seven of the life-saving maternal/reproductive health medicines from the World Health Organization list are available; and the percentage of SDPs with ‘no stock-out’ of modern contraceptives in the past three months before the survey.

In addition, the report also provides information on salient aspects of SDPs that underpin the provision of family planning services, such as the supply chain, cold chain, staff training and supervision, availability of guidelines and protocols, availability and use of Information Communication Technology and the quality-of-service delivery at the health facilities. The report also presents information on the clients’ perception and appraisal of the costs of family planning services.

The report will inform policy on planning and programming of modern contraceptive commodities and services as well as the provision of essential life-saving maternal and 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.

ACKNOWLEDGEMENTS

The Ministry of Health (MoH) extends its sincere gratitude to UNFPA for the technical assistance and financial provision for the conduct of the National Health Facility Assessment on Availability of Reproductive Health Commodities and Services in Sierra Leone, 2022.

The Technical Committee chaired by the Directorate of Reproductive and Child Health (DRCH/MOH) with members from the Directorate of Policy, Planning and Information (DPPI/MOH), Statistics Sierra Leone (Stats SL), and UNFPA deserve special thanks for providing guidance and oversight on the overall conduct of the survey.

The Ministry recognizes the contributions of the survey coordinators, Dr. Tom Sesay (DRCH), Dr. Francis Moses (Programme Manager, RH/FP Prog.), Alimamy Kamara (RH/FP Prog.) and Mohamed Koblo-Kamara (Stats SL), who provided technical support during data collection. The Ministry is especially grateful to the District Health Medical Teams (DHMTs) and officers-in-charge of the surveyed health facilities/SDPs across the country who dedicated time to respond to the survey questionnaire and facilitated interviews with clients of family planning services.

The Ministry is highly indebted to Nadia Rasheed, UNFPA Representative in Sierra Leone, for her oversight and technical guidance. The Ministry acknowledges Kwadwo Danso-Manu (Data Analyst Consultant) who managed and validated the survey data and Mohamed B. Moigua (National Consultant) who coordinated the survey and produced the survey report. Last but not least, the Ministry is indebted to Sibeso Mululuma, UNFPA Deputy Representative, and Gamachis Shogo, RHCS Technical Specialist, for their rigorous technical review and validation of the report.

CONTENTS

CONTENTS

CONTENTS

CONTENTS

LIST OF TABLES

LIST OF TABLES

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

LIST OF FIGURES

LIST OF FIGURES

LIST OF FIGURES

ABBREVIATIONS

ANC	Antenatal care
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
CSB	Security Branch
DfID	Department for International Development
DHMT	District Health Medical Team
DHS	Demographic and Health Survey
DPPI	Directorate of Planning, Policy and Information
DRCH	Directorate of Reproductive and Child Health
EHO	Environmental Health Officer
EHSP	Essential Health Services Package
eLMIS	electronic Logistics Management Information System
EmONC	Emergency Obstetric and Neonatal Care
eWMIs	electronic Warehouse Management Systems
FBO	Faith-based organization
FHCI	Free Health Care Initiative
GoSL	Government of Sierra Leone
ICT	Information Communication Technology
IEC	Information, Education, Communication
IUD	Intra-uterine device
MCHA	Maternal and Child Health Aides
MCHP	Maternal and Child Health Post
mCPR	Modern Contraceptive Prevalence Rate
MoHS	Ministry of Health and Sanitation
NGO	Non-governmental organization
NHSSP	National Health Sector Strategic Plan
PHUs	Peripheral Health Units
RHCS	Reproductive Health and Commodity Specialist
RH/FP	Reproductive Health and Family Planning
RRIV	Report Request and Issue Voucher
SDPs	Service Delivery Points
SECHN	State Enrolled Community Health Nurse
SLDHS	Sierra Leone Demographic and Household Survey
SRH	Sexual and Reproductive Health
Stats SL	Statistics Sierra Leone
STIs	Sexually transmitted infections
TFR	Total fertility rate
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The Basic Package of Essential Health Services (BPEHS) instituted by the Government of Sierra Leone (GoSL) aims to establish a high-impact, cost-effective primary health care service delivery mechanism and scale up health services including sexual and reproductive health and child services. As part of UNFPA's support to the GoSL to realize universal access to sexual and reproductive health services, the National Health Facility Assessment on Availability of Reproductive Health Commodities and Services is conducted on a yearly basis to provide up-to-date information on the availability of family planning (FP) supplies and life-saving maternal and RH medicines in the country.

The survey is designed to provide an overall picture of the availability and level of stock-outs, assess relevant aspects of health facility resources, clients' perception about the quality of FP services and their appraisal of costs incurred to access the services. Specifically, the 2022 survey focuses on generating the following key indicators:

- **Percentage of primary Service Delivery Points (SDPs) with at least three modern contraceptive methods;**
- **Percentage of secondary and tertiary SDPs with at least five modern contraceptive methods;**
- **Percentage of SDPs providing delivery services where at least seven life-saving maternal/RH medicines (including two mandatory medicines) from the World Health Organization (WHO) list are available;**
- **Percentage of SDPs with 'no stock-out' of contraceptives within the last three months before the survey.**

In addition, the survey is designed to assess the supply chain (including cold chain); determine the level of staff training and supervision; assess the availability of guidelines and protocols, Information and Communication Technology, and methods of waste disposal; determine incidence of user fees (if any) paid by clients to access reproductive health services and obtain views of clients about reproductive health services provided.

The survey was organized and managed through a tripartite partnership of the Ministry of Health and Sanitation (MoHS), UNFPA and the Health Partners' Coalition that established a Standing Committee with the Reproductive Health and FP (RH/FP) Programme of MoHS and the Parliamentary Committee on Health and Sanitation as Joint Chairs. The Technical Committee for the survey constitutes representatives from the Directorate of Planning, Policy and Information (DPPI) and RH/FP Programme from MoHS, Statistics Sierra Leone (Stats SL) and UNFPA.

The National Consultant coordinated the design and implementation of the survey while a data analyst managed survey data. The survey employed interviews of service providers and clients in selected SDPs as well as observations to ascertain stock status of modern contraceptives and life-saving maternal and reproductive health medicines. The survey questionnaire was digitized using the Systmapp application and installed into tablets and smart phones; an electronic tool used for collecting, managing and compiling data.

The design of the survey and sampling of facilities was based on the UNFPA Supplies Survey methodology. The 2022 updated list of all health facilities from DPPI/MoHS served as a sampling frame for selection of the survey sample. Data was collected from a sample of health facilities providing FP and delivery services. However, the widespread selection of health facilities across the country was reflected in the sample. The probability proportional to size approach utilized in sampling the health facilities created self-weighted samples, and sampling formulas were used in the estimation of minimal sample sizes. This also produced an unbiased sample for the survey. The facilities were classified as primary, secondary and tertiary level care SDPs; which were further disaggregated by region and type of provider as public (public/government), private, faith-based and NGO. Using the sampling method suggested in UNFPA's survey methodology guide, a total of 142 SDPs were selected out of the 1,451 SDPs in the five regions.

Thirty-two enumerators were recruited, trained and worked in 16 teams; with two enumerators per team. The 16 teams were assigned to all 16 districts in the five administrative regions; one team per district. Data collection was carried out in 13 days (13-25 October 2022). Enumerators were provided with a tablet or smart phone, each, with the Systmapp application installed for use to capture survey data and a data bundle for uploading the data. Field monitoring and supervision was conducted by the regional coordinators and consultants provided oversight of the entire data collection exercise ensuring data quality.

The survey data was exported from the Systmapp server to the Statistical Package for Social Scientists for further processing and analysis. Data cleaning, verification and edits were undertaken to ensure logical consistency and quality of the data for analysis. A core list of UNFPA supplies indicators of availability and stock-out of reproductive health commodities and template tables developed by UNFPA guided the analysis. The analysis of data was mainly descriptive with percentage distributions of the variables displayed. Results are presented in frequency tables, cross-tabulations and charts based on the outcome indicators and in accordance with the annotated outline of the survey report.

Key findings of the survey

The majority of sample SDPs (68.1 per cent) were primary level care facilities, located in the five regions. The primary level care accounted for high proportions of sample SDPs in all regions (68.2-78.6 per cent), except Western Area where secondary level care SDPs are in a majority (52.4 per cent). Around four-fifths of the surveyed SDPs are managed by the government. The bulk of secondary (63.4 per cent) and tertiary (50.0 per cent) SDPs but fewer primary health facilities (28.8 per cent) are seemingly located closer (within 10 km) to the nearest warehouse/source of supplies.

99.3 per cent of SDPs are offering at least three modern contraceptives

All short-term modern contraceptives and implants are offered in almost all SDPs, except female condoms. Intra-uterine devices (IUDs) and sterilization for females were offered by just over 50 per cent of SDPs that are expected to offer these methods, whilst sterilizations for male are offered by less than 50 per cent of the facilities.

Nearly all SDPs offered at least three modern contraceptives (99.3 per cent) and nine-tenths of SDPs offered at least five modern contraceptives in line with the national protocol and guidelines. The survey the provision of modern contraceptives was found to have little or no association with distance of the SDPs from the nearest warehouse/source of supplies.

Among the five regions, the Southern region recorded the lowest percentage of SDPs (97.6 per cent) providing at least three modern contraceptives whilst the North-Western region registered the fewest proportion of SDPs (85.7 per cent) offering five contraceptive options. SDPs managed by private entities are less likely to provide at least five contraceptive methods in line with the national protocol and guidelines (70.0 per cent). Low/no demand was cited as the main reason for SDPs not providing most modern contraceptives especially female condoms (81.7 per cent), sterilization for males (84.2 per cent) and females (73.3 per cent), emergency contraception (66.7 per cent) and IUDs (60.7 per cent). The main reason for not providing male condoms regularly was delay on the part of institution/warehouse to resupply the contraceptive (66.7 per cent). Oral contraception and injectable were not regularly offered partly because of delays on part of institutions/warehouses to resupply (50.0 per cent) and non-availability of commodity in market (50.0 per cent). Implants were not provided partially due to delay on part of institutions/warehouses to resupply it, low/no demand for the commodity and lack of trained personnel to provide it.

On the availability of life-saving maternal health medicines, 11 out of the 17 assessed medicines were reported to be available in the majority of surveyed SDPs (90 per cent and above). The remaining medicines were less available, evidently seen in 44-55 per cent of SDPs. In particular, the two mandatory life-saving medicines (oxytocin and magnesium sulphate) were found in more than 97 per cent of the facilities. For those life-saving medicines not available, the most popular reason cited was delay on the part of warehouses/ institutions to resupply medicines.

90 per cent and above of live-saving maternal health medicines were available in the majority of surveyed SDPs

According to the survey protocol, the incidence of 'no stock-out' of modern contraceptive methods as a situation where an SDP does not run out of supplies of any one or more modern contraceptive methods at any point in time and therefore the facility has supplies available to serve clients at all times. The incidence of 'no stock-out' of 'any contraceptive method', 'at least three' and 'at least five' contraceptive methods offered in line with national protocol and guidelines in the last three months prior to the survey has improved in 2022 as compared to results reported in 2019 and 2018. The incidence of 'no stock-out' of 'any contraceptive method' in the last three months prior to the survey nearly doubled in 2022 (39.3 per cent) compared with result in 2019 (22.9 per cent) and more than tripled against 2018 result (10.8 per cent). Results of 'no stock-out' of at least three contraceptive methods and at least five contraceptive methods in the last three months are highest in 2022 compared to the previous years (2018 and 2019).

Pharmacists are exclusively responsible for ordering medical supplies at tertiary SDPs (100 per cent) and are more likely to order medical supplies at secondary SDPs (50.0 per cent). At primary SDPs, the role of ordering medical supplies is mainly assumed by nurses (55.8 per cent) and clinical officers (31.6 per cent).

Staff members of SDPs are reportedly mainly responsible for quantifying resupply for modern contraceptives in primary (71.6 per cent) and secondary (65.0 per cent) SDPs. Whereas quantification for resupply of modern contraceptives at tertiary SDPs is partly determined by staff members of SDPs (50.0 per cent) and institutions/warehouses responsible for resupply (50.0 per cent). Findings further revealed that staff members of SDPs are generally responsible for quantifying resupply for modern contraceptives in all regions, for both rural and urban SDPs as well as SDPs for all entities.

With regard to the fulfilment of modern contraceptives, 42.1 per cent of SDPs which ordered/ requested resupplies of modern contraceptives in the last three months before the survey have quantities fully fulfilled whilst 57.9 per cent of SDPs have quantities not fully fulfilled. Fulfilment of modern contraceptives ordered or requested in the last three months before the survey vary across facility level. Results indicated tertiary SDPs are better off with 75.0 per cent of them having quantities ordered/requested in the last three months fully fulfilled. Fulfilment of quantities of modern contraceptives ordered/requested was comparably low at primary and secondary SDPs; recording 38.5 per cent and 48.4 per cent, respectively.

Incomplete fulfilment of quantities of contraceptives ordered was mainly associated with the role of institutions/warehouses responsible for resupplying, in determining actual quantities of modern contraceptives being supplied. Although staff members make requests for resupply through the 'request report and issue voucher' (RRIV), quantities of the commodities are often determined by the source of resupplies based on utilization and availability of the commodities which illustrates the popular 'push and pull' method that leads to resupply of the commodities.

55.5 per cent of SDPs are receiving medical supplies within one month of ordering

Although more than half of SDPs (55.5 per cent) are receiving medical supplies within one month of ordering, a significant proportion (44.5 per cent) admitted receiving the supplies more than one month after ordering. Secondary (66.7 per cent) and tertiary (75.0 per cent) SDPs are more likely to receive medical supplies in the short period (within one month) after ordering than primary SDPs (50.0 per cent).

The district medical stores are the primary source of medical supplies for the majority of facilities (70.5 per cent) and for nearly all primary level care facilities (90.5 per cent); indicating their significant role in the country's health supply chain system. The central medical store is involved in direct deliveries to 35.0 per cent of secondary and 50 per cent of tertiary level care facilities. More than one quarter of secondary level care facilities (27.5 per cent) do also receive supplies from private sources.

Local/district administration is largely responsible for transporting medical supplies to primary care level facilities, government facilities, rural facilities and facilities in all regions, except Western Area.

More than 80 per cent of the SDPs reportedly have staff trained in the various aspects of the Logistics Management Information System (LMIS) including assessing stock status, ordering for restocking, record keeping and appropriate storage of products. Around 81 per cent of SDPs are using logistics forms, whilst 14 per cent claimed to use them but failed to get them verified at the time of the survey and 5 per cent admitted not using any logistics form at all.

Around 87.0 per cent of surveyed SDPs have a (functioning) cold chain equipment and 13.0 per cent have no cold chain equipment. The majority of SDPs with cold chain possess an electric fridge (52.5 per cent), 30.2 per cent have a solar fridge and 4.3 per cent have an ice box.

More than 90 per cent of SDPs reported to have staff trained in both comprehensive FP service provision as well as in insertion and removal of implants. In addition, majority of SDPs (86.3 per cent) reported staff training that was based on a comprehensive training model where FP training included insertion and removal of implants.

More than three quarters of SDPs reported to have been supervised monthly or quarterly in the past 12 months before the survey. Supervisory visits were equally inclined towards staff clinical practices; data completeness, quality and timely reporting; drug stock-out and expiry; and staff availability and training. Issues on management of medical supplies (stock-out and expiry) are seldom part of the issues supervised. Reviewing use of specific guidelines or job aids for reproductive health was less likely supervised.

At least six in 10 of SDPs do have family planning (FP), antenatal care (ANC) and disposal guidelines and associated checklists. However, majority of SDPs (68.1 per cent) are disposing their medical waste with regular garbage or burning on ground of the SDPs. Barely, 19.1 per cent are reportedly using incinerator, the recommended method of disposing medical waste. The use of incinerator was more likely visible at tertiary SDPs (50.0 per cent) than at primary (13.5 per cent) and secondary (29.3 per cent) SDPs.

Up to 76.1 per cent of SDPs accounted for availability and use of at least one form of ICT. Observably, all tertiary SDPs but 78.7 per cent of primary SDPs and 67.5 per cent of secondary SDPs are using an ICT item. The popular ICT items used at SDPs were tablets/laptop computers (79.8 per cent) and mobile phone (60.5 per cent).

SDPs are popularly using ICT systems for facility record keeping (60.5 per cent), health worker training (50.4 per cent) and routine communication (46.2 per cent). Other significant uses of ICT included supply chain management/stock control (30.3 per cent), integrated disease surveillance reporting (27.7 per cent), clinical consultation (26.9 per cent), individual patient records taking (24.4 per cent), patient registration (23.5 per cent) and awareness and demand creation activities (21.0 per cent).

SDPs were less likely charging fees for FP commodities, child and maternal medications in 2022 (16-20 per cent) compared to results in 2019 (20-22 per cent). Fewer SDPs were also reported to have charged fees for child and maternal health services including FP provided by a qualified health care provider in 2022 as compared to survey results in 2019. In particular, more SDPs (66.7 per cent) had charged fees for caesarean section provided by a qualified health care provider in 2022 than in 2019 (61.2 per cent).

Nearly all clients acknowledged that FP service providers do adhere to all technical aspects in providing FP services ranging from providing modern contraceptive methods of their choice to scheduling dates for check-ups and/or additional supplies. They are generally satisfied with the privacy in providing FP services (95.8 per cent) and the time allotted to them (99.1 per cent), though a few clients (16.6 per cent) perceived the waiting time as too long. They also generally stated that the service providers do treat them with courtesy and respect (99.1 per cent) and that they are generally satisfied with the attitudes of the service providers (99.7 per cent). They had expressed their intention to revisit the SDPs (98.9 per cent) and recommend the SDPs to relatives or friends (100 per cent).

Survey indicated sharp decline in the proportion of clients paying for FP services; at 2.5 per cent in 2022 from 4.9 per cent in 2019. Payment for FP services was reported at primary and secondary level care SDPs only.

RECOMMENDATIONS

Based on the survey results and findings, the following key interventions and areas of focus for the health sector in general and community involved in health supply chain management of RH supplies and other health commodities are recommended:

Policy

- Despite the existence of the Free Health Care Initiative (FHCI), the survey discovered that clients continue paying for health services that they are eligible to get free of charge including FP services. The MoHS should develop a mechanism to investigate the continuous payment for such services and ensure vulnerable groups are not faced with financial barriers to access essential health services.
- Slightly more SDPs reported providing many modern contraceptives to clients as part of their normal and regular service delivery process against policy as per the BPEHS. In addition, stock-out rates of modern contraceptives are higher based on BPEHS when measured against what the SDPs offer based on their normal and regular service delivery process. This suggests that SDPs have limitations in offering FP services as per the BPEHS, hence there is need for more effort in the implementation of the BPEHS protocol in all SDPs.

Institutional capacity-building

The survey identified district medical stores as key players in the supply of reproductive health supplies. This result may also apply to all the free health care commodities. Over 80 per cent of SDPs were observed to have trained staff members on various aspects of the Logistics Management Information System (LMIS) and also use logistics forms for reporting and ordering medical supplies. However, the incidence of 'no stock-out', for any contraceptive method in the three months prior to the survey offered in line with national protocol and guidelines, continues to be low at 39.3 per cent. In addition, more than half of SDPs (57.9 per cent) did not have all their orders fully fulfilled in the three months prior to the survey. Following these and other findings, there is need to:

- strengthen the logistics management capacity at the district level particularly in areas of human resource capacity in logistics management, storage capacity, management commitment and administrative support, etc.
- further investigate the underlying causes of the low level of order fulfilment and 'no stock-out' rates.

Human resources

The logistics activities (e.g., ordering resupply) at SDPs are largely assumed by health professionals such as nurses, clinical officers and pharmacists and not by cadres specifically trained in logistics and supply chain management. This implies logistics roles are secondary to the primary clinical care practices of these professionals. As it is true in many developing countries, the production of tailored cadres for management of health logistics activities at the level of SDPs may not be feasible. Nevertheless, it is imperative to ensure that personnel assuming logistics roles have the capacity to execute the responsibility at the required standard. This could be done through, but not limited to, instituting formally defined logistics and supply chain roles and responsibilities in the health system; ensuring access to training opportunities for such personnel, education and continued professional development linked to logistics and supply chain competencies; ensuring access to on-the-job training and experience sharing among staff; and ensuring performance management practices include key indicators on logistics management.

Routine monitoring and supervision

Supervisory visits were found to be infrequent in a few SDPs (13.5 per cent) and around 7.1 per cent of SDPs admitted not have received any supervisory visit in the past 12 months before the survey. Furthermore, issues of supply chain management and logistics were hardly covered during supervisory visits. There is need for logistics and supply chain management issues to be systematically integrated in order to maximize existing monitoring and supervision activities. This can provide regular feedback that will lead to timely remedial actions.

Technology

Though the survey did not specifically assess the use of the electronic logistics management information system (eLMIS), it confirmed a high level of ICT use for regular communication as well as for reporting purposes. The indication is that there is significant potential to digitize paper-based logistics tools to the last mile and further expand the implementation of eLMIS and electronic warehouse management systems (eWMIs).

Service delivery

Although clients are generally satisfied with the FP services, yet a few of them (25.3 per cent) reported FP service providers forced them to accept or had insisted they should accept an FP method. There is need for FP service providers to avoid exerting undue pressure on clients to accept an FP method and allow them to have the FP methods of their choice as much as possible.

PART 1
INTRODUCTION

1.1 COUNTRY BACKGROUND

Sierra Leone occupies an area of approximately 72,000 square kilometers (around 28,000 square miles). The country is bordered by the Republic of Guinea on the north and northeast, the Republic of Liberia on the east and southeast, and the Atlantic Ocean on the west and southwest. It constitutes five administrative regions and 16 districts which include Eastern region (Kailahun, Kenema, Kono), Northern region (Bombali, Falaba, Koinadugu, Tonkolili), North-West region (Kambia, Karene, Port Loko), Southern region (Bo, Bonthe, Moyamba, Pujehun) and Western Area (Western Area Rural, Western Area Urban).

The country's population was estimated at 8.494 million in 2022, according to the population projections based on 2015 Population and Housing Census, and comprised 4.181 million males and 4.313 million females, representing 49.2 per cent and 50.8 per cent of the population respectively. Since 2015, the population has been relatively young, with 40.9 per cent under 15 years and around 30 per cent between 15-35 years of age. Women generally commence sexual intercourse earlier than men. The median age at first sexual intercourse among women is estimated at 16.1 years, and 18.3 years among men. By age 15 years, over a quarter of women (26.0 per cent) had already started sexual intercourse compared with 7 per cent of men. At the same time, women usually marry earlier than men. The median age at first marriage among women is 19.8 years and a majority of women (76 per cent) are married by age 25, as compared with 47 per cent of men (Sierra Leone Demographic and Health Survey, 2019). Early marriage and sexual activity can expose women to the risk of unintended pregnancy, if it is not prevented.

Sierra Leone has made significant progress in improving access to sexual and reproductive health services according to the 2019 Demographic and Health Survey (DHS). The percentage of births attended by skilled health personnel increased from 42 per cent in 2008 to 87 per cent in 2019 and modern contraceptive prevalence rate has increased among all woman 15-49 years from 17 per cent in 2013 to 24 per cent in 2019. Despite this progress, the unmet need for family planning (FP) has been static at 25 per cent since 2013 and the maternal mortality ratio in Sierra Leone remains one of the highest globally, estimated at 443 deaths per 100,000 live births in 2020. The large unmet need for FP could impact negatively on the health of young people, compounded by several barriers such as issues of stigma, discrimination and the attitude of health personnel.

The 'no stock-out' situation of modern contraceptives at service delivery points (SDPs) remains low and the stock of life-saving maternal/reproductive health (RH) medicines continues to be inadequate to meet the increasing demand for them. According to the 2019 UNFPA Supplies survey, less than one quarter of SDPs (22.7 per cent) had 'no stock-out' of any modern contraceptive method. Around 88 per cent of SDPs had seven essential life-saving maternal/RH medicines available (including the two mandatory – oxytocin and magnesium sulphate). Despite the availability of RH commodities in the country through the UNFPA Supplies Partnership programme, week-in country supply chain continues to pose challenges to getting the commodities to the last mile.

The Government of Sierra Leone (GoSL) through the Directorate of Reproductive Health and Child Health (DRCH) of the Ministry of Health and Sanitation (MoHS) thus aims to increase the modern contraceptive prevalence rate (mCPR) amongst all women of reproductive age to 32 per cent by 2027[2].

1.2 RATIONALE AND OBJECTIVES OF THE UNFPA SUPPLIES SURVEY

The survey examines how well the supply chain is functioning and assesses the extent to which customers are served with quality RH services. It is designed to assess the availability and stock-out situation of modern contraceptives as well as life-saving maternal health medicines in Sierra Leone. The survey assesses relevant aspects of service delivery facilities that underpin good RH programmes, including the supply chain and cold chain; staff training and supervision; availability of guidelines, protocols and/or laws; the availability and use of Information Communication Technology (ICT) systems; methods of waste disposal and the existence of user fees. The survey also investigates clients' perception about quality of FP services they receive from the Service Delivery Points (SDPs) and their appraisal of costs incurred to access the services.

The survey covers public, private, non-governmental organizations (NGOs) and faith-based health facilities that provide modern contraceptive methods and/or maternal/RH services. The assessment gathers data from the three levels of SDPs:

1. Primary level care SDPs/facilities (primary health care unit including Community Health Posts (CHP), Maternal and Child Health Posts (MCHP) and Community Health Centres (CHC);
2. Secondary level care SDPs/facilities (district non-teaching hospitals);
3. Tertiary level care SDPs/facilities (government teaching hospitals).

The data generated through the survey will help to measure the following key indicators:

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

In addition, the survey has the following specific objectives:

1. To assess the supply chain for RH-FP commodities (including cold chain);
2. To determine the level of staff training and supervision of RH commodities and service delivery;
3. To assess the availability of guidelines and protocols, forms of ICT, and methods of waste disposal;
4. To determine incidence of user fees (if any) paid by clients before accessing FP services;
5. To obtain the views of clients about the RH-FP services provided.

2. Sierra Leone Family Planning Costed Implementation Plan, 2023-2027.

The information gathered is intended to help country-level RH commodity security planning and decision-making on administrative and policy issues, to improve RH as well as to implement and coordinate the FP programme. The survey report provides the basis for accountability on UNFPA support through the UNFPA Supplies programme. It provides the data required to gauge the response of the health system to increased inputs and improved processes over time as well as the impact such inputs and processes have had on improved health outcomes and health status.

1.3 SURVEY ORGANIZATION AND MANAGEMENT

The 2022 UNFPA Supplies survey was organized by the Ministry of Health and Sanitation (MoHS) in collaboration with UNFPA. The management of the survey was facilitated by the Technical Committee that provided oversight and guidance. The Technical Committee is comprised of authorities or representatives of the Directorate of Reproductive and Child Health (DRCH), Directorate of Policy, Planning and Information (DPPI), Directorate of Training and Research (DTR), Reproductive Health/ Family Planning Programme from MoHS, Statistics Sierra Leone (Stats SL), UNFPA and Partners, and the Consultants (national consultant and data analyst). The National Consultant coordinated the design and implementation of the survey and produced the survey report whilst the Data Analyst Consultant managed and analysed the survey data.

For data collection, the country was divided into five supervisory zones as follows:

- Zone 1: Eastern region (Kailahun, Kenema, Kono)
- Zone 2: Northern region (Bombali, Falaba, Koinadugu, Tonkolili)
- Zone 3: North-West region (Kambia, Karene, Port Loko)
- Zone 4: Southern Region (Bo, Bonthe, Moyamba, Pujehun)
- Zone 5: Western Area (Western Area Rural &Western Area Urban)

The RH/FP Programme Manager and four other members of the technical committee from DPPI, Stats SL and RH/FP Programme coordinated the field data collection; each was assigned to a supervisory zone while the National Consultant provided overall coordination of the fieldwork.

1.4 ETHICAL CONSIDERATIONS

Subject to clients' exit interview (module 3), the survey requires ethical clearance from the Sierra Leone Ethics and Scientific Review Committee (SLESRC) in advance of field data collection. According to the SLESRC guidelines, "All individuals and/or institutions (private/NGO/public) engaged in health or health-related research requiring the participation of human participants or their data within Sierra Leone must seek ethical and scientific clearance prior to the commencement of the study." Application for ethical clearance was submitted to SLESRC through the Technical Committee, which was subsequently approved.

In addition, the Chief Medical Office (CMO) of the MoHS provided an introductory letter to all enumerators. The letter was meant to allow enumerators have access to the SDPs and conduct the survey in their assigned districts. In anticipation of permission for the survey in their locations, the CMO sent a communique to the District Medical Officers (DMOs) and District Health Management Teams (DHMTs) prior to the fieldwork. The primary entry point of the survey in the districts was the DHMTs and the enumerators were obliged to present their introductory letters for confirmation of permission to carry out data collection in the assigned districts. At the assigned SDPs, they also presented the letters to the officers-in-charge prior to conducting the interviews.

Interviews were conducted following informed consent of in-charges and clients. Respondents were assured of confidentiality.

1.5 METHODOLOGY AND LIMITATIONS

1.5.1 Survey design and sampling of health facilities

The design of the 2022 survey and sampling of facilities was based on the UNFPA Supplies survey methodology. The updated list of all health facilities from DPPI of MoHS served as a sampling frame for selection of the survey sample. The list of health facilities was screened in consultation with RH/FP and DPPI staff to ensure that the survey targets only health facilities providing FP and/or maternal health services according to the survey design. Thus, health facilities that do not provide these services were dropped from the sampling frame, yielding a total of 1,451 health facilities for sampling. These include 4 tertiary SDPs, 42 secondary SDPs and 1,405 primary SDPs. The number of SDPs providing modern contraceptives and RH services in Sierra Leone by administrative units is given in Table 1 below.

Table 1: Number of Service Delivery Points providing modern contraceptives and reproductive health services in Sierra Leone by administrative unit, 2022

Administrative Units (Region & District)	Types of Service Delivery Points/facilities			
	Tertiary level care	Secondary level care	Primary level care	Total
Eastern	1	5	320	326
Kailahun	0	3	85	88
Kenema	1	1	135	137
Kono	0	1	100	101
Northern	1	6	284	291
Bombali	1	1	90	92
Falaba	0	0	43	43
Koinadugu	0	1	47	48
Tonkolili	0	4	104	108
North-Western	0	6	231	237
Kambia	0	1	70	71
Karene	0	1	60	61
Port Loko	0	4	101	105
Southern	1	13	431	445
Bo	1	5	146	152
Bonthe	0	4	83	87
Moyamba	0	3	106	109
Pujehun	0	1	96	97
Western Area	1	12	139	152
Western Area Rural	0	0	63	63
Western Area Urban	1	12	76	89
Total	**4**	**42**	**1,405**	**1,451**

The three categories of SDPs (primary, secondary, tertiary) were the main attributes (domains/strata) for the survey sampling. The sample size was determined using the probability proportional to size (PPS) technique, though the secondary and tertiary SDPs had higher probability of inclusion in the sample because of their small numbers compared to the primary facilities. The survey sample was proportionately allocated across the 16 districts in the 5 health regions.

The (minimal) sample size for each stratum of health facilities was computed using the recommended formula, appropriate for a facility-based survey, as shown in Box 1.

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, % confidence level in decimal (margin of error).

The formula takes into consideration the three categories of health facilities/SDPs as standalones for the computation of appropriate sample size. It prevents bias 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. The use of the above formula in the estimation of the minimal sample size for the proportion of each category of SDPs assumes that the categories of the SDPs are normally distributed.

Based on the number of health facilities providing modern contraceptives and/or RH services in Sierra Leone in 2022, the relative proportions of the categories of SDPs are given in Table 2.[3]

Table 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	42	1,405	1,451
Relative proportion	0.00276	0.02895	0.96830	1.0000

Applying the sampling formula based on the Z-score of 1.96 (corresponding to 95 per cent confidence interval) and 5 per cent (= 0.05) confidence level (precision), the minimal sample sizes for each level of SDPs are computed as follows:

Minimal sample size for tertiary level care SDPs

$$n = \frac{Z^2 * p\ (1 - p)}{d^2} = \frac{(1.96)^2 \times 0.00276 \times (1 - 0.00276)}{(0.05)^2} = \frac{3.8416 \times 0.00368 \times 0.99724}{0.0025} = 4.2244$$

Minimal sample size for secondary level care SDPs

$$n = \frac{Z^2 * p\ (1 - p)}{d^2} = \frac{(1.96)^2 \times 0.02895 \times (1 - 0.02895)}{(0.05)^2} = \frac{3.8416 \times 0.02794 \times 0.97105}{0.0025} = 43.1914$$

Minimal sample size for primary level care SDPs

$$n = \frac{Z^2 * p\ (1 - p)}{d^2} = \frac{(1.96)^2 \times 0.96830 \times (1 - 0.96830)}{(0.05)^2} = \frac{3.8416 \times 0.96838 \times 0.03170}{0.0025} = 47.1706$$

3. *The relative proportion = [Total number of SDPs in a category] / [Total number of SDPs on the sample frame].*
4. *The highlighted cells in Table 1.3 show that the minimal sample size obtained is more than the number of SDPs, which needs to be corrected.*

Table 3 gives minimal sample sizes based on Z-score = 1.96 (corresponding to the 95 per cent confidence interval) and 5 per cent (= 0.05) confidence level

Table 3: Minimal sample sizes for Sierra Leone based on Z-score = 1.96 (corresponding to the 95 per cent confidence interval) and 5 per cent (= 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	47	95
Number of SDPs	4	42	1,405	1,451

Since the estimated minimal sample sizes obtained for the secondary and tertiary level SDPs are greater than the actual number of the SDPs in their populations, all the facilities were included in the sample as correction for the abnormal oversize. The sample size was slightly inflated by a 50 per cent factor[5] in order to pay off for possible non-response or non-existence of SDPs that provide a modern contraceptive or delivery service, thus increasing the sample size substantially. Because all the SDPs at the secondary and tertiary levels are included in the sample, the inflation factor affected the primary level care only, thereby increasing its minimal sample size to 96 and yielding the total sample size for the survey to 142.

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

- All the **4** tertiary level care SDPs/facilities/hospitals (regional/teaching hospitals)
- All the **42** secondary level care SDPs/facilities/hospitals (district/urban hospitals)
- **96** (out of the 1,317) primary level care SDPs/facilities (PHUs).

Table 4 shows the corrected minimal sample sizes for Sierra Leone based on Z-score = 1.96 (corresponding to the 95 per cent confidence interval) and 5 per cent (= 0.05) confidence level.

Table 4: Corrected minimal sample sizes for Sierra Leone based on Z-score = 1.96 (corresponding to the 95 per cent confidence interval) and 5 per cent (= 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	42	96	129
Number of SDPs	4	42	1,405	1,360

5. The 50 per cent factor was chosen as a way of increasing the sample size substantially to payoff for non-response of the sample SDPs.

Table 5 gives the summary of assumptions for sample size calculations for each level of SDP.

Table 5: Summary of assumptions for sample size calculations for each level of SDPs

Parameter	Types of Service Delivery Points/facilities			
	Tertiary level care	Secondary level care	Primary level care	Total
p (1 - p)	0.96830 0.03170	0.02895 0.97105	0.00276 0.99724	1.00000
p (1 - p)	0.030697	0.028108	0.002749	
Z^2 $A=Z^2$ x p(1-p) d^2 (5 per cent margin of error)	3.8416 0.117927 0.0025	3.8416 0.107979 0.0025	3.8416 0.014072 0.0025	
$n=A/d^2$ Minimum sample size based on 95 per cent confidence interval (Z = 1.96) and margin of error (d = 0.05) Number of SDPs	47 1,405	43 42	4 4	95 1,451
Corrected sample size based on actual number of secondary and tertiary; and based on 50 per cent inflation factor	**96**	**42**	**4**	**142**

The sample was selected across all 16 districts in the five regions (Eastern, Northern, North-Western, Southern and Western Area). Hence, the sample size for each level of SDP was distributed among the districts according to their share of the SDPs at each level. 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 6.

Table 6: Proportion of categories of Service Delivery Points in Sierra Leone by administrative unit

Administrative Units (Region & District)	Types of Service Delivery Points/facilities			
	Tertiary level care	Secondary level care	Primary level care	Total
Eastern	0.25000	0.11905	0.22776	0.22467
Kailahun	-	0.07143	0.06050	0.06065
Kenema	0.25000	0.02381	0.09609	0.09442
Kono	-	0.02381	0.07117	0.06961
Northern	0.25000	0.14286	0.20214	0.20055
Bombali	0.25000	0.02381	0.06406	0.06340
Falaba	-	-	0.03060	0.02963
Koinadugu	-	0.02381	0.03345	0.03308
Tonkolili	-	0.09524	0.07402	0.07443
North-Western	-	0.14286	0.16441	0.16334
Kambia	-	0.02381	0.04982	0.04893
Karene	-	0.02381	0.04270	0.04204
Port Loko	-	0.09524	0.07189	0.07236
Southern	0.25000	0.30952	0.30676	0.30669
Bo	0.25000	0.11905	0.10391	0.10476
Bonthe	-	0.09524	0.05907	0.05996
Moyamba	-	0.07143	0.07544	0.07512
Pujehun	-	0.02381	0.06833	0.06685

Table 6: Proportion of categories of Service Delivery Points in Sierra Leone by administrative unit (continued)

Administrative Units (Region & District)	Types of Service Delivery Points/facilities			
	Tertiary level care	Secondary level care	Primary level care	Total
Western Area	0.25000	0.28571	0.09893	0.10476
Western Area Rural	-	-	0.04484	0.04342
Western Area Urban	0.25000	0.28571	0.05409	0.06134
Total	**1.0000**	**1.0000**	**1.0000**	**1.0000**

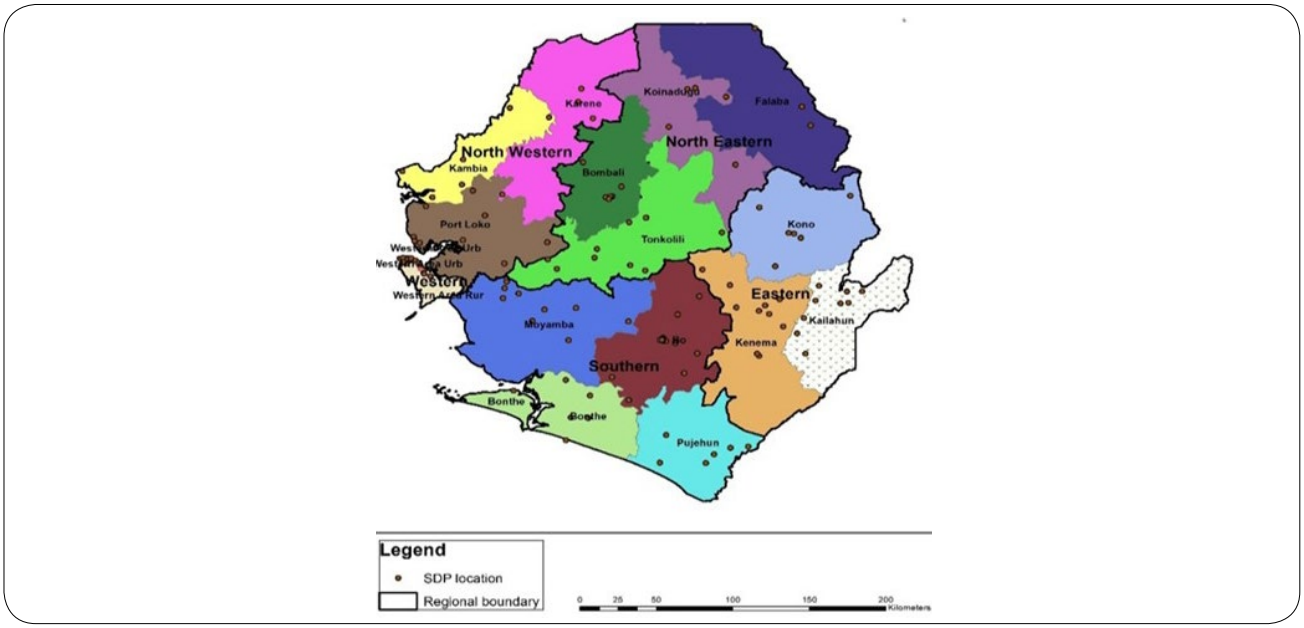
The distribution of sample of each SDP level for the various administrative units is presented in Table 7. The sample for each level of SDPs was distributed among the administrative units by applying the proportions to the minimal sample size for the level of SDPs.

Table 7: Distribution of minimal sample sizes for each category of SDPs in Sierra Leone by administrative unit based on Z (95 per cent, 0.05)

Administrative Units (Region & District)	Types of Service Delivery Points/facilities			
	Tertiary level care	Secondary level care	Primary level care	Total
Eastern	1	5	22	28
Kailahun	0	3	6	9
Kenema	1	1	9	11
Kono	0	1	7	8
Northern	1	6	19	26
Bombali	1	1	6	8
Falaba	0	0	3	3
Koinadugu	0	1	3	4
Tonkolili	0	4	7	11
North-Western	0	6	16	22
Kambia	0	1	5	6
Karene	0	1	4	5
Port Loko	0	4	7	11
Southern	1	13	29	43
Bo	1	5	10	16
Bonthe	0	4	6	10
Moyamba	0	3	7	10
Pujehun	0	1	7	8
Western Area	1	12	9	22
Western Area Rural	0	0	4	4
Western Area Urban	1	12	5	18
Total	**4**	**42**	**96**	**142**

Figure 1 shows the distribution of sample SDPs for the 2022 survey. It is obvious that sample SDPs are clustered in a few urban and peri-urban locations due to the concentration of health facilities enlisted in the sampling frame.

Figure 1: Distribution of sample Service Delivery Points for the 2022 health facility assessment of the availability of reproductive health commodities and services



The sample of the primary level care facilities was chosen from the list of the SDPs in the respective districts (domains) through the systematic random sampling technique.[6] 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
n = sample size for the domain

3. A starting point k was chosen by randomly selecting a number between 1 and the sampling interval from the 'random number table' and k 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 clients' perception assessment targeted FP clients who visited the sample SDPs and had received the FP services on the day of the survey and as they left the facilities. Clients were interviewed about their perception and satisfaction with the FP services that they received and their appraisal of various cost elements for accessing FP services through the client exit interview. The information helps to measure the aspects of the quality of care and cost for FP services from the clients' opinion. The exit interviews were conducted at SDPs providing FP services. Although these interviews were not based on a representative sample of the population, the surveyors employed efforts to ensure that the clients were representative of the population who visited surveyed SDPs on the day of the survey. The survey protocol required systematically selection of clients for interview.

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

The following rules were applied:

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

However, a minimum of five clients per primary SDP and 10 per secondary and tertiary SDPs each were to be chosen from the FP clients that received the FP services on the day of survey for the client exit interview where possible.

1.5.2 Survey instrument

The standardized questionnaire designed by UNFPA Commodity Security Branch (CSB) was adapted as the survey instrument. The questionnaire has three modules and 15 sections. These include:

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 its 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 FP
Section 9: Staff supervision for RH including FP
Section 10: Availability of guidelines checklists and job aids
Section 11: Availability and use of 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. Module 3 targeted clients who attended the facilities on the same day.

1.5.3 Data collection methods

Thirty-two enumerators were recruited and trained and collected data. Training of data collectors was held for five days (3 to 7 October, 2022). The enumerators were provided with a training manual that served as guide. During the training, they were provided detailed explanations of definitions of key

terms along with in-depth instructions on completing the survey questionnaire, survey protocols, consistent approach to recording responses and the use of tablets/smart phones with the Systmapp application for capturing the survey data.[7]

Prior to the training, the questionnaire was digitized into the tablets/smartphones using the Systmapp application. The enumerators were subsequently taken through the Systmapp application and guided on completing the survey questionnaire using the application; they received detailed instructions on use of the application to capture the survey data. Following the instructions, every data collector was provided with login credentials (comprising username and password) and practised filling the questionnaire on the application, observing 'skip' instructions . Questions of the client exit interview (Module 3) were also discussed in Krio, which is extensively spoken across the country. Demonstration and role play on how to use the questionnaire further enhanced the skills of the data collectors. At the end of the training, the survey questionnaire was pre-tested in one day. Lessons learned and feedback from the pre-test informed the actual data collection.

Data was collected in 14 days (12–25 October 2022). The enumerators worked in 16 teams, with two enumerators per team. The 16 teams were assigned to the 16 districts and collected the survey data simultaneously, with one team per district, though a few teams worked in a second district to balance the enumerators' workload. Each enumerator was provided with a tablet or smartphone that had the Systmapp application to capture survey data as well as data bundles that enabled the uploading of data collected. Five representatives of the Survey Technical Committee and the National Consultant provided field monitoring and supervision of data collection throughout the period. Data collected was regularly uploaded to the Systmapp server. This enhanced prompt data verification and helped improved the quality of data.

1.5.4 Data management, analysis, presentation and reporting

Survey data was exported from the Systmapp server to the SPSS (Statistical Package for Social Scientists) for processing and reporting. Data cleaning, verification and editing were undertaken to ensure logical consistency and quality of the data for analysis. In some instances, variables were re-coded to yield the required results. Based on the tabulation plan, analytical tables were generated for the preparation of the survey report.

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 are presented in frequency tables, cross-tabulations and charts based on the outcome indicators and in accordance with the annotated outline of the survey report. The survey results were presented at national (shown as totals) and subnational levels and at the same time disaggregated by gender where appropriate. Data related to availability of modern contraceptive methods, their 'stock-out' and 'no stock-out' were analysed with reference to survey SDPs that offered FP services. Similarly, data relating to availability of maternal/RH medicines were analysed with reference to sample SDPs that offered delivery services.

1.5.5 Limitations of the survey

By design, the survey was conducted with a limited sample of health facilities providing reproductive commodities and/or life-saving maternal/RH medicines. Health facilities were treated as standalones with no reference to the population they served. However, the widespread selection of health facilities across the country was reflected in the sample. The PPS approach utilized in sampling health facilities created a self-weighted sample and a sampling formula was used in the estimation of minimal sample sizes. This 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.

7. An electronic application recommended by UNFPA that was used for collecting, managing and compiling data for the UNFPA Supplies survey.

Where SDPs have fixed schedules for FP services, the restriction of client exit interviews to the 'day of survey' for the client visit had the tendency of lowering client coverage when client visits were missed. The restriction could also contain the respondents' bias especially in their responses to questions about 'providers' adherence to technical aspects'. Changing the interview beyond the day of survey could improve client coverage and limit possible respondents' bias.

1.6 OUTLINE OF THE SURVEY REPORT

The survey report is organized in five sections.

Part 1: The introduction covers background information including the rationale and objective of the study and survey methodology.

Part 2: This section presents assessment of guidelines, protocols and laws that currently exist in a country relating to the provision of contraceptives and maternal/RH medicines.

Part 3: This section focuses on the findings of the survey with respect to key sections of the questionnaire which include results pertaining to general information about health facilities, modern contraceptives offered by the facilities, availability of maternal and RH medicines, and availability and incidence of stock-out of modern contraceptives. In addition, results pertain to the supply chain (including cold chain), staff training and supervision, availability of guidelines, checklists and job aids at SDPs, ICT, and methods of waste disposal and user fees. Furthermore, results of exit interviews are presented.

Part 4: This part of the report focuses on the results of the exit interview: clients' perception of various aspects of service delivery and, clients' estimation of the cost of FP.

PART 2
NATIONAL GUIDELINES, PROTOCOLS AND LAWS

2.1 STRATEGIES TOWARDS UNIVERSAL HEALTH COVERAGE

The 2022 National Health Facility Assessment on Availability of Reproductive Health Commodities and Services was primarily conducted keeping in mind the national guidelines, protocols and/or laws regarding the provision of modern contraceptives and life-saving maternal/RH medicines in the various SDPs. This principle was emphasized in the survey questionnaire and data were collected with strict adherence to it. UNFPA's Commodity Security Branch (CSB) for the conduct of the survey has recommended the principle for the conduct of the survey. 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 health services including family planning and maternal/reproductive health in all health facilities as specified in the Essential Health Services Package (EHSP) and the National Health Sector Strategic Plan (NHSSP) 2021-2025.

The EHSP outlines the strategic shifts towards Universal Health Coverage (UHC); it describes the pathway of the health reform processes required to achieve universal access to quality health care services (including prevention, promotion, treatment and rehabilitation). NHSSP, on the other hand, provides a comprehensive strategy for the health sector with detailed outputs, all of which are guided by the National Health Sector Policy. The NHSSP 2021-2025 prioritizes six strategic areas for the reduction of the burden of diseases and improvement of health status of all Sierra Leoneans. These cover (i) non-communicable and communicable diseases; (ii) maternal, newborn, child and adolescent health and nutrition; (iii) mental health services; (iv) services directed toward sexual and reproductive health and rights; (v) services directed towards health promotion, disease prevention; and (vi) health security and emergency measures. It also recognizes the need for ensuring universal access to essential health services for all citizens of all ages.

The EHSP facilitates the achievement of the strategic objectives of the NHSSP. It defines the list of essential health services that ensures access and quality whilst addressing the demand of the services and resilience of the health system. The vision for Sierra Leone's UHC in its 2021-2025 NHSSP is that 'All people should have access to affordable quality healthcare services and health security without suffering undue financial hardship'.

2.2 SUMMARY OF NATIONAL GUIDELINES, PROTOCOLS AND/OR LAWS FOR THE PROVISION OF FAMILY PLANNING SERVICES

FP in Sierra Leone is a flagship programme of the national health care delivery system to prevent unwanted pregnancies among FP clients (including adolescents) who want to delay, limit or space their births. It has, therefore, been mainstreamed into primary health care, 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. 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 FP services in order to educate 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 CHCs and hospitals only; while implants are supposed to be supplied at all facilities where there are trained service providers. Surgical contraception methods are available in (referral) hospitals only. Great emphasis is placed on quality of care and the importance of communication skills for health care 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 the provision of modern contraceptives and delivering other FP services are outlined in EHSP. Table 8 below summarizes interventions that are carried out at the three levels of care. The package takes into consideration the cadre of staff available at each level.

Table 8: Family planning guidelines and protocols in Sierra Leone according to EHSP

Interventions and services provided	Level of service providers			
	Community	Primary	Secondary	Hospital
Creation of mass awareness of FP using social media, mass media, print media, public gatherings	Yes	Yes		
Social and behavioral change communication	Yes	Yes		
Promoting the use of Information Education Communication (IEC) materials	Yes	Yes		
School-based comprehensive sex education	Yes	Yes		
Male involvement in family planning	Yes	Yes		
Counselling on FP, with all available contraceptive methods	Yes			
Providing condoms	Yes			
Fertility-awareness based methods	Yes			
Oral hormonal contraceptives	Yes			
Emergency contraceptive pills	Yes		Yes	
History and physical examination		Yes	Yes	
HIV testing for contraceptive services		Yes	Yes	
Counselling on FP methods		Yes	Yes	
Fertility-awareness based methods		Yes		
Oral hormonal contraceptive methods		Yes		
Injectable hormonal contraceptive method		Yes	Yes	
Oral hormonal medications for emergency contraception		Yes	Yes	
Insertion and removal of intrauterine devices (IUD)		Yes	Yes	

Table 8: Family planning guidelines and protocols in Sierra Leone according to EHSP (continued)

Interventions and services provided	Level of service providers			
	Community	Primary	Secondary	Hospital
Counselling on post-partum and post-abortion contraceptives		Yes	Yes	Yes
Insertion and removal of sub-dermal contraceptive implant			Yes	Yes
Tubal ligation and vasectomy			Yes	Yes

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 (3 mile) radius of the facility. MCHPs perform preventive and curative functions. The proposed staffing is four health workers which shall include a Community Health Assistant (CHA), two MCH Aides and one vaccinator.

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 an 8 km (5 mile) radius of the facility. A CHP should have nine health workers that include a State Enrolled Community Health Nurse (SECHN)/midwife, Epidemic Disease Control Unit Assistant, Laboratory Assistant, CHA, Vaccinator and Medical Statistical Assistant. The MCHP and CHP can refer cases to the Community Health Center (CHC) where improved services can be offered.

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 (10 miles) of the facility. It performs preventive, promotional and curative functions. The facility will have space for inpatient care as well as a laboratory. It should have a proposed staff of 10 health workers with higher cadres including a Community Health Officer (CHO), Environmental Health Officer (EHO), Laboratory and Pharmacy Technician, SECHN, Midwife and Medical Statistical Assistant. CHCs refer urgent and/or very serious cases to the hospitals to pre-empt further complications.

Hospitals provide secondary and tertiary care. Hospitals also provide a wider range of sexual/reproductive, maternal and laboratory services than health centers. The hospitals will be staffed with doctors (including obstetrician/gynaecologist), a surgeon, anaesthetist, paediatrician, midwives, lab and X-ray technicians, a 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/REPRODUCTIVE MEDICINES

To address the high maternal and child mortalities and morbidities in Sierra Leone, the Basic Package of Essential Health Services (BPEHS) tackles both maternal/RH and child health issues, through 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 services.

The guidelines, protocols and laws for the provision of RH/maternal medicines consider maternal and newborn health through ANC, delivery and prenatal care, postnatal care, care of the newborn and 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 health care. In response to the Campaign for Accelerated Reduction of Maternal Mortality (CARMMA), the Government of Sierra Leone with support from development partners (UNFPA, African Union, DfID, UNICEF, WHO, etc.), established the Free Health Care Initiative (FHCI) for pregnant women, lactating mothers and their children who are provided with essential life-saving drugs free of cost at all health facilities.

ANC being a critical component of the 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.

Pregnant women are encouraged 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. Ampicillin 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 an 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.

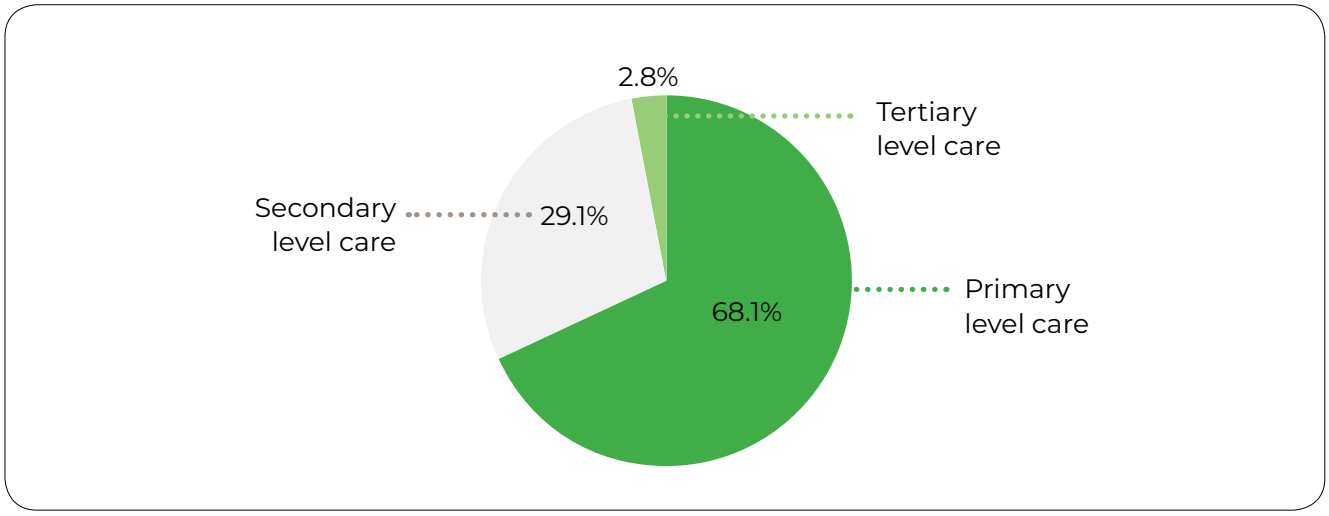
PART 3
SURVEY FINDINGS FOR AVAILABILITY OF COMMODITIES AND SERVICES

3.1 GENERAL INFORMATION ABOUT THE FACILITIES

All but one of the 142 health facilities sampled for the survey were covered, representing a response rate of 99.3 per cent. The one sample facility not covered, St. Mary's Immaculate Hospital, had not responded. The facility has been closed and remained closed during the survey since the death of the proprietor two years ago.

Figure 2 classifies surveyed health facilities. Results indicated the survey health facilities are mostly primary level care (68.1 per cent), while around one quarter (29.1 per cent) are secondary level care and barely 2.8 per cent are tertiary.

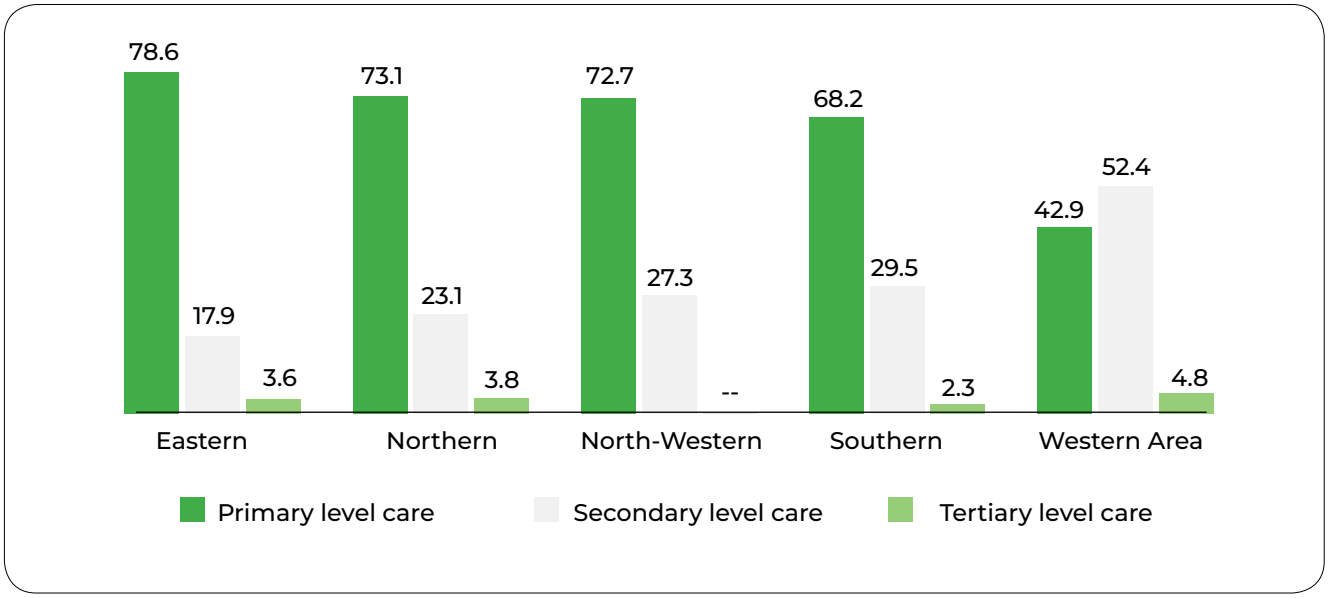
Figure 2: Classification of survey health facilities



3.1.1. Geographic distribution of health facilities

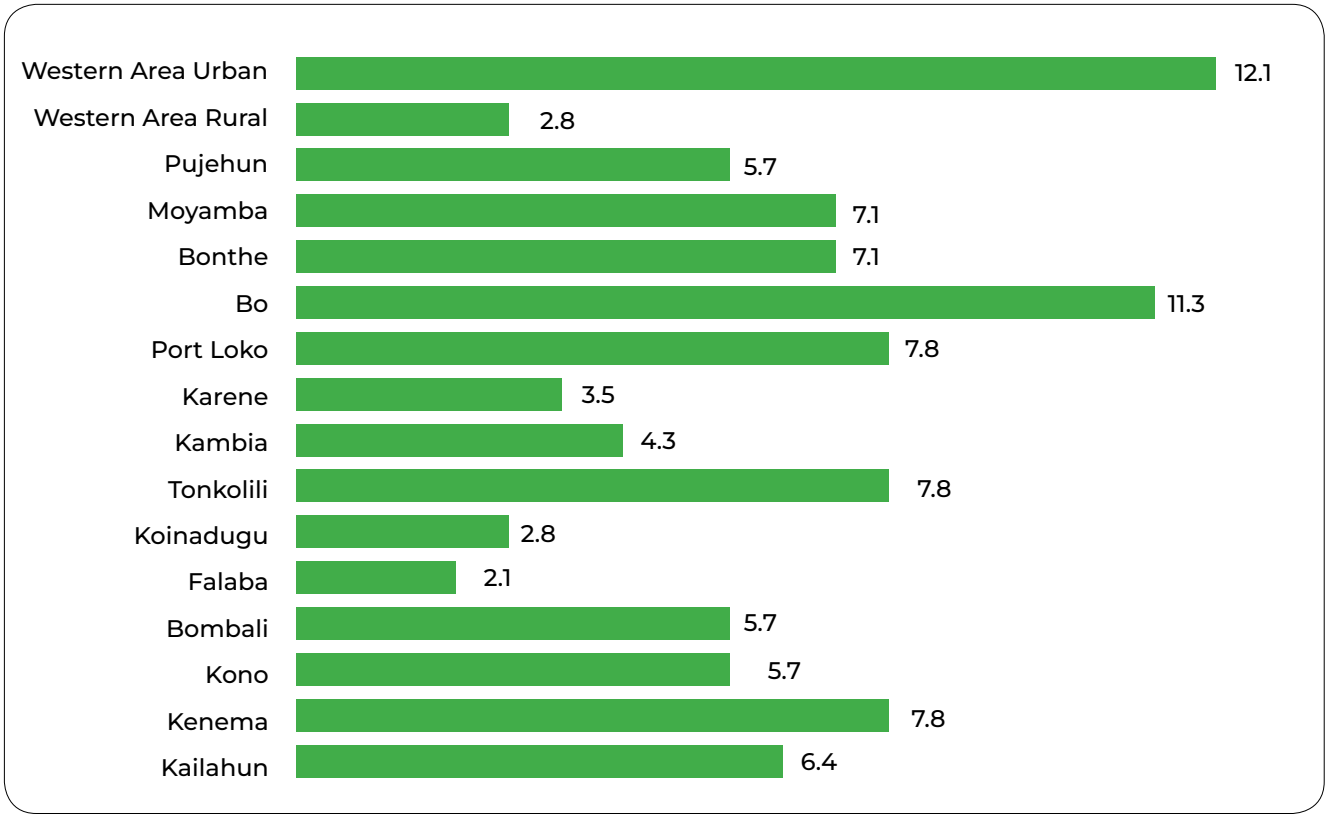
Geographic distribution of survey health facilities presents regional, district and residence (rural/urban) spread of the facilities. Regional distribution shows Southern region accounts for around one-third of health facilities (31.2 per cent), Eastern region 19.9 per cent, Northern region 18.4 per cent, North-Western region 15.6 per cent and Western Area have 14.9 per cent. Figure 3 shows the distribution of health facilities by type of facility and region. Results at the facility level obviously indicate all regions, except Western Area, have a higher concentration of primary level care facilities, at 68-79 per cent, while Western Area has more secondary level care facilities (one than half) than any other region. The North-Western region has no tertiary level care facility.

Figure 3: Percentage distribution of health facilities by type of facility and region



The percentage distribution of health facilities by district in Figure 4 indicates that Western Area Urban and Bo district, registering 12.1 per cent and 11.3 per cent respectively, hold far more health facilities than any of the other districts. All other districts account for less than 10 per cent each. It is worth to note that Western Area Rural, the third populated district, is one of the three districts with the least share of health facilities reporting 2.8 per cent.

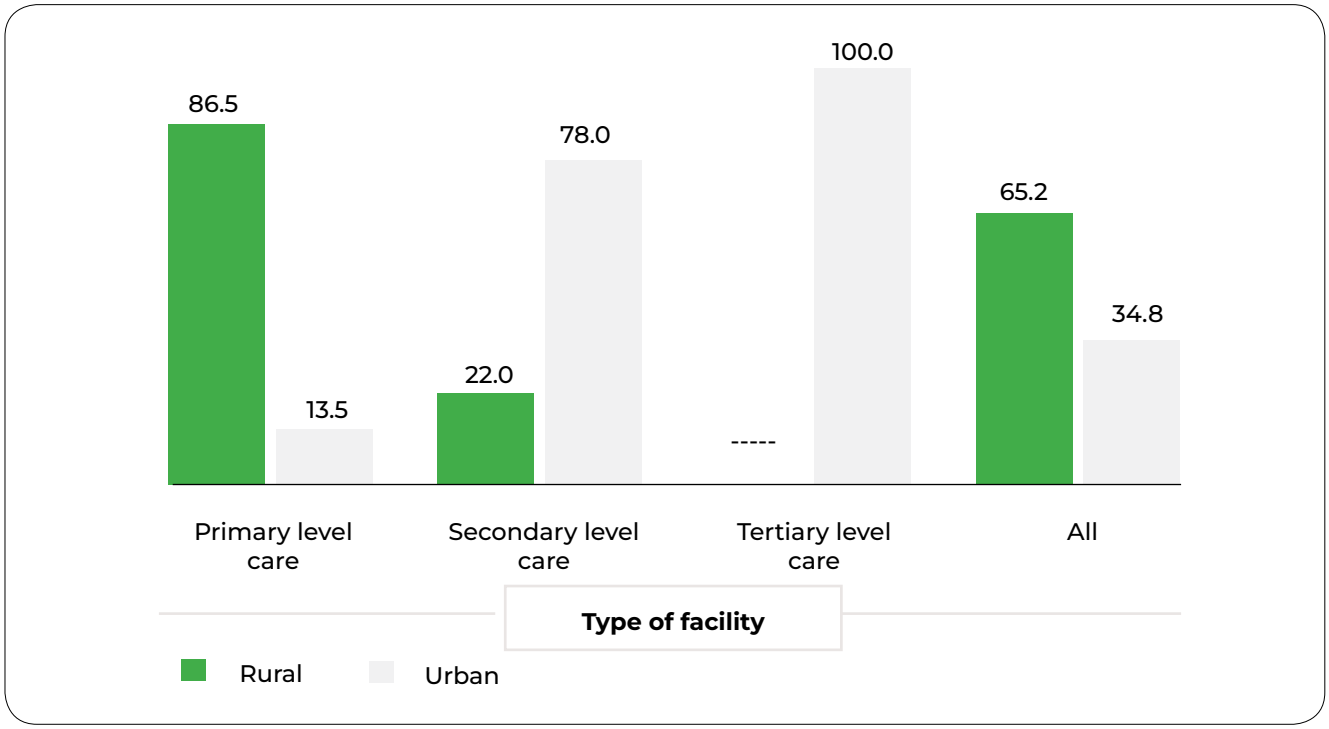
Figure 4: Percentage distribution of health facilities by district



Results at the facility level revealed Western Area Urban district accounted for far more secondary level care health facilities (26.8 per cent) than any other district, followed by Bo district (12.2 per cent). Western Area Rural and Falaba districts have no secondary and tertiary level care health facilities. At 10.4 per cent, Bo district has more primary level care facilities. Only four out of the five regional headquarters/cities (Bo City, Kenema City, Makeni City and Freetown) have got a tertiary level care health facility, each. Port Loko City (the new headquarter for North-Western region) remains with no tertiary level care facility since the government hospital in the city continues to lack the requirements for a tertiary level care facility.

Figure 5 presents geographic distribution of health facilities by rural-urban residence. Results show the bulk of the health facilities (65.2 per cent) exist in the rural areas whilst urban areas have around one third (34.4 per cent) of the facilities. Greater proportion of primary level care health facilities are found in rural areas (86.5 per cent), whereas 78.0 per cent of secondary health facilities and all tertiary level care facilities (100.0 per cent) are generally located in urban areas.

Figure 5: Percentage distribution of health facilities by rural-urban residence



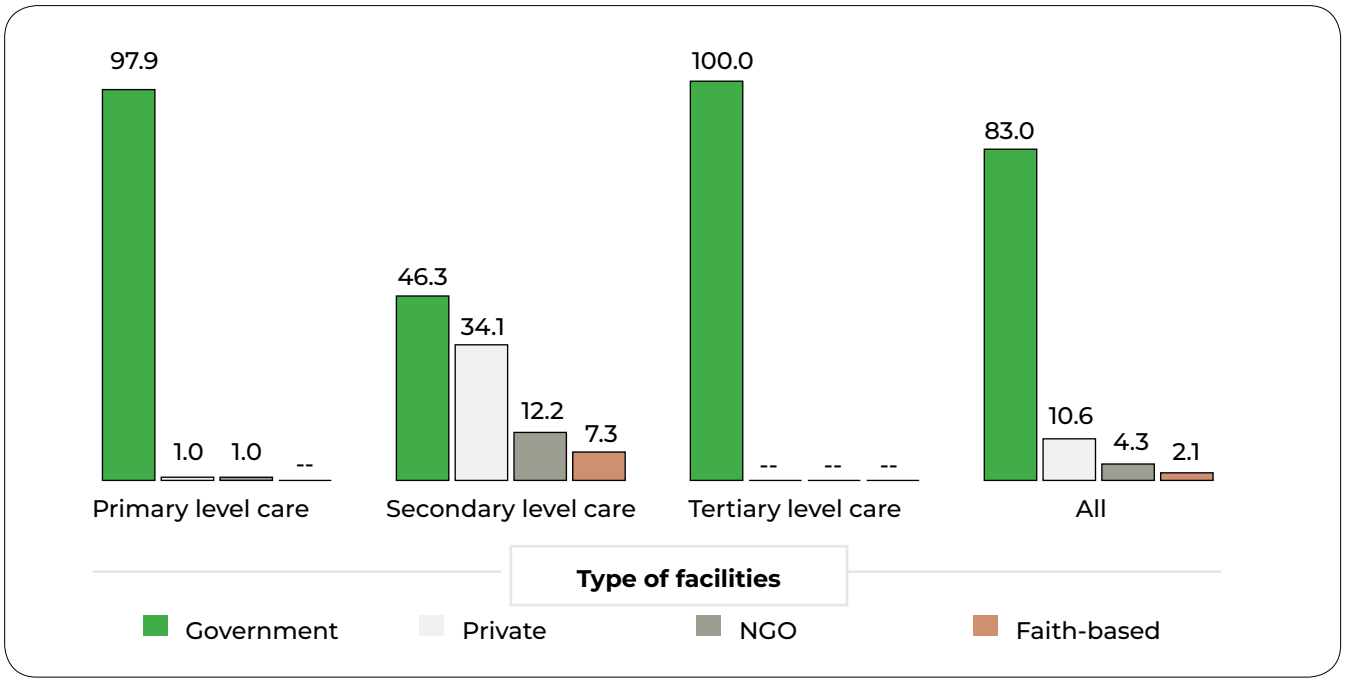
3.1.2. Management of health facilities

Figure 6 shows the percentage distribution of health facilities by type of facility and management type. Findings show the health sector in Sierra Leone is mostly managed by the government (and its institutions[8]) accounting for 83.0 per cent with a few facilities established and managed by private sector (10.6 per cent), non-governmental organizations (NGOs) (4.3 per cent) and faith-based organizations (FBOs) (2.1 per cent). All Government health facilities are supervised by District Health Management Teams (DHMTs) under the leadership of District Medical Officers, whilst private health facilities are managed by individual owners/private entities. The private sector delivers services mainly in profit-making curative care. FBO and NGO health facilities are operated on a non-profit basis and are providing health care to supplement the government programmes in the health sector.

8. Government institutions managing health facilities are the police and military forces. These forces have health facilities at their locations to provide appropriate health services for their staff members and families.

Information on management by facility type indicates that all tertiary health facilities and nearly all primary health facilities (97.9 per cent) are managed by the government. Whereas, the bulk of secondary health facilities are mostly managed by government (4.3 per cent) or private entities (34.1 per cent).

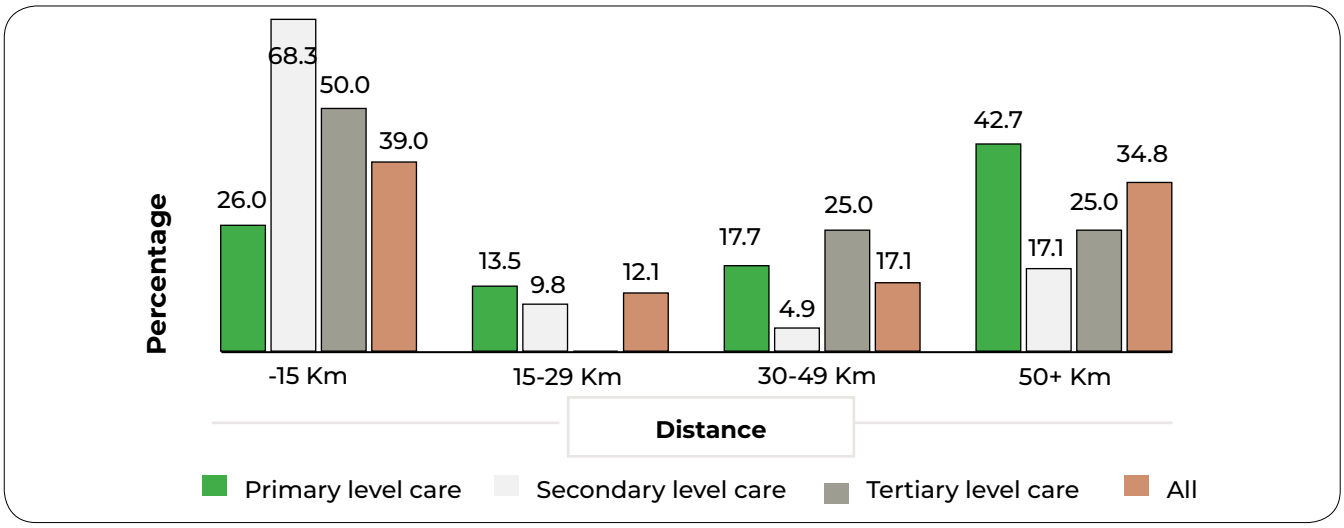
Figure 6: Percentage distribution of health facilities by facility and management types



3.1.3 Distance of health facilities from nearest warehouse/source of supplies

Figure 7 presents the distribution of health facilities by distance (in km) from the nearest warehouses where they get supplies. Survey results suggest that the majority of secondary facilities (68.3 per cent) and half of tertiary health facilities are located less than 15 km from the source of supplies/warehouse but fewer primary health facilities (26.0 per cent) are less than 15 km from their source of supplies. This indicates that primary health facilities are largely farther away from their source of supplies. It is obvious that the distance of health facilities from the nearest warehouse, coupled with poor roads, could adversely affect the availability of supplies to the facilities. It appears that fewer health facilities in rural areas (23.9 per cent) than urban areas (67.3 per cent) are closer to a source of supplies/ warehouse.

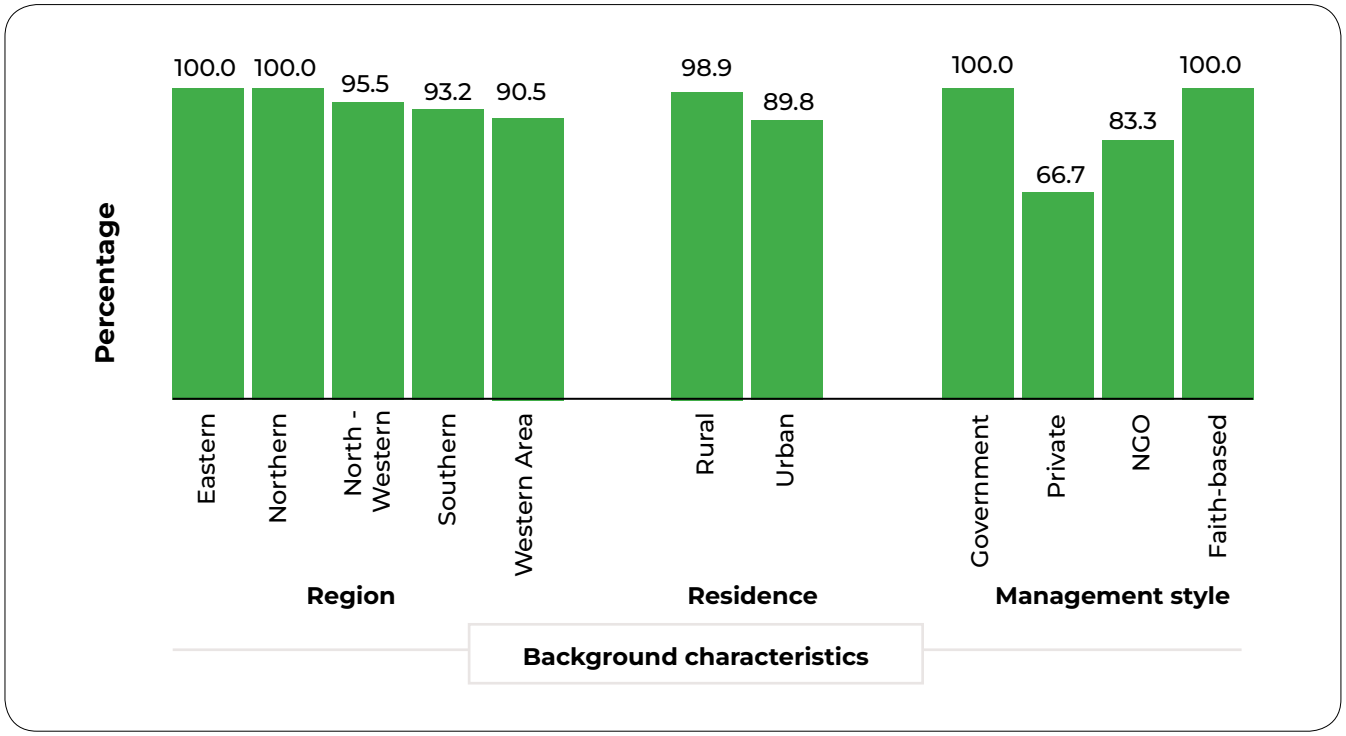
Figure 7: Distribution of health facilities by distance (in km) from nearest warehouse/source of supplies



3.2 PROVISION OF MODERN CONTRACEPTIVE METHODS BASED ON THE REQUIREMENT OF NATIONAL GUIDELINES, PROTOCOLS AND/OR LAWS

All surveyed health facilities were asked to indicate whether they provide FP services. According to survey results, 95.7 per cent of health facilities were providing FP services in 2022, the highest rate in the past six years (survey results in 2016, 2017, 2018 and 2019 were 91.4 per cent, 87.4 per cent, 88.7 per cent and 92.9 per cent respectively). Results at facility level showed all tertiary level care facilities and almost all primary level care facilities (99.0 per cent) but only 87.8 per cent of secondary level care facilities were providing FP services. Figure 8 presents the percentage of health facilities providing FP services by administrative unit, residence and management type.

Figure 8: Percentage of health facilities providing FP services by administrative unit, residence and management type



SDPs providing FP services were further asked to state the modern contraceptive methods that they actually offer to clients on regular basis in line with the national protocols, guidelines and/or laws. The results are presented by type of facility, administrative unit (region), location (rural/urban residence) and management of facility.

Figure 9 shows percentage of SDPs offering modern contraceptive methods based on requirements of national guidelines, protocols and/or laws in 2022 compared to 2018 and 2019. Results revealed an improvement in the provision of especially female condoms, and the sterilization rate for both females and males. However, provision of five contraceptive methods (oral contraception, injectable, emergency contraception, IUDs, implants) was lower in 2022 compared to 2019.

Figure 9: Percentage of SDPs offering modern contraceptive methods based on requirements of national guidelines, protocols and/or laws in 2022 compared to 2018 and 2019

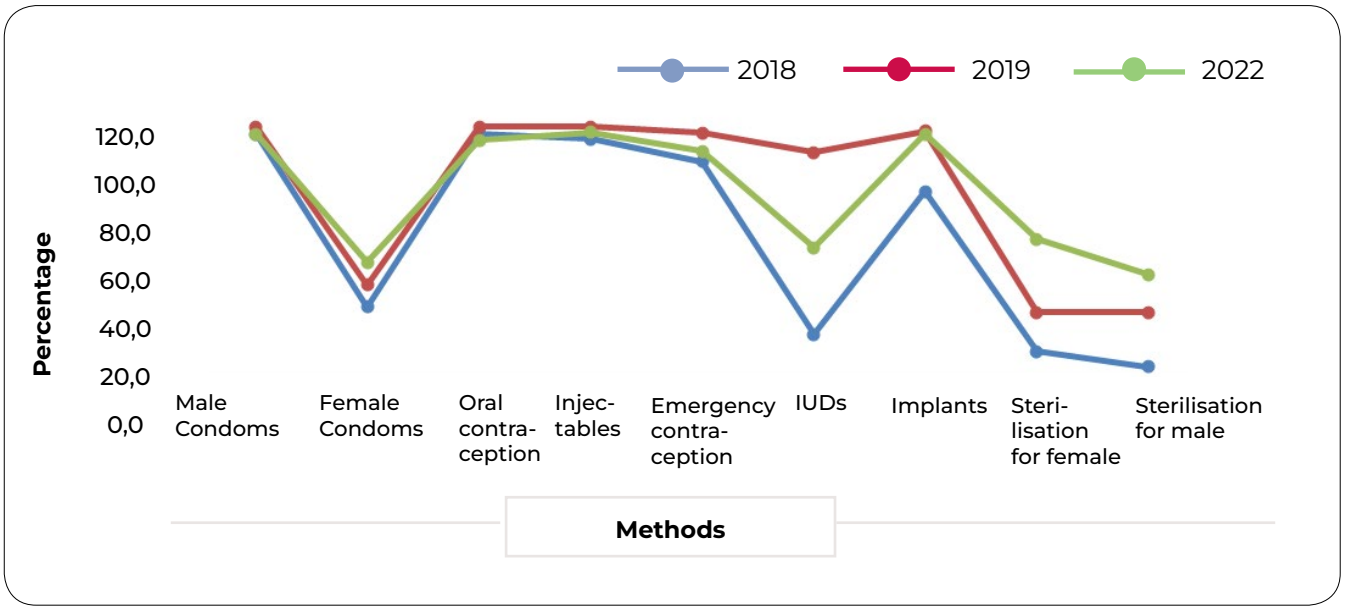
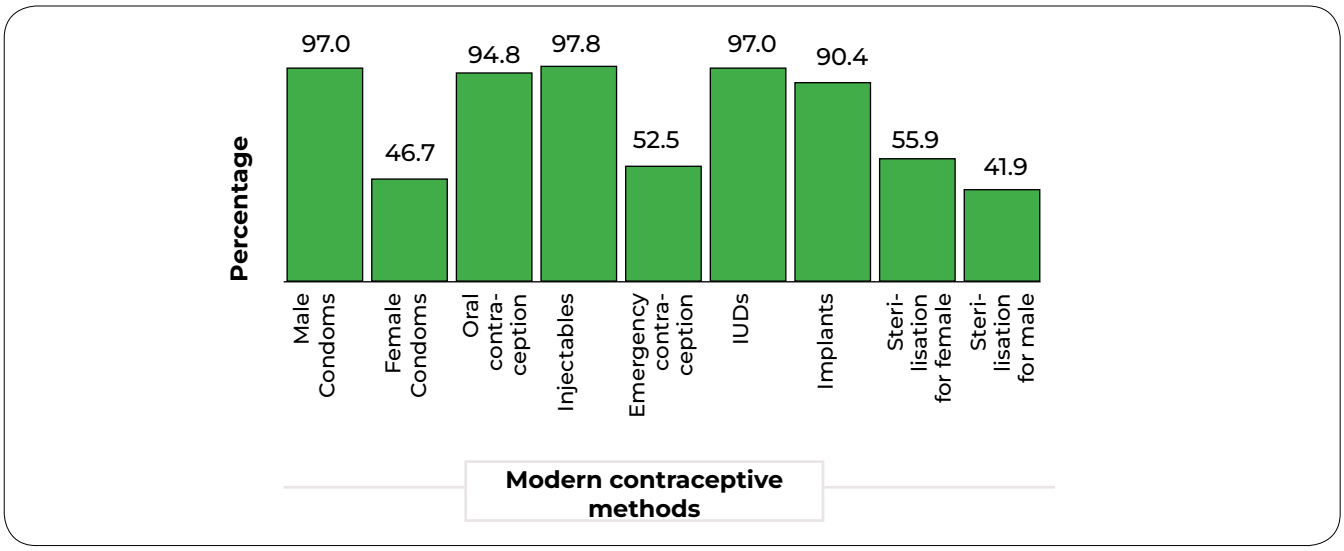


Figure 10 presents percentage of SDPs offering modern contraceptive methods based on requirements of national guidelines, protocols and/or laws. Results show that majority of SDPs are offering short-term modern contraceptive methods except female condom and IUDs. Injectable, male condom, implants, oral contraceptives and emergency contraception are the most common methods being offered; 46.7 per cent and 52.5 per cent of SDPs reported offering female condom and IUDs. Male sterilization is the least common method being offered.

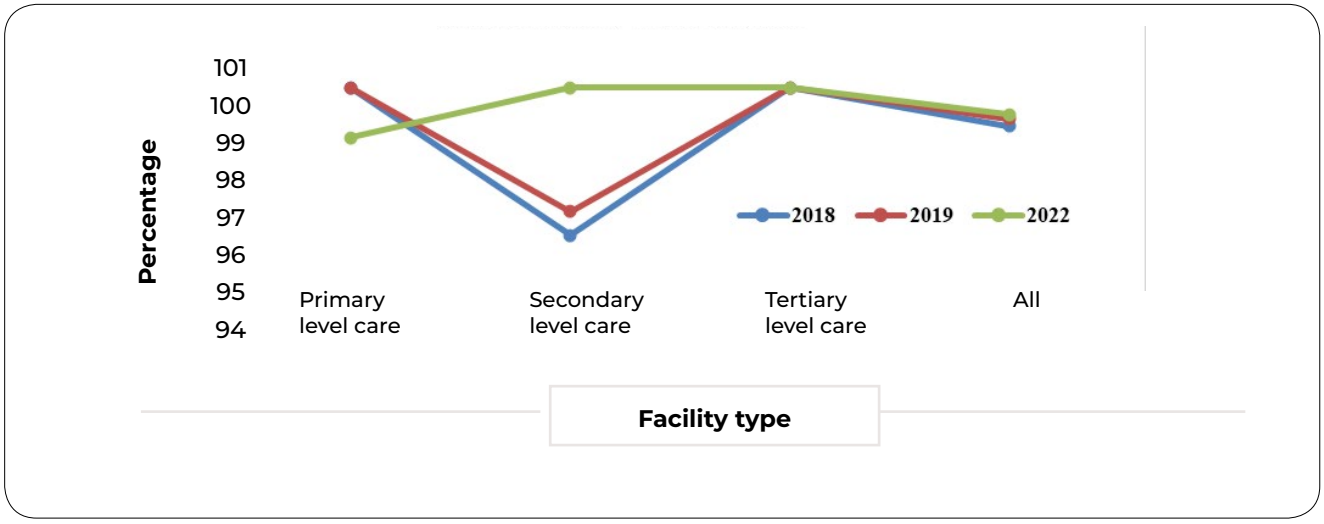
Figure 10: Percentage of service delivery points offering modern contraceptive methods based on requirements of national guidelines, protocols and/or laws in 2022



3.2.1 Provision of three modern contraceptive methods in line with national protocols, guidelines and/or laws

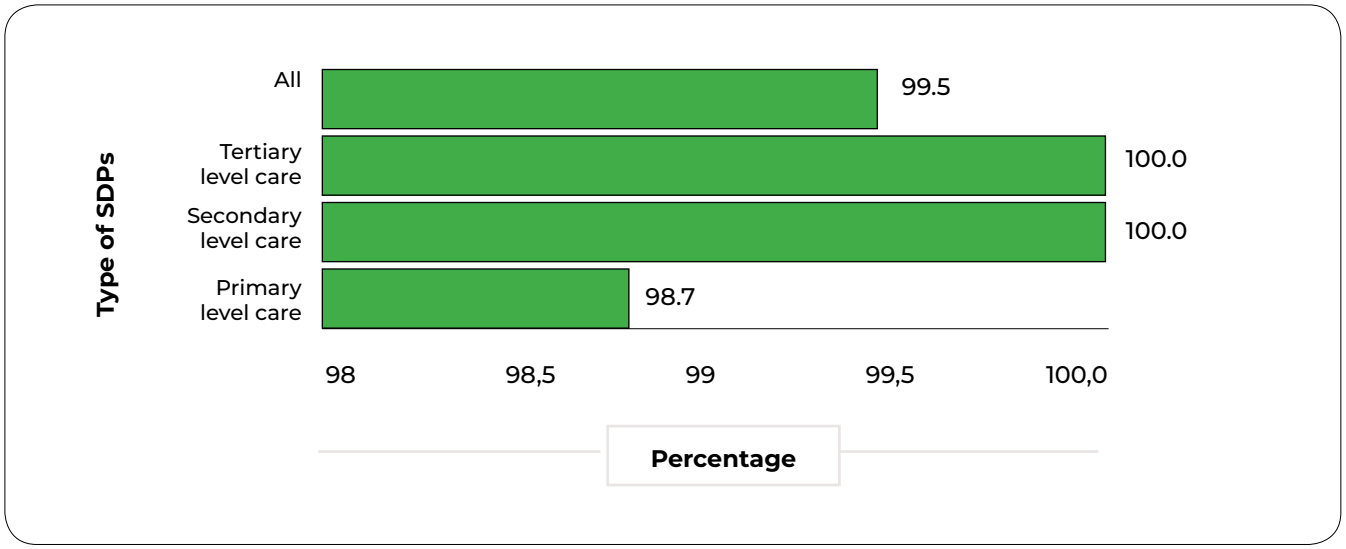
Information in Figure 11 indicates that the provision of at least three modern contraceptive methods in 2022 (99.3 per cent) compares with survey results in 2019 and 2018 which recorded 99.2 per cent and 99.0 per cent, respectively. There is an improvement in the indicator at the secondary level care SDP in 2022 over the previous years.

Figure 11: Percentage of SDPs providing at least three [3] modern contraceptive methods in line with national protocols, guidelines and/or laws in 2022 compared to 2018 and 2019



According to survey results in Figure 12, nearly all SDPs (99.3 per cent) are offering at least three modern contraceptive methods as per the national protocols, guidelines and/or laws. Results by facility level revealed that all secondary and tertiary SDPs and 98.7 per cent of primary SDPs are providing at least three modern contraceptive methods as Figure 9 shows.

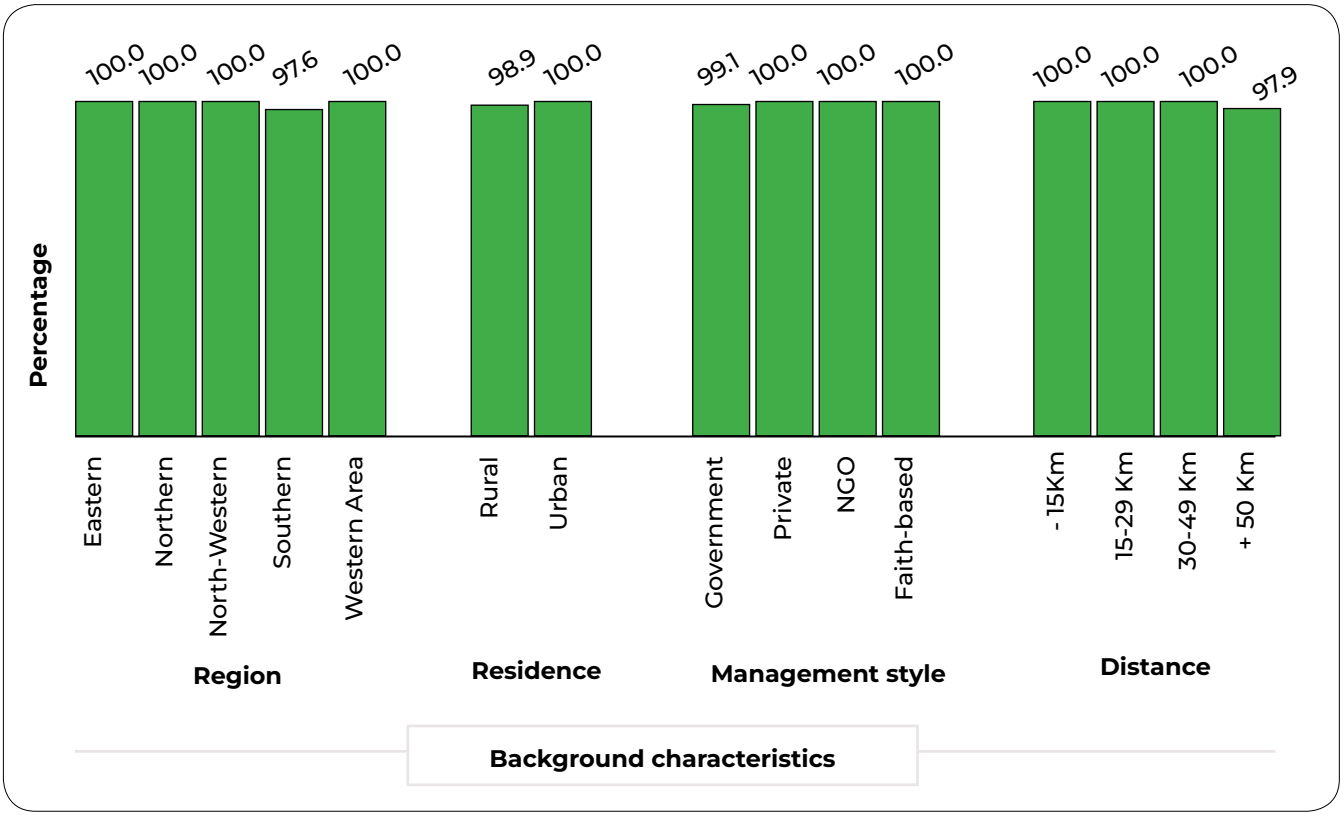
Figure 12: Percentage of Service Delivery Points providing at least three modern contraceptive methods in line with national protocols, guidelines and/or laws by type of facility



Survey results in Figure 13 show that all SDPs in four regions (Eastern, Northern, North-Western and Western) are providing at least three modern contraceptive methods in line with national protocols, guidelines and/or laws while Southern region reported 97.8 per cent coverage of the indicator.

All districts except Pujehun (87.5 per cent) registered 100 per cent of SDPs providing at least three modern contraceptive methods. In terms of urban-rural residence, all SDPs in urban areas and 98.9 per cent of SDPs in rural areas registered providing at least three modern contraceptives in line with national protocols, guidelines and/or laws. Results by management type showed all private, NGO and faith-based SDPs while 99.1 per cent of Government-managed SDPs are providing three or more modern contraceptives. Except for a few SDPs whose source of supplies was 50 km or more away, all other SDPs whose source of supplies is less than 50 km provided at least three modern contraceptive methods in line with national protocols, guidelines and/or laws.

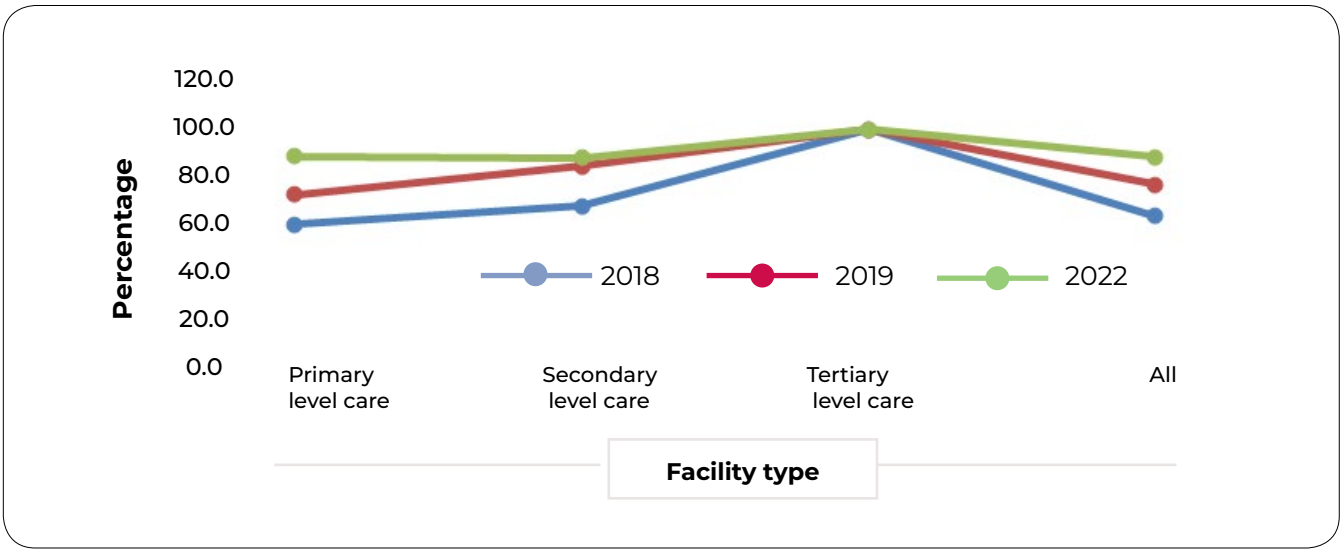
Figure 13: Percentage of Service Delivery Points providing at least three modern contraceptive methods in line with national protocols, guidelines and/or laws by region, residence, management type and distance from nearest warehouse/source of supplies



3.2.2 Provision of five modern contraceptive methods in line with national protocols, guidelines and/or laws

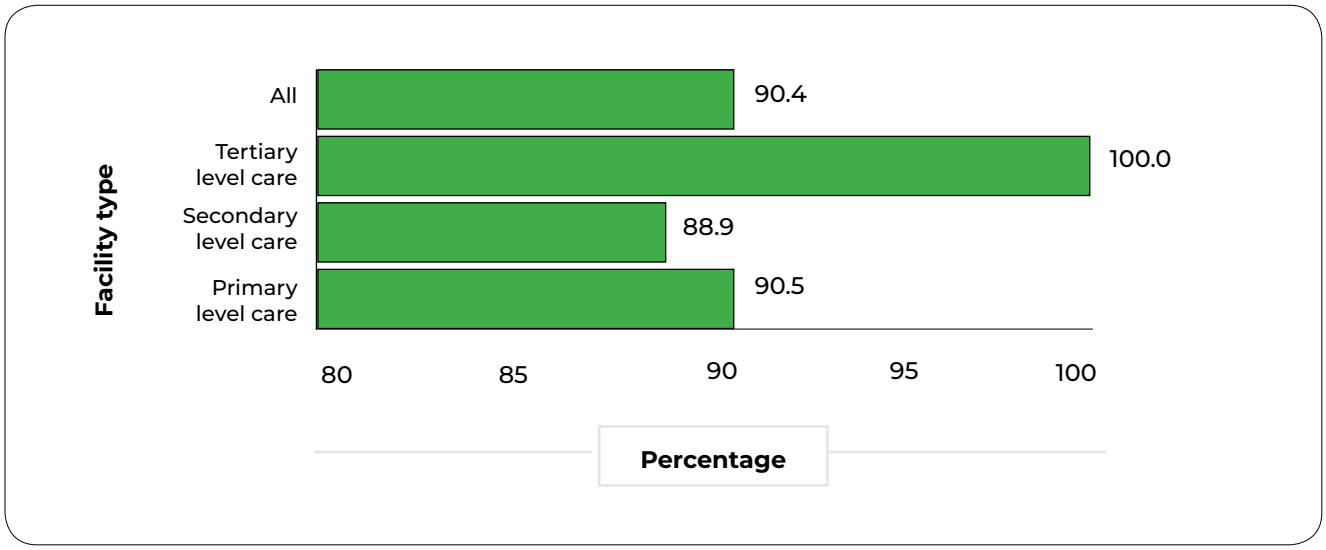
Compared to 2018 and 2019, results in Figure 14 indicates that 2022 had the highest proportion of SDPs providing at least five modern contraceptive methods nationally (90.4 per cent) and for both primary (90.5 per cent) and secondary (89.9 per cent) level care facilities. Tertiary level SDPs accounted for 100 per cent of the indicator in the three years.

Figure 14: Percentage of SDPs providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws in 2022 compared to 2018 and 2019



As shown in Figure 15, nine-tenth of SDPs (90.4 per cent) admitted offering at least five modern contraceptive methods in line with national protocols, guidelines and/or laws; demonstrating great improvement over the results in 2019 (80.5 per cent) and 2018 (69.6 per cent).

Figure 15: Percentage of service delivery points providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws by type of facility



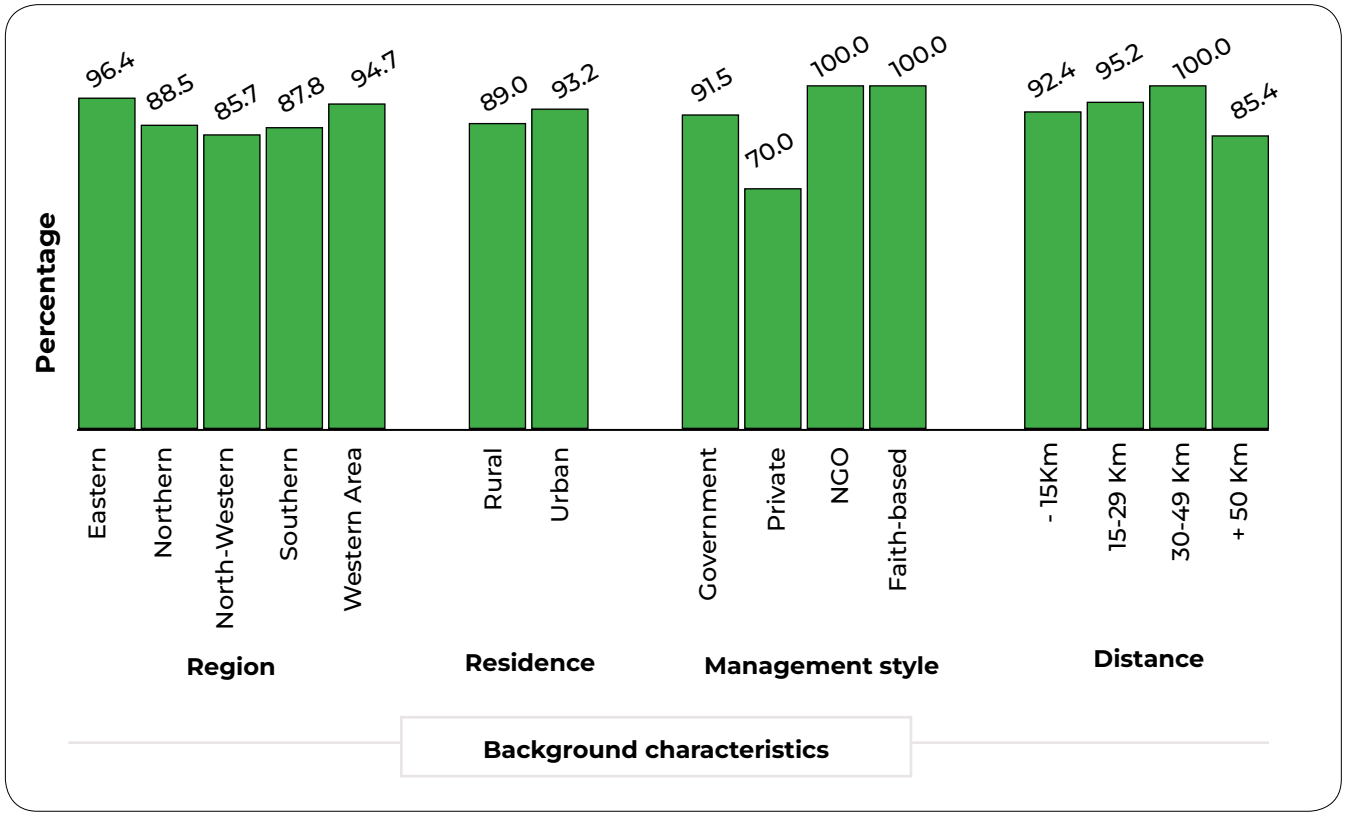
While all tertiary SDPs have provided at least five modern contraceptive methods, 90.5 per cent of primary SDPs and 88.9 per cent of secondary SDPs reported to provide at least five modern contraceptive methods. Combined, 90.0 per cent of secondary and tertiary SDPs did provide at least five modern contraceptive methods; which is also showing progress in the indicator compared to results in 2019 (88.6 per cent) and 2018 (76.7 per cent).

Figure 16 presents percentage of Service Delivery Points providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws by region, residence, management of facility and distance from source of supplies. Regional analysis shows Eastern region accounted for the highest proportion of SDPs (96.4 per cent) providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws. This is followed by Western Area 94.7 per cent, Northern region 88.5 per cent, Southern region 87.8 per cent and North-Western region 85.7 per cent.

Only in eight districts (Kailahun, Kenema, Falaba, Koinadugu, Kambia, Karene, Moyamba, Westrn Area Rural) are all SDPs providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws.

In terms of residence, urban SDPs recorded 4.2 per cent more than rural SDPs providing at least five modern contraceptive methods (93.2 per cent compared to 89.0 per cent). Results by management type indicated all SDPs managed by NGOs and faith-based entities are providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws. However, coverage of the indicator was higher for Government SDPs than private SDPs (91.5 per cent compared to 70.0 per cent). Coverage of the indicator seems to have hardly any linkage with distance of the SDPs from the nearest warehouse/source of supplies. For instance, fewer SDPs closer to the warehouse (less than 30 km) than those farther away (30-49 km) tend to provide five or more modern contraceptive methods.

Figure 16: Percentage of Service Delivery Points providing at least five modern contraceptive methods in line with national protocols, guidelines and/or laws by region, residence, management type and distance from nearest warehouse/source of supplies



3.2.3 Reasons for SDPs not providing certain contraceptives as required by national guidelines, protocols and/or laws

Respondents were asked to give the main reasons for SDPs not regularly providing the different modern contraceptive methods they are supposed to offer in line with the national guidelines, protocols and laws. Survey results revealed low/no demand was cited as main reason for SDPs not providing most modern contraceptives especially female condoms (81.7 per cent), sterilization for males (84.2 per cent) and females (73.3 per cent), emergency contraception (66.7 per cent) and IUDs (60.7 per cent) as Table 9 shows. Delay on the part of institutions/warehouses to resupply contraceptives was the main reason for providing male condoms (66.7 per cent). Oral contraception and injectable were not regularly provided partly because of delays on the part of institutions/ warehouses to resupply (50.0 per cent) and non-availability of commodity in market (50.0 per cent). Implants were not provided partially due to delays on the part of institution/warehouse to resupply it, low/no demand for the commodity and lack of trained personnel to provide it.

Table 9: Percentage of SDPs with main reasons for not offering modern contraceptive methods

Modern contraceptives	Delay on the part of main source institution or warehouse to resupply contraceptive	Delay by SDP to request for resupply of contraceptive	Contraceptive not available in market for SDP to procure	Low or no client demand for contraceptive	No trained personnel to offer service	Lack of equipment to provide contraceptive	Others
Male condoms	66.7%	-	-	33.3%	-	-	-
Female condoms	9.9%	1.4%	4.2%	81.7%	-	-	2.8%
Oral contraception	50.0%	-	50.0%	-	-	-	-
Injectable	50.0%	-	50.0%	-	-	-	-
IUDs	10.7%	-	3.6%	60.7%	10.7%	-	14.3%
Implants	33.3%	-	-	33.3%	33.3%	-	-
Emergency contraception	25.0%	8.3%	-	66.7%	-	-	-
Sterilization for females	6.7%	-	6.7%	73.3%	6.7%	-	6.7%
Sterilization for males	5.3%	-	-	84.2%	10.5%	-	-

3.3 PROVISION OF MODERN CONTRACEPTIVE METHODS REGULARLY AS PART OF SDPS' REGULAR AND NORMAL SERVICE DELIVERY PROCESS

The survey has also focused on provision of modern contraceptive methods as part of SDPs' regular and normal service delivery process regardless of national guidelines, protocols and/ laws. Figure 17 shows provision of modern contraceptive methods as part of SDPs normal service delivery compared to requirement of national guidelines, protocols and/or laws. Although results based on the normal service delivery process compared with those for the requirement of national guidelines, protocols and/laws for many methods, slight marginal difference was observed for a few methods especially IUDs and sterilizations for females and males. SDPs accounted for 57.6 per cent IUDs, 58.8 per cent sterilization for females and 45.2 per cent sterilization for males as normal service delivery process compared to 52.5 per cent, 55.9 per cent and 41.9 per cent for these methods, respectively, based on requirements of national guidelines, protocols and/or laws.

Figure 17: Percentage of Service Delivery Points offering modern contraceptive methods as part of normal service delivery compared to requirement of national guidelines, protocols and/or laws

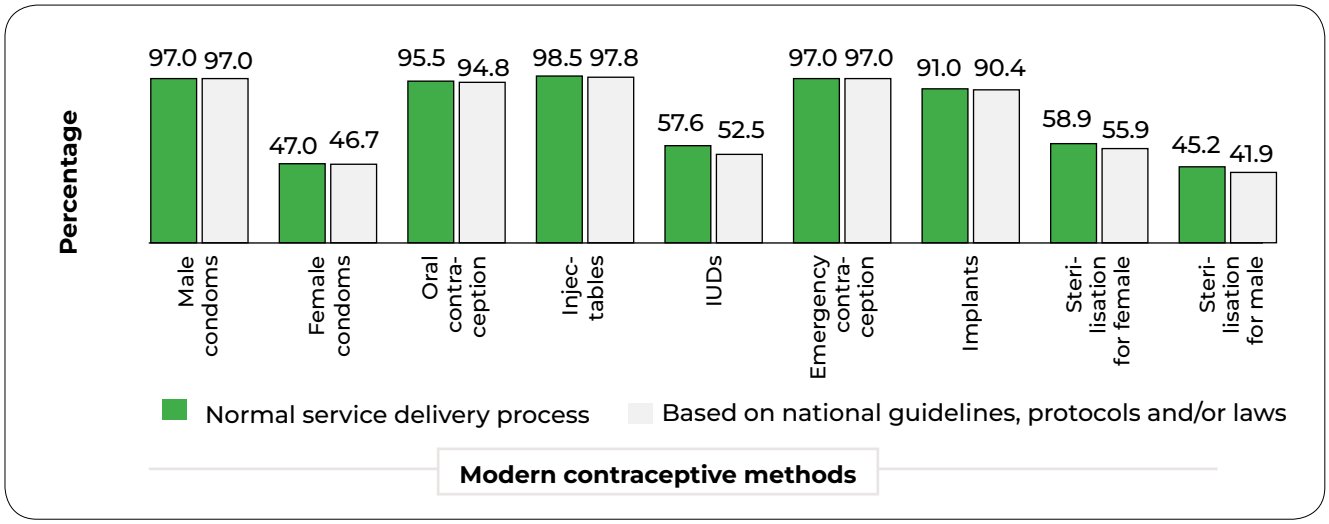


Table 10 shows percentage of SDPs offering modern contraceptive methods as part of SDPs' normal service delivery by type of facility. Results by SDP level revealed the provision of many modern contraceptive methods as part of SDPs' normal service delivery is widespread at tertiary level care SDPs only.

Table 10: Percentage of SDPs offering modern contraceptive methods regularly as part of regular and normal service delivery by type of facility

Modern contraceptives	Type of SDPs			
	Primary level care	Secondary level care	Tertiary level care	All
Male condoms	98.9%	91.7%	100.0%	97.0%
Female condoms	50.0%	38.9%	50.0%	47.0%
Oral contraception	96.8%	91.7%	100.0%	95.5%
Injectable	100.0%	94.4%	100.0%	98.5%
IUDs	63.2%	50.0%	100.0%	57.6%
Implants	97.9%	94.4%	100.0%	97.0%
Emergency contraception	91.5%	88.9%	100.0%	91.0%
Sterilization for females	-	50.0%	75.0%	58.8%
Sterilization for males	-	33.3%	75.0%	45.2%

3.3.1 Provision of three modern contraceptive methods as part of SDPs' regular and normal service delivery process

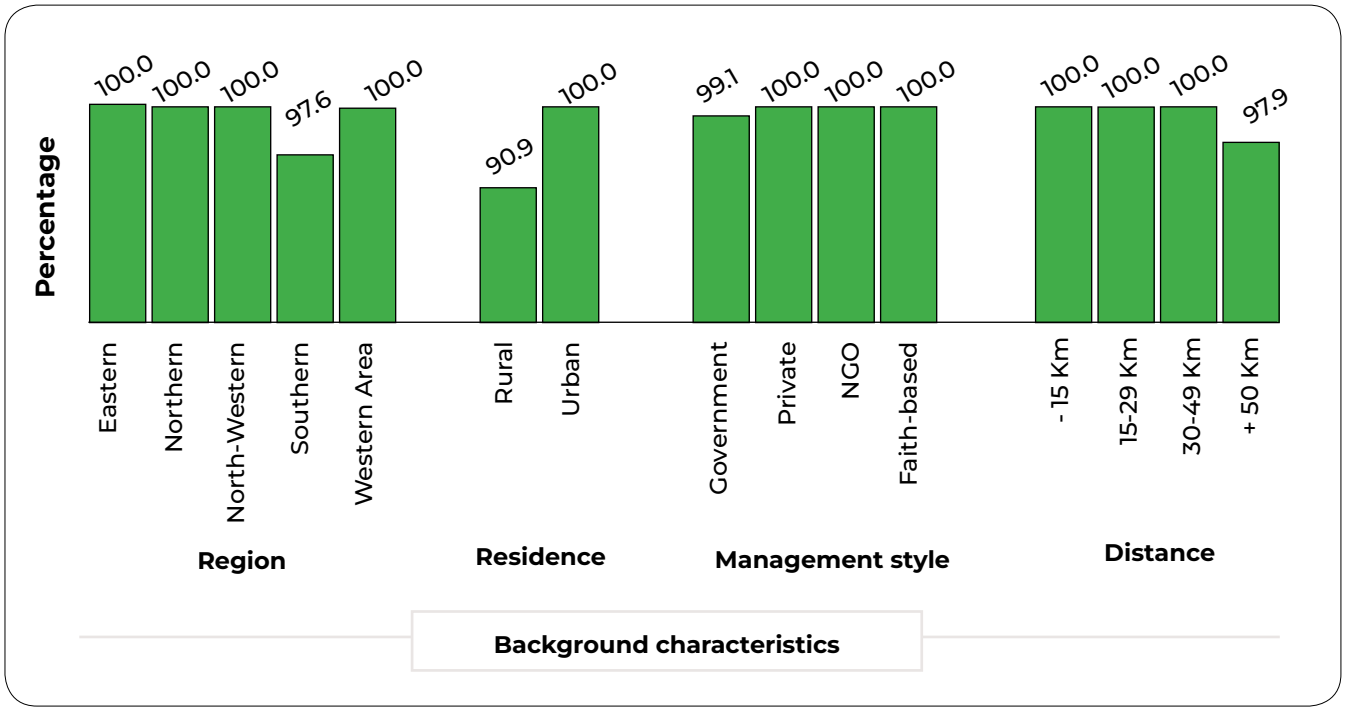
SDPs reported a similar trend in results on provision of at least three modern contraceptive methods as part of their regular and normal service delivery process, per the requirement of national protocols, guidelines and/or laws. Findings also estimated 99.3 per cent of SDPs are providing at least three modern methods of contraceptives as part of their regular and normal service delivery process. This shows a slight improvement in the indicator compared to results in 2019 (98.3 per cent) and 2018 (96.1 per cent). Results by SDP level also indicated all secondary and tertiary SDPs but 98.9 per cent of primary SDPs happened to provide at least three modern methods of contraceptives as part of SDPs' regular and normal service delivery process.

The percentage of SDPs providing at least three modern contraceptive methods as part of regular and normal service delivery by region, residence and management type is given in Figure 18. Regional results show four regions (Eastern, Northern, North-Western and Western Area) have all SDPs providing at least three modern contraceptive methods as part of SDPs' regular and normal service delivery process. Only Southern recorded a lower fulfilment of the indicator at 97.6 per cent. Further analysis at the district level show that all districts, except Pujehun (87.5 per cent), reported all SDPs offering at least three modern contraceptive methods as part of regular and normal service delivery

All SDPs in urban areas but only 90.9 per cent of those in urban areas are providing at least three modern contraceptive methods as part of their regular and normal service delivery. In terms of management type, all SDPs of private entities, NGOs and faith-based organizations were found providing at least three modern contraceptive methods as part of their regular and normal service delivery, while 99.1 per cent of the government SDPs were fulfilling the indicator.

With regard to distance, fulfilment of the indicator was irrespective of distance of SDPs from nearest warehouse/source of supplies. Generally, whether SDPs were closer or further away from a warehouse/source of supplies they provided at least three modern contraceptive methods as part of their regular and normal service delivery.

Figure 18: Percentage of SDPs providing at least three modern contraceptive methods as part of SDPs' regular and normal service delivery by region, residence, management type and distance from nearest warehouse/source of supplies



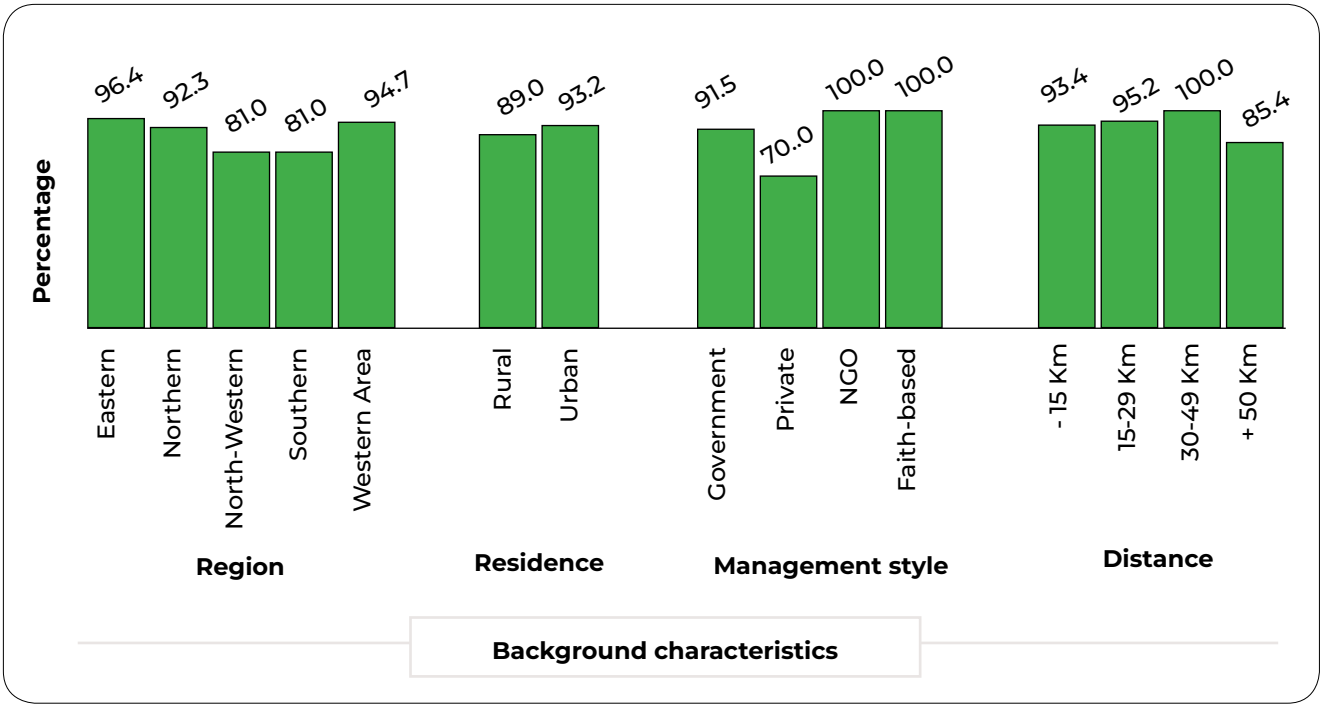
3.3.2 Provision of five modern contraceptive methods as part of SDPs' regular and normal service delivery

The survey evidenced that SDPs reported same trend in providing at least five modern contraceptive methods as part of SDPs regular and normal service delivery process as results based on national guidelines, protocols and/or laws. Results indicated 90.4 per cent of SDPs are providing at least five modern contraceptive methods as part of SDPs' regular and normal service delivery process. At the SDP level, all tertiary SDPs but 90.5 per cent of primary SDPs and 88.9 per cent of secondary SDPs were providing at least five modern contraceptive methods as part of SDPs' regular and normal service delivery process. Around 90.0 per cent of secondary and tertiary SDPs (combined) are providing at least five modern contraceptive methods.

The percentage of SDPs providing at least five modern contraceptive methods as part of SDPs' regular and normal service delivery by region, residence and management type is given in Figure 19. Only two regions (Western Area and Eastern) recorded the same results in providing at least five modern contraceptive methods as part of SDPs' regular and normal service delivery as those based on national guidelines, protocols and/or laws. While North-Western and Southern regions recorded slightly higher rates (at 85.7 per cent and 87.8 per cent respectively), the rate is lower in Northern region in comparison with results based on national guidelines, protocols and/or laws.

Findings at district level revealed nine districts (Kailahun, Kenema, Falaba, Koinadugu, Tonkolili, Kambia, Karene, Moyamba and Western Area Rural) have all SDPs providing at least five modern contraceptive methods as part of regular and normal service delivery process. The remaining seven districts accounted for 60-93 per cent coverage of the indicator. SDPs in urban and rural areas as well as all entities demonstrated same results in providing at least five modern contraceptives as part of their regular and normal service delivery process as those based on national guidelines, protocols and/or laws. Results hardly show any linkage between distance of the SDPs from the nearest warehouse/source of supplies and provision of at least of at least five modern contraceptive methods as SDPs normal service delivery process.

Figure 19: Percentage of Service Delivery Points providing at least five modern contraceptive methods as part of SDPs regular and normal service delivery by region, residence, management type and distance from nearest warehouse/source of supplies



3.4 AVAILABILITY OF MATERNAL AND REPRODUCTIVE HEALTH MEDICINES

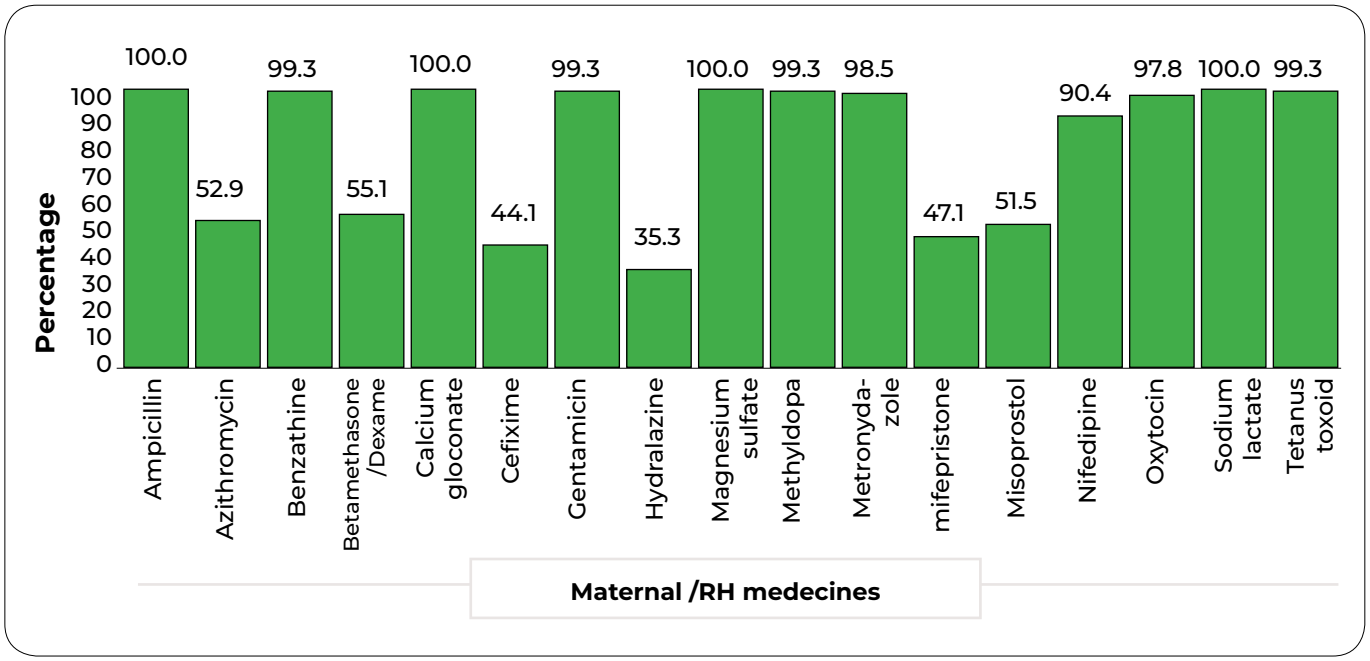
3.4.1 Availability of any maternal and RH medicines

The availability of essential life-saving maternal and RH medicines in SDPs providing maternal health services (including delivery services) is one key indicator of the survey. During the survey, the availability of selected essential life-saving maternal and RH medicines was assessed in accordance to the 2012 World Health Organization (WHO) list of priority life-saving medicines for women and children at the time of the survey. The list included 17 maternal and RH medicines.[9] Respondents in surveyed SDPs were asked to state the availability of the various maternal/RH medicines that the facilities are supposed to provide in line with the national guidelines, protocols and/or laws for the provision of maternal/RH medicines. Physical inventory was taken to confirm availability of the medicines.

Figure 20 shows the percentage of SDPs with essential life-saving maternal and reproductive health medicines available at the time of survey. The survey revealed only 11 maternal/RH medicines (ampicillin, benzathine benzylpenicillin, calcium gluconate, gentamicin, magnesium sulfate, methyldopa, metronidazole, nifedipine, oxytocin, sodium lactate compound solution/sodium chloride and tetanus toxoid) were popularly available, and found in 90 to100 per cent of SDPs at the time of the survey. The remaining medicines were less available, evidently seen in 44-55 per cent of SDPs. More secondary and tertiary SDPs than primary SDPs reported to have available all maternal/RH medicines, except ampicillin, calcium gluconate, magnesium sulphate and sodium lactate compound solution/sodium chloride which were equally found in all three levels of SDPs. Only four maternal medicines (ampicillin, calcium gluconate, magnesium sulphate and sodium lactate compound solution/sodium chloride) were found universally available at all SDPs in all regions, all rural/urban areas and all entities managing SDPs.

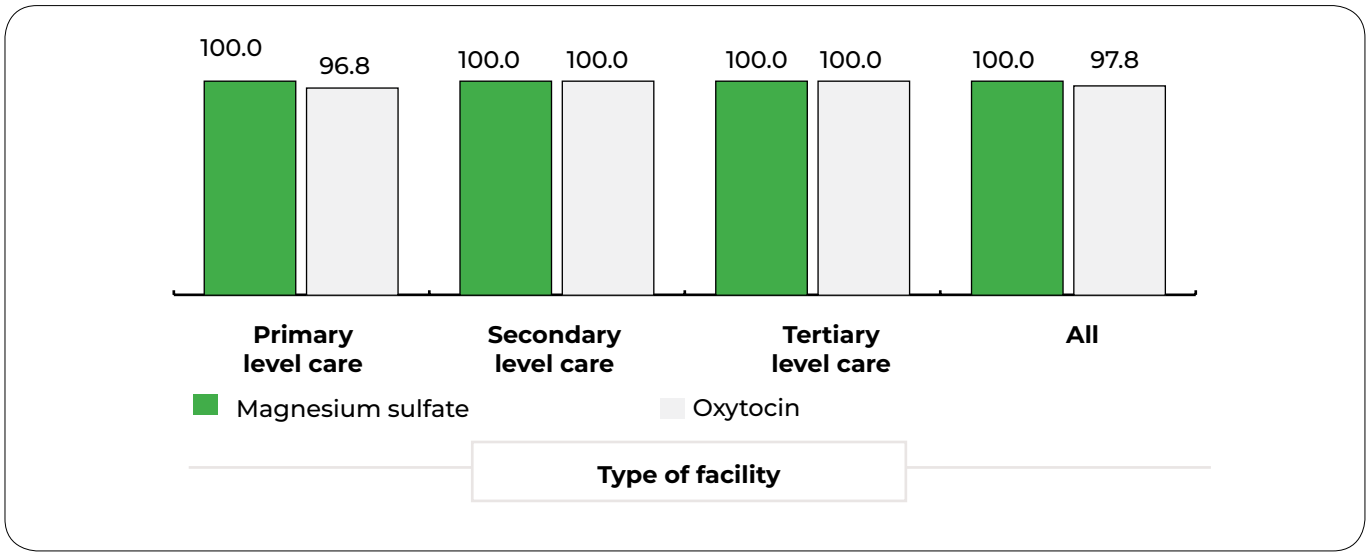
9. The 17 maternal/RH medicines are ampicillin, azithromycin, benzathine benzylpenicillin, betamethasone/dexamethasone, calcium gluconate, cefixime, gentamicin, hydralazine, magnesium sulphate, methyldopa, metronidazole, mifepristone, misoprostol, nifedipine, oxytocin, sodium lactate compound solution/sodium chloride and tetanus toxoid.

Figure 20: Percentage of SDPs with essential life-saving maternal and reproductive health medicines available at time of survey



In particular, magnesium sulphate and oxytocin (the two mandatory medicines) were found to be substantially available at all SDP levels at the time of the survey as Figure 21 shows.

Figure 21: Percentage of SDPs with the two essential life-saving maternal/reproductive health medicines available by type of facility



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

Results indicated universal coverage of providing seven life-saving maternal/RH medicines (including two mandatory medicines, magnesium sulfate and oxytocin) at tertiary SDPs in all three years but at secondary SDPs in 2018 and 2022 as shown in Figure 22.

Figure 22: Percentage of SDPs with seven life-saving maternal/RH medicines (including two mandatory medicines, magnesium sulfate & oxytocin) in 2022 compared to 2018 and 2019

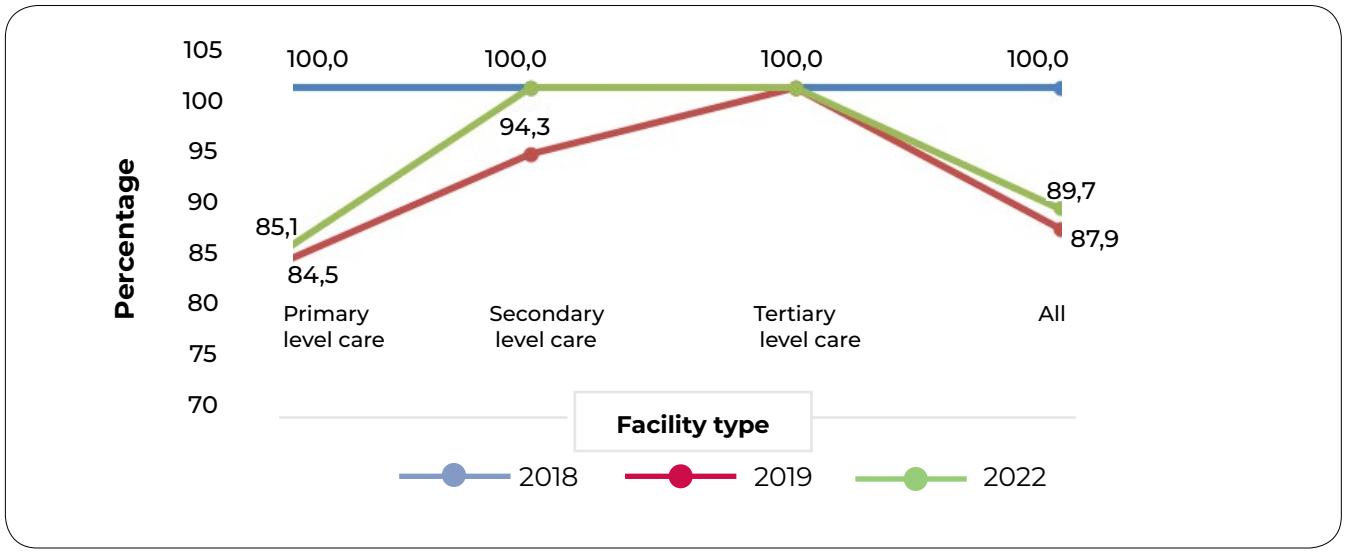


Figure 23 presents percentage of SDPs with seven life-saving maternal/RH medicines (including the two mandatory medicines: magnesium sulfate and oxytocin) available by type of facility. Survey results revealed that 89.7 per cent of SDPs have available seven life-saving maternal/RH medicines (including the two mandatory medicines) at time of the survey. This shows an overall increase in availability of seven life-saving medicines by 1.8 per cent over survey results in 2019 (87.9 per cent) but down by 10.3 per cent compared to 2018 results (100.0 per cent). Results at facility type shows all secondary and tertiary SDPs have available seven life-saving maternal/RH medicines (including the two mandatory medicines), while the primary SDPs registered fairly lower coverage of the indicator (85.1 per cent).

Figure 23: Percentage of SDPs with seven life-saving maternal/RH medicines (including two mandatory medicines, magnesium sulfate & oxytocin) available by type of facility

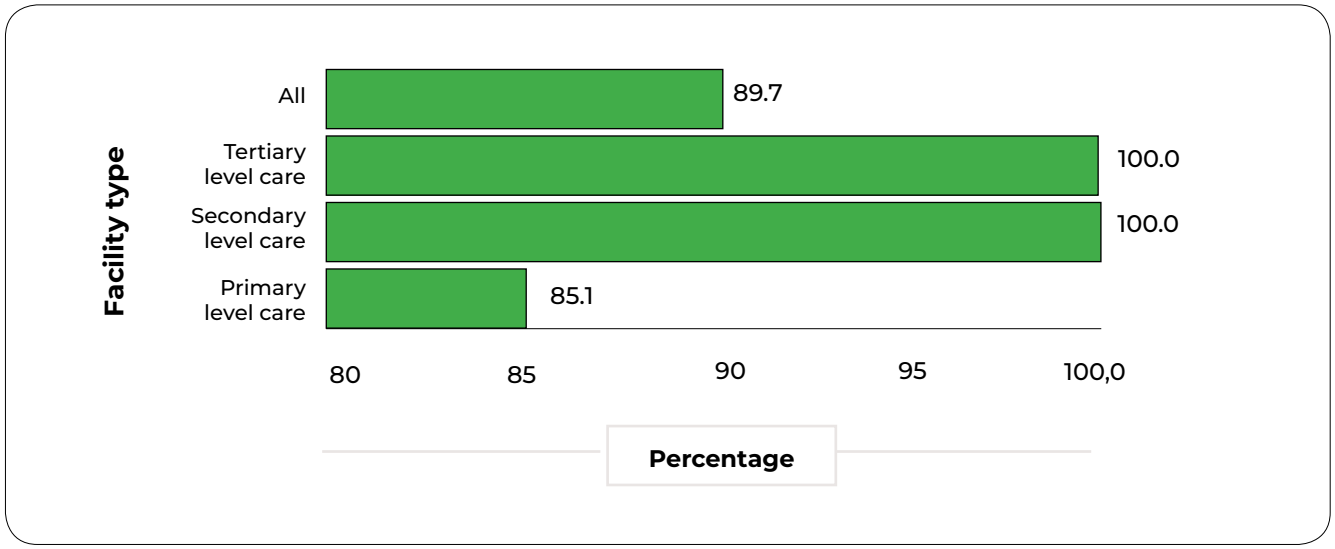


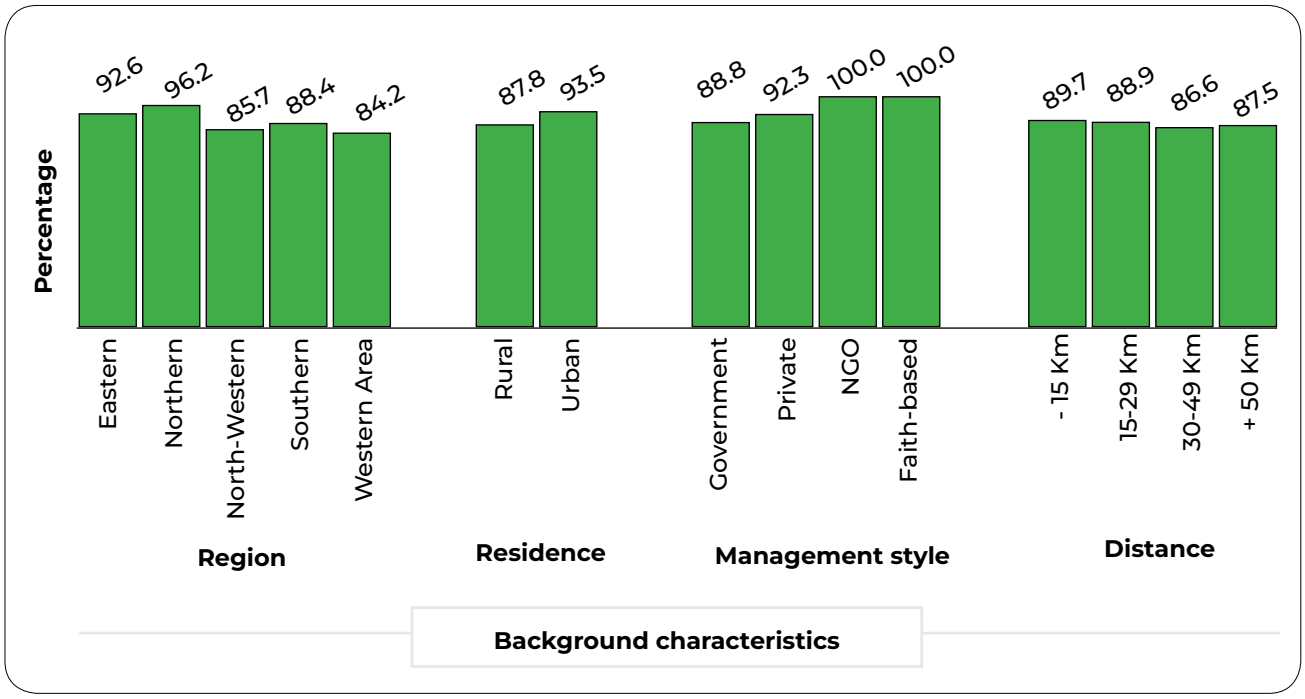
Figure 24 gives the percentage of SDPs with seven (including two mandatory, magnesium sulfate and oxytocin) life-saving maternal/RH medicines available by region, residence, management type and distance. Regional results revealed Northern region recorded the highest coverage of seven life-saving maternal/RH medicines (including the two mandatory medicines - magnesium sulfate and oxytocin) at 96.2 per cent, whilst the Western Area registered the lowest coverage of the indicator (84.2 per cent).

Analysis at district level indicates 10 districts (Kailahun, Kenema, Bombali, Koinadugu, Tonkolili, Karene, Port Loko, Moyamba, Pujehun and Western Area Urban) accounted for 90-100 per cent coverage of the indicator. The remaining districts reported coverage below the national average, with Western Area Rural recording the least at 25 per cent. In terms of residence, more SDPs in urban areas (93.5 per cent) than those in rural areas (87.8 per cent) are likely to have seven life-saving maternal/RH medicines (including two mandatory - oxytocin & magnesium sulfate) available.

With regards management type of facilities, all SDPs managed by NGOs and FBOs have seven life-saving maternal/RH medicines (including the two mandatory medicines) available. SDPs of Government and private entities had comparatively achieved less coverage at 88.8 per cent and 92.3 per cent respectively).

Data suggests availability of seven life-saving maternal/RH medicines (including the two mandatory medicines) does appear to be associated with the distance of the SDPs from the nearest warehouse/ source of supplies. Generally, more SDPs located closer to the nearest source of supplies than those farther away tend to have seven life-saving maternal/RH medicines (including the two mandatory medicines) available.

Figure 24: Percentage of SDPs with seven life-saving maternal/RH medicines (including two mandatory - magnesium sulfate & oxytocin) available by region, residence, management type and distance from nearest warehouse/source of supplies



3.4.3 Reasons for not providing certain life-saving maternal/RH medicines

Reasons for SDPs not providing certain life-saving maternal/RH medicines were investigated and the main reasons are presented on Table 11. According to survey results, delay on the part of warehouse/ main source institution to resupply maternal/RH medicines was prominently mentioned as the main reason for non-availability of all medicines to be offered to clients on the day of the survey, except for magnesium sulfate and azithromycin whose main reasons reported were 'low demand for the medicine' and delay by SDPs to request resupply of the medicine, respectively.

Table 11: Percentage of SDPs with main reasons for not offering certain maternal and RH medicines

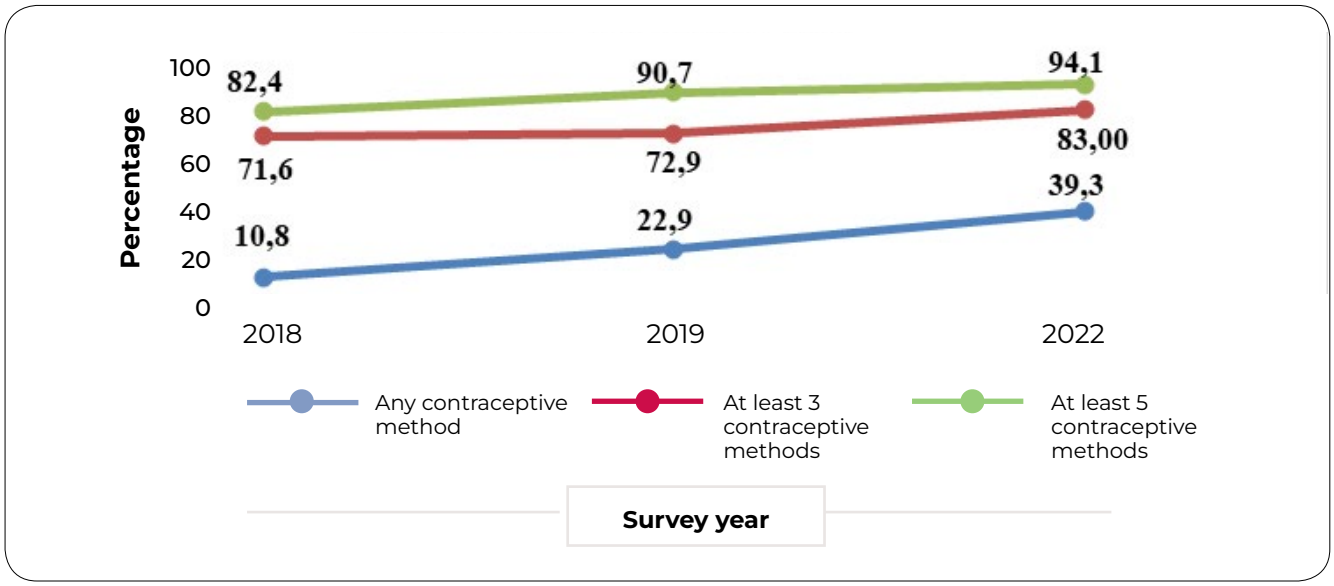
Maternal/RH medicine	Delay on the part of main source institution or warehouse to resupply medicine	Delay by SDP to request for resupply of medicine	Medicine not available in market for SDP to procure	Low or no client demand for medicine	No trained personnel to offer service	Lack of equipment to provide medicine	Others	Total
Ampicillin	92.3%	7.7%	-	-	-	-	-	100.0%
Azithromycin	-	40.0%	20.0%	10.0%	-	-	30.0%	100.0%
Benzathine benzylpenicillin	85.7%	4.8%	4.8%	-	-	-	4.8%	100.0%
Betamethasone/ Dexamethasone	75.0%	-	-	12.5%	-	-	12.5%	100.0%
Calcium gluco-nate	76.0%	4.0%	8.0%	-	-	-	12.0%	100.0%
Cefixime	78.6%	-	-	-	-	-	21.4%	100.0%
Gentamicin	75.0%	8.3%	-	-	-	-	16.7%	100.0%
Hydralazine	50.0%	-	12.5%	-	-	-	37.5%	100.0%
Magnesium sul-phate	25.0%	-	-	75.0%	-	-		100.0%
Methyldopa	80.0%	-	-	-	-	-	20.0%	100.0%
Metronidazole	100.0%	-	-	-	-	-	-	100.0%
Mifepristone	55.0%	-	5.0%	-	-	-	40.0%	100.0%
Misoprostol	66.7%	-	-	16.7%	-	-	16.7%	100.0%
Nifedipine	65.6%	6.3%	6.3%	9.4%	-	-	12.5%	100.0%
Oxytocin	100.0%	-	-	-	-	-	-	100.0%
Sodium lactate compound solution/Sodium chloride	72.7%	-	-	9.1%	-	-	18.2%	100.0%
Tetanus toxoid	75.0%	-	-	-	-	-	25.0%	100.0%

3.5 INCIDENCE OF 'NO STOCK-OUT' OF MODERN CONTRACEPTIVE METHODS OFFERED IN LINE WITH NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS

In addition to the availability of modern contraceptive methods, incidence of 'no stock-out' of modern contraceptive methods was also assessed during the survey. According to the survey protocol, incidence of 'no stock-out' of modern contraceptive methods refers to a situation where an SDP does not run out of supplies of any one or more modern contraceptive methods at any point in time and therefore has supplies available to serve clients at all times. The assessment of 'no stock-out' was based on the two perspectives: (i) methods that SDPs are expected/supposed to provide to clients in line with national protocols, guidelines and/laws; and (ii) methods regularly provided by SDPs as normal service delivery process, irrespective of the requirement by national protocols, guidelines and/or laws. The incidence of 'no stock-out' was measured with reference to the 'last three months' and the 'day of the survey' that data was collected.

Figure 25 shows the trend in no-stock of modern contraceptive methods in line national protocol, guidelines and/laws within the last three months preceding the surveys in 2018-2022. Findings indicate improvement in the incidence of no-stock of modern contraceptive methods in the three years under review. The results of all three indicators are highest in 2022 compared to the previous years (2018 and 2019).

Figure 25: Trend in no stock-out of modern contraceptive methods offered in line national protocol, guidelines and/laws in the last three months preceeding the survey, 2018-2022



The trend in no-stock of modern contraceptive methods in line national protocol, guidelines and/laws on day of the surveys in 2018-2022 is presented in Figure 26. According to the survey results, the incidence of 'no stock-out' of modern contraceptive methods offered in line with national guidelines, protocols and/or laws on the day of the survey has steadily improved in 2022 over the previous years (2018 and 2019). For instance, no stock-out of any modern contraceptive method increased from 29.4 per cent in 2018 to 32.2 per cent in 2019 and then to 40.0 per cent in 2022. No stock-out of at least three modern contraceptive methods jumped from 80.4 per cent in 2018 to 85.9 per cent in 2022. Whilst no stock-out of at least five modern contraceptive methods stands at 95.6 per cent in 2022 from 86.3 per cent in 2018.

Figure 26: Trend in no-stock of modern contraceptive methods offered in line national protocol, guidelines and/laws on the day of the survey in 2018-2022

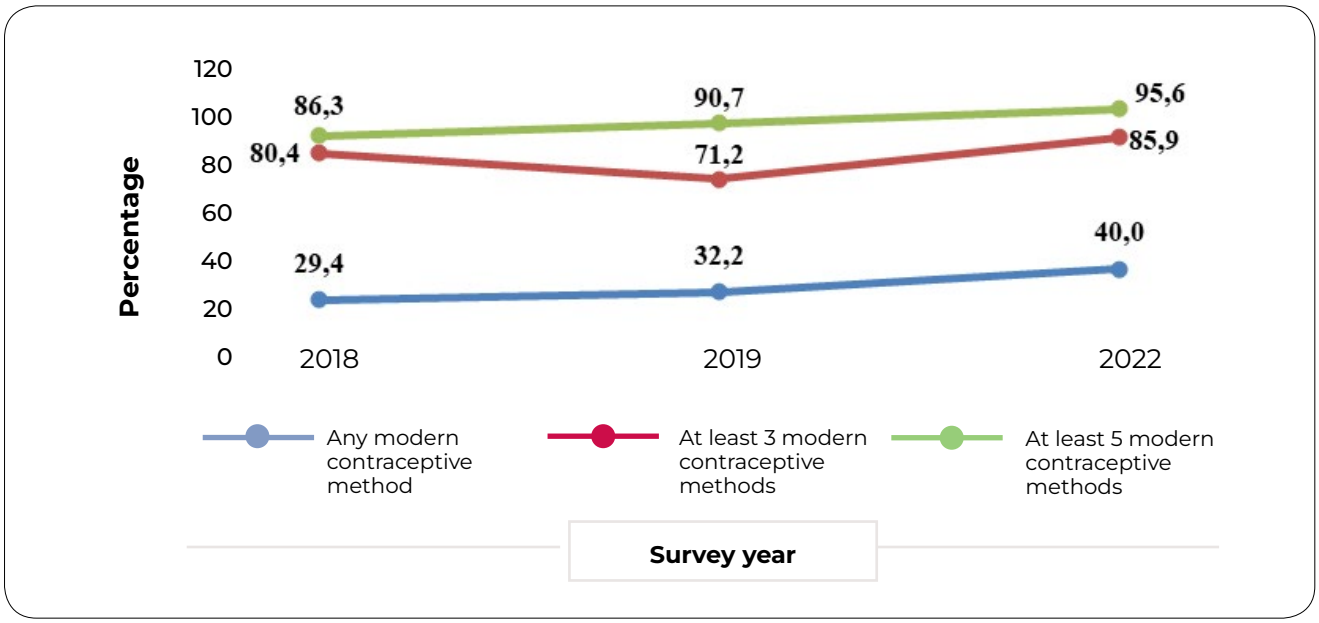
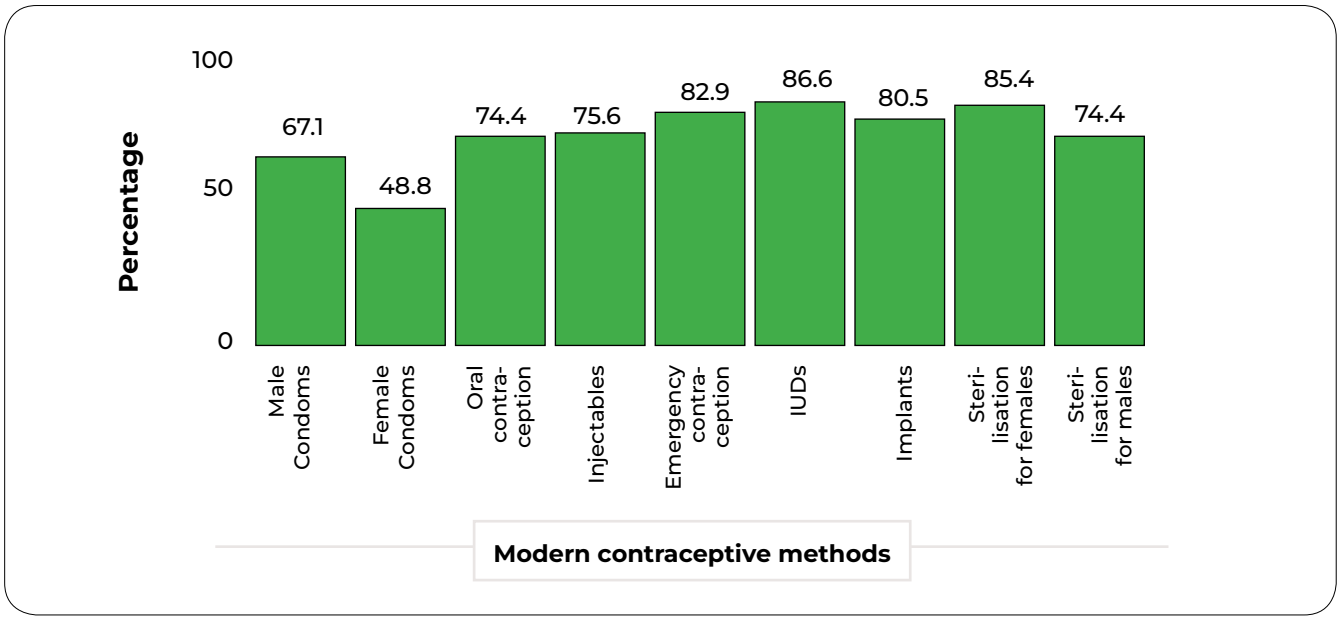


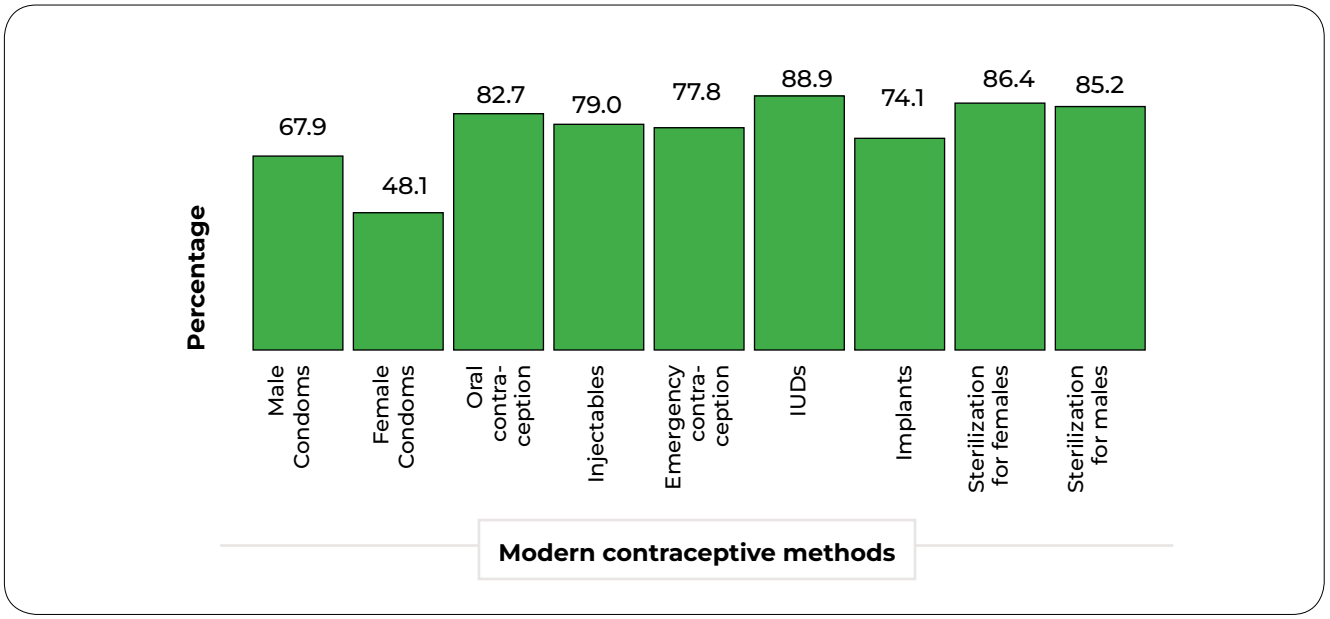
Figure 27 presents percentage of SDPs with 'no stock-out' of modern contraceptives offered in line with the current national protocols, guidelines and/or laws within the last three months preceding the survey. Findings indicated that, with exception of female condoms, more than half of SDPs experienced 'no stock-out' of all modern contraceptive methods offered in line with the national protocols, guidelines and/or laws in the three months preceding the survey.

Figure 27: Percentage of SDPs with 'no stock-out' of modern contraceptives offered in line with the current national protocols, guidelines and laws within the last three months preceding the survey, 2022



Results for the incidence of no stock-out on the day of the survey in Figure 28 indicated at least two-thirds of SDPs experienced no stock-out of all modern contraceptive methods, except for female condoms, offered in line with the current national protocols, guidelines and/or laws. Fewer than half of SDPs registered no stock-out of female condoms.

Figure 28: Percentage of SDPs with 'no stock-out' of modern contraceptives offered in line with the current national protocols, guidelines and laws on day of the survey, 2022



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

The period of July-September 2022 was used as reference for the 'last three months' since the survey data was collected in October 2022. The incidence of 'no stock-out' of any modern contraceptive methods within the last three months indicates that all modern contraceptive methods which SDPs are supposed/expected to provide in line with the current national protocols, guidelines and/or laws and have been available (i.e., in-stock) at all times during the last three months preceding the survey.

Findings from the survey show an improvement in 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months in 2022 at 39.3 per cent over results in 2019 (22.9 per cent) and 2018 (10.8 per cent). The improvement in the indicator was markedly at all levels of SDPs. The incidence of 'no stock-out' of any modern contraceptive method in the last three months was found to be higher for primary and tertiary SDPs, more than the national average as Figure 29 shows. Secondary SDPs recorded the least measure of the indicator at 16.1 per cent indicating higher rate of stock-out.

Figure 29: Percentage 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

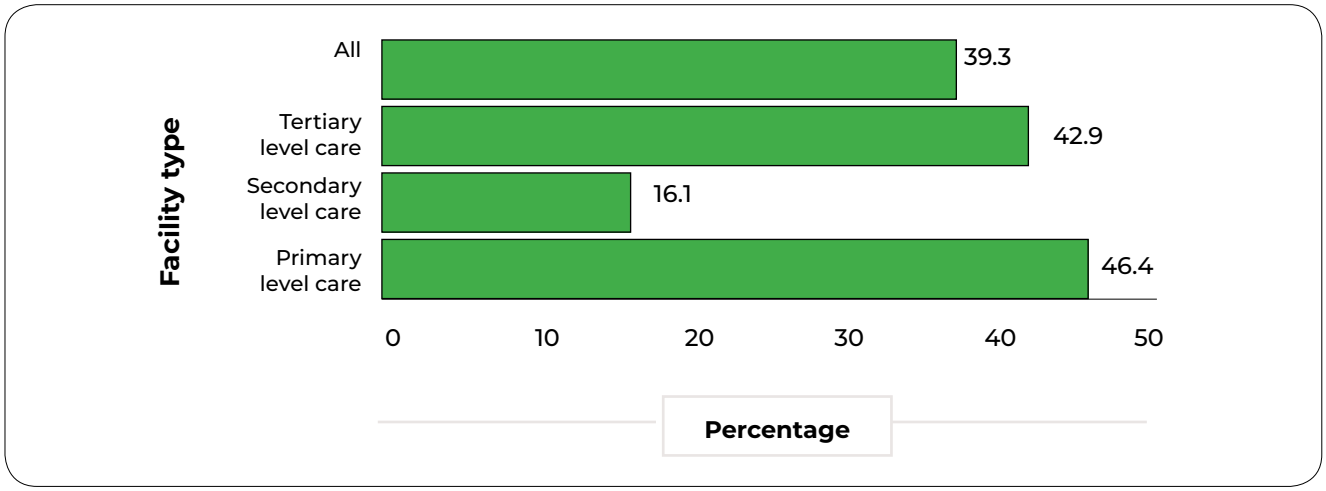
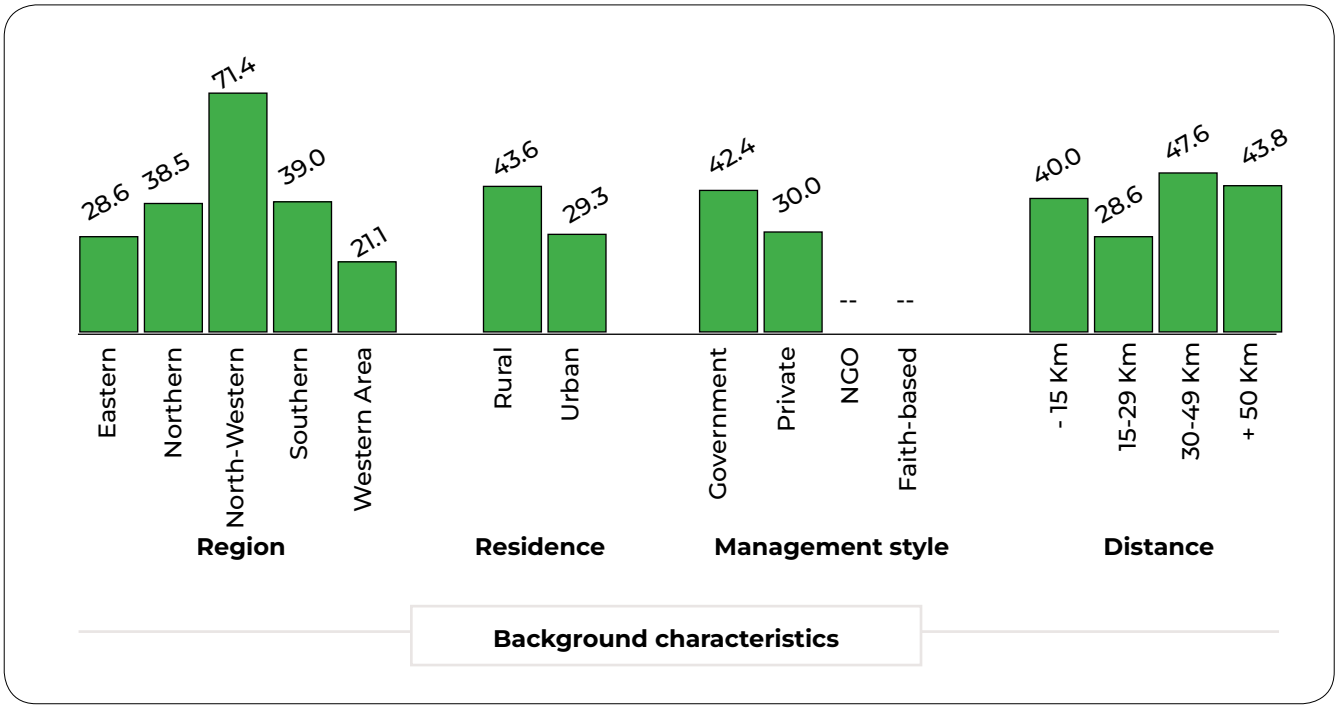


Figure 30 illustrates percentage of SDPs with 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws in the last three months by region, residence, management type and distance. Regionally, North-Western region registered the highest incidence 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 (71.4 per cent). This implies the region experienced the lowest incidence of stock-out of any method (28.6 per cent) within the period under review. Rates are relatively lower in the other regions, even lower than the national average, with Western Area accounting for the lowest at 21.1 per cent. At district level, 'no stock-out situation was especially higher in four districts (Kambia, Port Loko, Pujehun, Tonkolili) recording 54-83 per cent. Western Area Rural was the only district that demonstrated zero incidence of 'no stock-out 'of any method.

Rural SDPs recorded higher experienced '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 than urban SDPs (43.6 per cent compared to 29.3 per cent). 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 was visible at government and private SDPs only. Whilst NGO and faith-based SDPs demonstrated, zero 'no stock-out' of any modern contraceptive method. As manifested by mixed results, there is no marked linkage between distance of SDPs from the nearest warehouse/source of supplies and incidence of 'no stock-out' of modern contraceptives in the last three months before the survey.

Figure 30: Percentage of SDPs 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, residence, management type and distance from neares



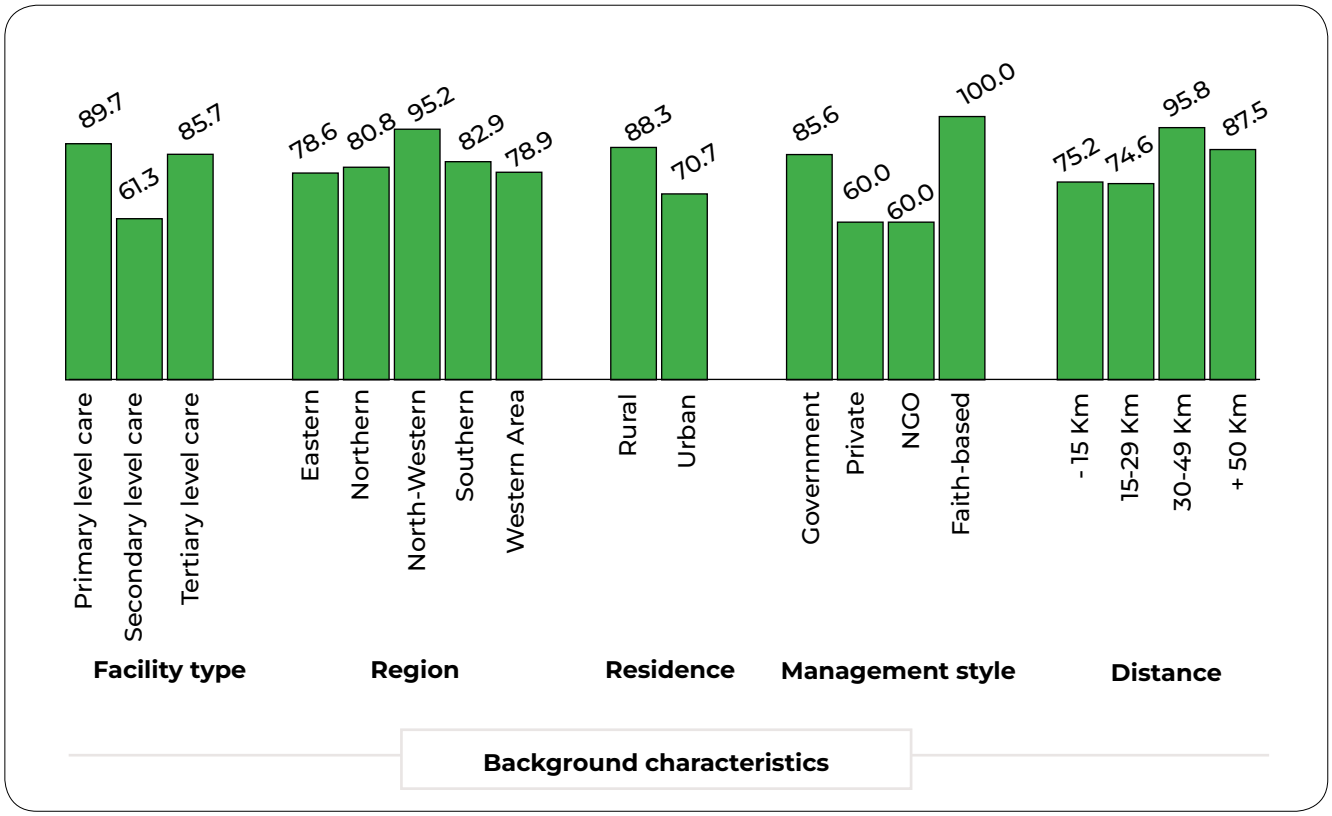
3.5.2 'No stock-out' of three modern contraceptive methods in the last three months

Survey results suggests 83.0 per cent of SDPs had experienced '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. The result improves over survey results in 2019 (72.9 per cent) and 2018 (71.6 per cent). Figure 31 shows percentage 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, region, residence, management type and distance. Results by facility type indicates more primary SDPs (89.7 per cent) than tertiary SDPs (85.7 per cent) and secondary SDPs recorded (61.3 per cent) reported '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.

Analysis by region reveals North-Western region reported highest proportion of SDPs (95.2 per cent) with '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. At 78.6 per cent, Eastern region registered the lowest of the indicator. Rates in Western Area, Northern and Southern regions are 78.9 per cent, 80.8 per cent and 82.9 per cent respectively.

Survey results show SDPs in rural areas reported 17.6 per cent more than those in urban areas 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 (88.3 per cent compared to 70.7 per cent). Considering management type of facilities, all SDPs of FBOs and 85.3 per cent of Government SDPs reported '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. Rates was reportedly lower for private SDPs and NGO SDPs, registering 60.0 per cent each. There is no clear linkage between distance of SDPs from the nearest warehouse/source of supplies and incidence of 'no stock-out' of at least three modern contraceptives in the last three months before the survey. Fewer SDPs closer to sources of supplies than those farther away appear to have experienced 'no stock-out' of at least three modern contraceptive methods.

Figure 31: Percentage of SDPs 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 type of facility, region, residence, manage



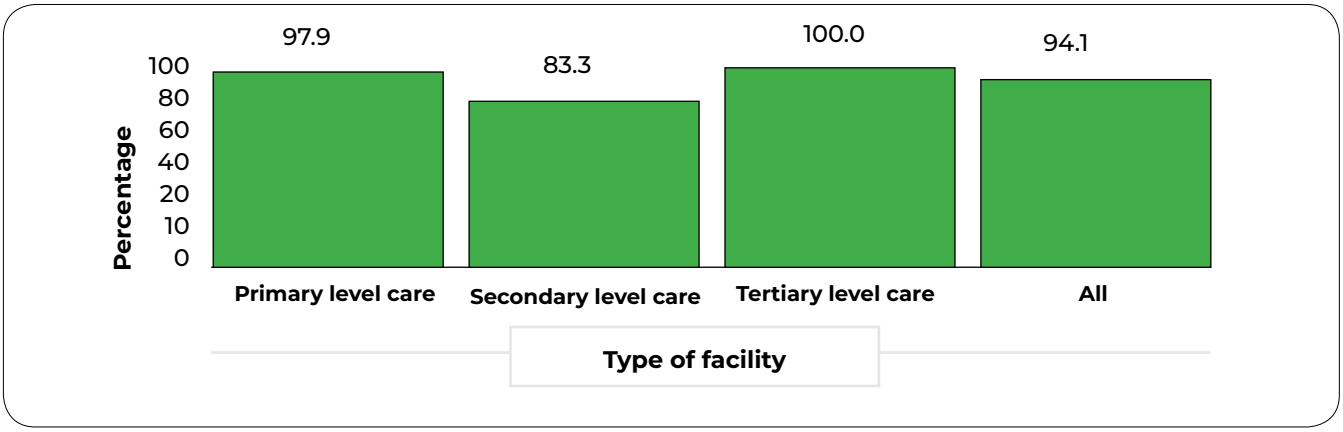
District-level analysis demonstrates only five districts (Falaba, Tonkolili, Kambia, Karene and Pujehun) had all SDPs experiencing 'no stock-out' of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws in the last three months before the survey. Bombali registered the least number of SDPs demonstrating 'no stock-out' of at least three modern contraceptive methods in the period at 50.0 per cent.

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

The 2022 survey reveals 94.1 per cent of 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 before the survey. The result demonstrates an improvement in the indicator over survey results in 2019 (90.7 per cent) and 2018 (82.4 per cent).

Figure 32 shows percentage distribution of SDPs 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 by type of facility. While nearly all 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, 83.3 per cent of secondary SDPs and 97.9 per cent of primary SDPs had achieved the indicator within the period. In particular, 85.0 per cent of secondary and tertiary SDPs (combined) had experienced 'no stock-out' of at least five modern contraceptive methods in the reference period; showing an improvement in the indicator compared to results in 2019 (77.1 per cent).

Figure 32: Percentage of SDPs 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 by type of facility

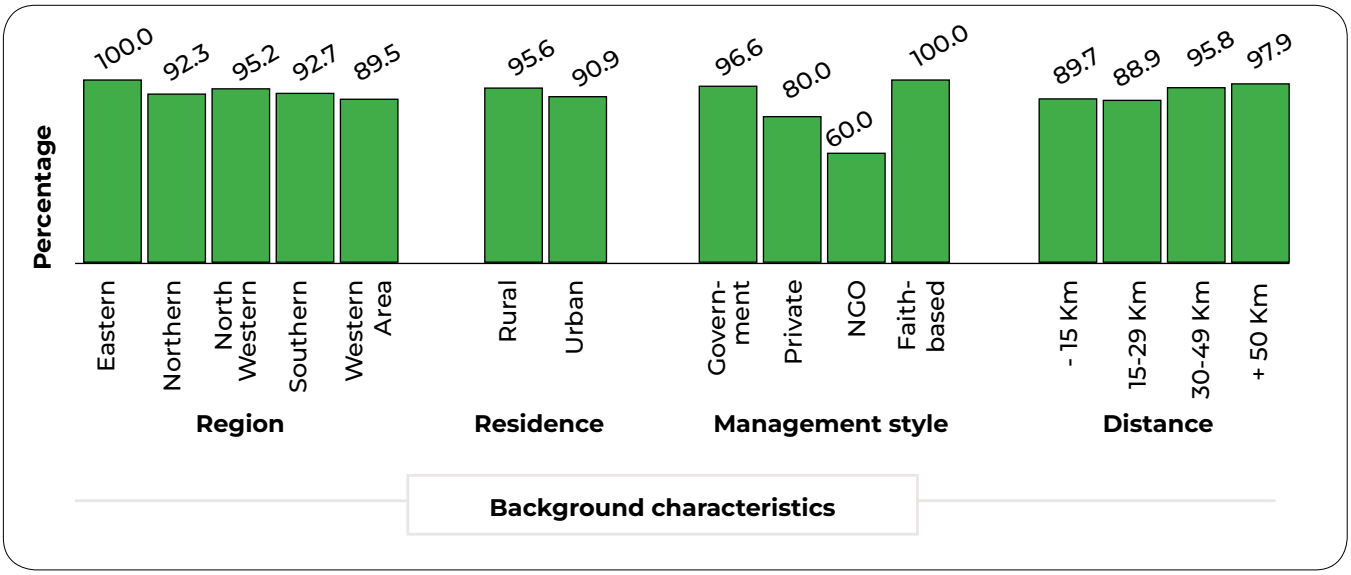


Survey results in Figure 33 show only Eastern region had all its SDPs experienced 'no stock-out' of at least five modern contraceptive methods in the last three months before the survey. While North-Western region reported 'no stock-out' of at least five modern contraceptive methods slightly higher (95.2 per cent) than the national average, results in the other three regions (Northern, Southern, Western Area) are below average; the least reported in Western Area (89.5 per cent).

With regard to residence, more rural SDPs (95.6 per cent) than urban SDPs (90.9 per cent) had experienced 'no stock-out' of at least five modern contraceptive methods in the period under review. Findings further revealed all faith-based SDPs 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 preceding the survey. While Government SDPs ranked second highest in fulfilling the indicator at 96.6 per cent, rates for SDPs of the other entities (private and NGO) are relatively low, registering 80.0 per cent and 60.0 per cent, respectively.

Again, findings from the survey hardly reveal a definite connection between distance of SDPs from the nearest warehouse/source of supplies and the 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. Fewer SDPs closer to a source of supplies (within 29 km) experienced 'no stock-out' than those farther away (30 km and above) from the source of supplies.

Figure 33: Percentage of SDPs with 'no stock-out' of at least five modern contraceptive methods offered in line with national guidelines, protocols and/or laws in the last three months by region, residence, management type and distance



Further analysis by district level reveals that nine districts (Kailahun, Kenema, Kono, Falaba, Koinadugu, Tonkolili, Kambia, Karene, Pujehun, Western Area Rural) recorded all 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 preceding the survey. Rates in the remaining five districts are lower than the national average, with the lowest reported in Bombali district (75.0 per cent).

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

The incidence of 'no stock-out' on the day of the survey was also investigated to determine current availability of modern contraceptive methods at SDPs and was confirmed by physical verification of the commodities. Table 12 presents percentage of SDPs 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 type of facility, region, residence, management type and distance from nearest warehouse/source of supplies. Findings showed no SDP at tertiary level care 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. While 47.4 per cent of primary SDPs and 25.0 per cent of secondary SDPs achieved the indicator.

Regionally, North-Western region experienced the highest 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; reported at 66.7 per cent. Coverage of the indicator was lower in the other four regions, ranging from 15.8 per cent in Western Area (least) to 39.3 per cent in Eastern region. Analysis by district shows only Western Area Rural reported all 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. Rates in eight (8) districts (Kenema, Kono, Bombali, Koinadugu, Bo, Moyamba and Western Area Rural and Urban) were below the national average ranging from 0 per cent to 38 per cent. While the remaining districts reported above the average rate, with Kambia district registering the highest at 83.3 per cent.

The survey reported incidence '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 rural SDPs is almost twice as many as that in urban SDPs (47.3 per cent against 25.0 per cent). At 43.6 per cent, government SDPs reported the highest incidence of 'no stock-out' of any modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey. 'No stock-out' situation of any modern contraceptive method was reportedly higher at SDPs closer to nearest warehouse/source of supplies than those farther away according to results.

Table 12: Percentage distribution of SDPs 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 type of facility, region, residence, management type and distance of nearest warehouse/source of supplies

Background characteristics	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
Type of facility			
Primary level care	47.4%	52.6%	100.0%
Secondary level care	25.0%	75.0%	100.0%
Tertiary level care	0.0%	100.0%	100.0%
Region			
Eastern	39.3%	60.7%	100.0%
Northern	38.5%	61.5%	100.0%
North-Western	66.7%	33.3%	100.0%
Southern	39.0%	61.0%	100.0%
Western Area	15.8%	84.2%	100.0%

Table 12: Percentage distribution of SDPs 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 type of facility, region, residence, management type and distance of nearest warehouse/ source of supplies (continued)

Background characteristics	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
Residence			
Rural	47.3%	52.7%	100.0%
Urban	25.0%	75.0%	100.0%
Management type			
Government	39.3%	60.7%	100.0%
Private	38.5%	61.5%	100.0%
NGO	66.7%	33.3%	100.0%
Faith-Based	39.0%	61.0%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	31.4%	68.6%	100.0%
15-29 km	28.6%	71.4%	100.0%
30-49 km	51.2%	48.8%	100.0%
50 km & above	45.8%	54.2%	100.0%
Total	**40.0%**	**60.0%**	**100.0%**

3.5.5 'No stock-out' of three modern contraceptive methods on the day of the survey

The incidence of 'no stock-out' situation of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey was reported at 85.9 per cent; which is above results in 2019 (71.2 per cent) and 2018 (80.4 per cent). Results by facility type in Table 13 show all tertiary SDPs but 91.6 per cent of primary SDPs and 69.4 per cent did experience 'no stock-out' of at least three modern contraceptive methods.

Table 13: Percentage distribution of SDPs 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 type of facility, region, residence, management type and distance of nearest warehouse/source of supplies

Background characteristics	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
Type of facility			
Primary level care	91.6%	8.4%	100.0%
Secondary level care	69.4%	30.6%	100.0%
Tertiary level care	100.0%	0.0%	100.0%
Region			
Eastern	85.7%	14.3%	100.0%
Northern	84.6%	15.4%	100.0%
North-Western	100.0%		100.0%
Southern	82.9%	17.1%	100.0%
Western Area	78.9%	21.1%	100.0%

Table 13: Percentage distribution of SDPs 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 type of facility, region, residence, management type and distance of nearest warehouse/source of supplies (continued)

Background characteristics	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
Residence			
Rural	92.3%	7.7%	100.0%
Urban	72.7%	27.3%	100.0%
Management type			
Government	87.2%	12.8%	100.0%
Private	70.0%	30.0%	100.0%
NGO	80.0%	20.0%	100.0%
Faith-Based	100.0%	0.0%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	79.9%	20.1%	100.0%
15-29 km	79.4%	20.6%	100.0%
30-49 km	95.8%	4.2%	100.0%
50 km & above	89.6%	10.4%	100.0%
Total	**85.9%**	**14.1%**	**100.0%**

Analysis at regional level showed only North-Western region registered all its SDPs 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. Rates in the other regions are below the national average. At the district level, eight districts (Kono, Falaba, Tonkolili, Kambia, Karene, Pujehun and Western Area Rural) registered all SDPs 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. Rates in all other districts, Bonthe, are below the national average. 'No stock-out' situation of at least three modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey in rural SDPs (92.3 per cent) was higher than those in urban SDPs (72.7 per cent). Results indicated only faith-based organizations have all SDPs accounted for '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. At 87.2 per cent, government SDPs followed closer. It is surprising to note that more SDPs farther away nearest warehouse/source of supplies than those closer appear to account for 'no stock-out' of at least three modern contraceptive methods on the day of the survey.

3.5.6 'No stock-out' of five modern contraceptive methods on the day of the survey

Table 14 presents percentage of SDPs with 'no stock-out' of at least five modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey, by type of facility, region, residence, management type and distance of nearest warehouse/source of supplies. Findings suggest 95.6 per cent of SDPs experienced incident of 'no stock-out' situation of at least five modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of survey. All tertiary SDPs but 97.9 per cent of primary SDPs and 88.9 per cent of secondary SDPs were observed to experience 'no stock-out' of at least the five modern contraceptive methods on the day of the survey. Combined results showed 90.0 per cent of secondary and tertiary SDPs did experience 'no stock-out' of at least five modern contraceptive methods offered on the day of the survey.

Two regions (Eastern and North-Western) had all their SDPs registered '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. Rates in the other regions were observed as follows: Northern region (96.2 per cent), Southern region (92.7 per cent) and Western Area (89.5 per cent) only. At district level, 11 districts had all SDPs accounted for 'no stock-out' of at least five modern contraceptive methods on the day of survey. The remaining five districts (Bombali, Bo, Bonthe, Moyamba and Western Area Rural) had rates below the national average.

Rural SDPs outweighed urban SDPs in reporting '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 (97.8 per cent compared to 90.9 per cent). Considering management type, faith-based and government SDPs accounted for higher 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. Whilst SDPs of private entities and NGOs registered 80.0 per cent each. More SDPs farther away the nearest warehouse/source of supplies than those closer reported 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.

Table 14: Percentage distribution of SDPs with 'no stock-out' of at least five modern contraceptive method offered in line with national protocols, guidelines and/or laws on the day of survey, by type of facility, region, residence, management type and distance of nearest warehouse/source of supplies

Background characteristics	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
Type of facility			
Primary level care	97.9%	2.1%	100.0%
Secondary level care	88.9%	11.1%	100.0%
Tertiary level care	100.0%	0.0%	100.0%
Region			
Eastern	100.0%	0.0%	100.0%
Northern	96.2%	3.8%	100.0%
North-Western	100.0%	0.0%	100.0%
Southern	92.7%	7.3%	100.0%
Western Area	89.5%	10.5%	100.0%
Residence			
Rural	97.8%	2.2%	100.0%
Urban	90.9%	9.1%	100.0%
Management type			
Government	97.4%	2.6%	100.0%
Private	80.0%	20.0%	100.0%
NGO	80.0%	20.0%	100.0%
Faith-Based	100.0%	0.0%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	93.4%	6.6%	100.0%
15-29 km	88.9%	11.1%	100.0%
30-49 km	95.8%	4.2%	100.0%
50 km & above	100.0%	0.0%	100.0%
Total	**95.6%**	**4.4%**	**100.0%**

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

Table 15 shows percentage of SDPs with main reasons for 'stock-out' of modern contraceptive methods offered in line with national protocols, guidelines and/or laws. Information on reasons for 'stock-out' of modern contraceptive methods offered in line with national protocols, guidelines and/or laws on the day of the survey at SDPs revealed delay on the part of warehouse/source in resupplying was the main reason cited for all modern contraceptive methods.

Table 15: Percentage of SDPs with main reasons for 'stock-out' of modern contraceptive methods offered in line with national protocols, guidelines and/or laws

Modern contraceptives	Delay on the part of main source institution or warehouse to resupply contraceptive	Delay by SDP to request for resupply of contraceptive	Contraceptive not available in market for SDP to procure	Low or no client demand for contra-ceptive	No trained personnel to offer service	Lack of equipment to provide contra-ceptive	Others
Male condoms	79.2%	4.2%	4.2%	-	-	-	12.5%
Female condoms	56.3%	-	-	25.0%	-	-	18.8%
Oral contraception	62.5%	12.5%	-	6.3%	-	-	18.8%
Injectables	66.7%	-	4.8%	-	-	-	14.3%
IUDs	100.0%	-	-	-	-	-	-
Implants	53.8%	30.8%	-	-	-	-	15.4%
Emergency contraception	75.0%	5.0%	-	5.0%		15.0%	-
Sterilization for females	50.0%	-	-	-	-	-	50.0%
Sterilization for males	50.0%	-	-	-	-	-	50.0%

3.6 INCIDENCE OF 'NO STOCK-OUT' OF MODERN CONTRACEPTIVE METHODS REGULARLY OFFERED AS PART OF NORMAL SERVICE DELIVERY PROCESS

This section discusses findings of the incidence of 'no stock-out' 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 the previous section, the months of July-September in the year (2022) referenced the last three months before the survey for data collected on the 'no stock-out' situation of modern contraceptive methods regularly offered as part of normal service delivery process.

Table 16 presents percentage of SDPs with 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process by type of facility, region, residence, management type and distance of nearest warehouse/source of supplies. Survey results reveal that 60.0 per cent 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 before the survey.

This result is nearly twice as high as the results based on the requirement of national protocols, guidelines and/or laws (39.3 per cent). The survey result shows great improvement in the indicator measure compared results in 2019 (46.6 per cent) and 2018 (28.4 per cent). Findings at the facility level evidently reveal 'no stock-out' of any modern contraceptive method is marginally higher at tertiary SDPs (75.0 per cent) than the other facility levels: primary SDPs (61.1 per cent) and secondary SDPs (55.6 per cent).

Regional results show North-Western region reported the highest proportion of SDPs (76.2 per cent) that experienced '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. While Western Area accounted for the lowest rate at 36.8 per cent. At the district level, only Falaba manifested 100 per cent 'no stock-out' of any modern contraceptive method offered as part of SDPs regular and normal service delivery process in the last three months, whilst Western Area Rural reported zero rate. All other districts registered 20-89 per cent coverage of the indicator.

Table 16: Percentage of SDPs with 'no stock-out' of any modern contraceptive method offered as part of SDP regular and normal service delivery process in the last three months by type of facility, region, residence, management type and distance of nearest warehouse/source of supplies

Background characteristics	Percentage		
	Modern contraceptive method in stock in the last three months ['no stock-out']	Modern contraceptive method not in the last three months ['stock-out']	Total
Type of facility			
Primary level care	61.1%	38.9%	100.0%
Secondary level care	55.6%	44.4%	100.0%
Tertiary level care	75.0%	25.0%	100.0%
Region			
Eastern	46.4%	53.6%	100.0%
Northern	69.2%	30.8%	100.0%
North-Western	76.2%	23.8%	100.0%
Southern	65.9%	34.1%	100.0%
Western Area	36.8%	63.2%	100.0%
Residence			
Rural	63.7%	36.3%	100.0%
Urban	52.3%	47.7%	100.0%
Management type			
Government	59.8%	40.2%	100.0%
Private	90.0%	10.0%	100.0%
NGO	20.0%	80.0%	100.0%
Faith-Based	33.3%	66.7%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	64.7%	35.3%	100.0%
15-29 km	42.9%	57.1%	100.0%
30-49 km	56.0%	44.0%	100.0%
50 km & above	64.6%	35.4%	100.0%
Total	**60.0%**	**40.0%**	**100.0%**

According to survey results in Table 18 above, 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 was reported higher in rural areas (63.7 per cent) than rate in urban areas (52.3 per cent). Regarding management type, private SDPs reported comparably higher coverage (90.0 per cent) of '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.

Government SDPs ranked second at 59.8 per cent while SDPs of FBOs and NGOs registered lower rates of the indicator, at 33.3 per cent and 20.0 per cent, respectively. The survey manifested no clear connection between distance of SDPs from the nearest warehouse/source of supplies and incidence of 'no stock-out' of modern contraceptives in the last three months before the survey due to mixed results.

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

The percentage of SDPs with 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery in the last three months by type of facility is presented in Table 17. Survey results revealed 88.1 per cent 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 before the survey. This indicator measure is 5.1 per cent higher than result based on the requirement of national guidelines, protocols and/or laws and even slightly higher than survey results in 2019 (87.4 per cent) and 2018 (82.4 per cent). Analysis by facility level shows all tertiary SDPs but 90.5 per cent of primary SDPs and 80.6 per cent of secondary 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.

Table 17: Percentage of SDPs with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months by type of facility, region, residence, management type and distance from nearest warehouse/source of supplies

Background characteristics	Percentage		
	Modern contraceptive method in stock in the last three months ['no stock-out']	Modern contraceptive method not in stock in the last three months ['stock-out']	Total
Type of facility			
Primary level care	90.5%	9.5%	100.0%
Secondary level care	80.6%	19.4%	100.0%
Tertiary level care	100.0%		100.0%
Region			
Eastern	85.7%	14.3%	100.0%
Northern	88.5%	11.5%	100.0%
North-Western	95.2%	4.8%	100.0%
Southern	92.7%	7.3%	100.0%
Western Area	73.7%	26.3%	100.0%
Residence			
Rural	90.1%	9.9%	100.0%
Urban	84.1%	15.9%	100.0%

Table 17: Percentage of SDPs with 'no stock-out' of at least three [3] modern contraceptive methods offered as part of SDP regular and normal service delivery process in the last three months by type of facility, region, residence, management type and distance from nearest warehouse/source of supplies (continued)

Background characteristics	Percentage		
	Modern contraceptive method in stock in the last three months ['no stock-out']	Modern contraceptive method not in stock in the last three months ['stock-out']	Total
Management type			
Government	88.0%	12.0%	100.0%
Private	100.0%	-	100.0%
NGO	60.0%	40.0%	100.0%
Faith-Based	100.0%	-	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	83.9%	16.1%	100.0%
15-29 km	68.3%	31.7%	100.0%
30-49 km	95.8%	4.2%	100.0%
50 km & above	91.7%	8.3%	100.0%
Total	**88.1%**	**11.9%**	**100.0%**

According to survey results in Table 19 above, Southern and North-Western accounted for 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs regular and normal service delivery process in last three months before the survey registering 92.7 per cent and 95.2 per cent respectively. Whilst Western Area recorded comparably the lowest rate (73.7 per cent). District analysis shows seven districts (Falaba, Koinadugu, Kambia, Karene, Bo, Bonthe, Pujehun) registered a remarkable 100.0 per cent 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 before the survey. All remaining nine districts had reported between 50 and 91 per cent coverage of the indicator.

'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 in rural areas is 6 per cent higher than those in urban areas (90.1 per cent compared to 84.1 per cent). With regards management type, private and faith-based organisations had all their SDPs registered '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. Whilst government SDPs reported 88.0 per cent coverage, NGOs recorded the lowest rate at 60.0 per cent. Findings showed no clear linkage between distance of SDPs from the nearest warehouse/source 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. For instance, less SDPs closer to sources of supplies (within 15-29 km) but more of those farther away (30 km and above) had experienced 'no stock-out' of at least three modern contraceptives in the last three months.

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

At 96.3 per cent, the incidence of 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process in the last three months slightly improved in 2022 from 94.9 per cent in 2019 and 89.2 per cent in 2018. Whilst all tertiary SDPs and almost all primary SDPs (98.9 per cent) had experienced 'no stock-out' of at least five (5) modern contraceptive methods, 88.9 per cent of secondary SDPs had achieved the indicator as Table 18 shows below. Combined results showed 90.0 per cent of secondary and tertiary SDPs had experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process in the last three months.

Regionally, survey results showed Eastern and North-Western regions have all their SDPs experienced 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process in last three months before the survey. Southern region ranked second at 97.6 per cent, Northern region rated third at 96.2 per cent and then Western Area, least at 84.2 per cent. The survey revealed 13 districts counted 100 per cent 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process in the last three months before the survey. The remaining three districts (Bombali, Moyamba and Western Area Urban) accounted for 80-90 per cent of the indicator. Results from the survey suggest more rural SDPs (97.8 per cent) than urban SDPs (93.2 per cent) had experienced 'no stock-out' of at least five modern contraceptive methods during the period. Findings revealed all private and faith-based SDPs 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. Whereas 96.6 per cent of government SDPs and 80.0 per cent of NGO SDPs had achieved the indicator. Again, findings from the survey predict no linkage between the distance of secondary and tertiary SDPs from the nearest warehouse/source 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.

Table 18: Percentage of SDPs with 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process in the last three months by type of facility, region, residence, management type and distance from nearest warehouse/ source of supplies

Background characteristics	Percentage		
	Modern contraceptive method in stock in the last three months ['no stock-out']	Modern contraceptive method not in stock in the last three months ['stock-out']	Total
Type of facility			
Primary level care	98.9%	1.1%	100.0%
Secondary level care	88.9%	11.1%	100.0%
Tertiary level care	100.0%	0.0%	100.0%
Region			
Eastern	100.0%	0.0%	100.0%
Northern	96.2%	3.8%	100.0%
North-Western	100.0%	0.0%	100.0%
Southern	97.6%	2.4%	100.0%
Western Area	84.2%	15.8%	100.0%
Residence			
Rural	97.8%	2.2%	100.0%
Urban	93.2%	6.8%	100.0%
Management type			
Government	96.6%	3.4%	100.0%
Private	100.0%	0.0%	100.0%
NGO	80.0%	20.0%	100.0%
Faith-Based	100.0%	0.0%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	95.3%	4.7%	100.0%
15-29 km	77.8%	22.2%	100.0%
30-49 km	100.0%	0.0%	100.0%
50 km & above	97.9%	2.1%	100.0%
Total	**96.3%**	**3.7%**	**100.0%**

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

Survey results in Table 19 shows 59.3 per cent of SDPs 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. This is higher than result based on requirement of national protocols, guidelines and/or laws by 19.3 per cent; registering same as survey results in 2019. Results at facility level revealed higher rate of indicator at tertiary SDPs at 75.0 per cent, whilst coverage is relatively low at primary and secondary SDPs which registered at 61.1 per cent and 52.8 per cent respectively.

Table 19: Percentage of SDPs 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, region, residence, management type and distance from nearest warehouse/source of supplies

Background characteristics	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
Type of facility			
Primary level care	61.1%	38.9%	100.0%
Secondary level care	52.8%	47.2%	100.0%
Tertiary level care	75.0%	25.0%	100.0%
Region			
Eastern	57.1%	42.9%	100.0%
Northern	65.4%	34.6%	100.0%
North-Western	81.0%	19.0%	100.0%
Southern	58.5%	41.5%	100.0%
Western Area	31.6%	68.4%	100.0%
Residence			
Rural	64.8%	35.2%	100.0%
Urban	47.7%	52.3%	100.0%
Management type			
Government	59.8%	40.2%	100.0%
Private	70.0%	30.0%	100.0%
NGO	40.0%	60.0%	100.0%
Faith-Based	33.3%	66.7%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	46.7%	53.3%	100.0%
15-29 km	42.9%	57.1%	100.0%
30-49 km	63.7%	36.3%	100.0%
50 km & above	66.7%	33.3%	100.0%
Total	**59.3%**	**40.7%**	**100.0%**

Analysis at regional level indicated North-Western region outperformed any of the other regions, registering 81.0 per cent '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. The lowest coverage of the indicator was reported in Western Area (31.6 per cent). At 83.3 per cent, Kambia district had the highest incidence of '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.

Coverage of the indicator in most districts was reported below national average, registering 0-38 per cent of SDPs with 'no stock-out' of any modern contraceptive method. Residential results revealed more rural SDPs (47.3 per cent) than urban SDPs (35.2 per cent) reported '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. Considering management type, Government SDPs recorded the highest incidence of '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.

It is worth noting that more SDPs farther away from the nearest warehouse/source of supplies than those closer 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.

3.6.5 'No stock-out' of three modern contraceptive methods on the day of the survey

Percentage distribution of SDPs with 'no stock-out' of at least three modern contraceptive method offered as part of SDP's regular and normal service delivery on the day of survey by type of facility is shown in Table 20. According to survey results, 91.1 per cent of SDPs experienced 'no stock-out' of at least three contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey; which indicates a slight improvement over results in 2019 (89.8 per cent) and 2018 (88.2 per cent). Whilst all tertiary SDPs experienced 'no stock-out' of at least three contraceptive methods offered as part of SDP regular and normal service delivery process on the day of the survey, 93.7 per cent of primary SDPs and 83.3 per cent of secondary SDPs happened to achieve the indicator.

Table 20: Percentage of SDPs with 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs' regular and normal service delivery process on the day of the survey by type of facility, region, residence, management type and distance from nearest warehouse/source of supplies

Background characteristics	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
Type of facility			
Primary level care	93.7%	6.3%	100.0%
Secondary level care	83.3%	16.7%	100.0%
Tertiary level care	100.0%	0.0%	100.0%
Region			
Eastern	90.6%	9.4%	100.0%
Northern	100.0%	0.0%	100.0%
North-Western	80.0%	20.0%	100.0%
Southern	100.0%	0.0%	100.0%
Western Area	90.6%	9.4%	100.0%
Residence			
Rural	94.5%	5.5%	94.5%
Urban	84.1%	15.9%	84.1%
Management type			
Government	89.3%	10.7%	100.0%
Private	96.2%	3.8%	100.0%
NGO	100.0%	0.0%	100.0%
Faith-Based	90.2%	9.8%	100.0%

Table 20: Percentage of SDPs with 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs' regular and normal service delivery process on the day of the survey by type of facility, region, residence, management type and distance from nearest warehouse/ source of supplies (continued)

Background characteristics	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
Distance from nearest warehouse/source of supplies			
< 15 km	92.3%	7.7%	100.0%
15-29 km	73.0%	27.0%	100.0%
30-49 km	95.8%	4.2%	100.0%
50 km & above	91.7%	8.3%	100.0%
Total	**91.1%**	**8.9%**	**100.0%**

Findings revealed only two regions (Western Area and North-Western) registered all SDPs registered 'no stock-out' of at least three modern contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey. The other three regions reported rates below the national average. The survey envisaged all SDPs in 10 districts 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. The five districts registered coverage of the indicator below the national average. Rural SDPs was 10.4 per cent more than urban SDPs to report '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 (94.5 per cent compared with 84.1 per cent).

Only two entities (private and faith-based) have all SDPs registered 'no stock-out' of at least three modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey. SDPs of the government and NGOs reported 90.6 per cent and 80.0 per cent of the indicator, respectively. There is no absolute connection 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 the nearest warehouse/source of supplies.

3.6.6 'No stock-out' of five modern contraceptive methods on the day of the survey

Table 21 presents percentage of SDPs with 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process on the day of the survey by type of facility, region, residence, management type and distance from the nearest warehouse/ source of supplies. Survey results revealed that 97.0 per cent of SDPs 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 survey; the highest reported compared to results in previous years: 2019 (95.8 per cent) and 2018 (91.2 per cent). At the different facility levels, all tertiary SDPs, 98.9 per cent of primary and 91.7 per cent of secondary SDPs reported 'no stock-out' of at least five modern contraceptive methods offered as part of SDP regular and normal service delivery on the day of survey. Combined result revealed that 992.5 per cent of secondary and tertiary SDPs (together) experienced 'no stock-out' of at least five modern contraceptive methods.

Results across regions revealed three regions (Eastern, North-Western and Northern) registered all SDPs experiencing 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs regular and normal service delivery process on the day of the survey. The Southern region and Western Area accounted for 97.6 per cent and 84.2 per cent 'no stock-out', respectively. Findings further revealed all districts, except Moyamba and Western Area Urban, recorded 100 per cent '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.

Rural/urban residence results indicated 98.9 per cent of rural SDPs and 93.2 per cent of urban SDPs experienced recorded 'no stock-out' than urban SDPs of at least five modern contraceptives offered as part of SDP regular and normal service delivery process on the day of the survey.

It was observed that all private and faith-based SDPs 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. The 'no stock-out' situation was fairly low for Government and SDPs owned by NGOs, registering 97.4 per cent and 80.0 per cent, respectively.

Notably, SDPs closer to the nearest warehouse/source of supplies than those farther away experienced 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.

Table 21: Percentage of SDPs with 'no stock-out' of at least five modern contraceptive methods offered as part of SDPs' regular and normal service delivery process on the day of the survey by type of facility, region, residence, management type and distance from the nearest warehouse/ source of supplies

Background characteristics	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
Type of facility			
Primary level care	98.9%	1.1%	100.0%
Secondary level care	91.7%	8.3%	100.0%
Tertiary level care	100.0%	0.0%	100.0%
Region			
Eastern	100.0%	0.0%	100.0%
Northern	100.0%	0.0%	100.0%
North-Western	100.0%	0.0%	100.0%
Southern	97.6%	2.4%	100.0%
Western Area	84.2%	15.8%	100.0%
Residence			
Rural	98.9%	1.1%	100.0%
Urban	93.2%	6.8%	100.0%
Management type			
Government	97.4%	2.6%	100.0%
Private	100.0%	0.0%	100.0%
NGO	80.0%	20.0%	100.0%
Faith-Based	100.0%	0.0%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	99.0%	1.0%	100.0%
15-29 km	77.8%	22.2%	100.0%
30-49 km	4.2%	4.2%	95.8%
50 km & above	0.0%	0.0%	100.0%
Total	**97.0%**	**3.0%**	**100.0%**

3.6.7 Reasons for 'stock-out' of modern contraceptives offered as part of SDP's regular and normal service delivery

Where 'stock-out' exists at SDP for modern contraceptive methods offered as regular and normal service delivery process, SDPs were also asked to indicate the main reasons for the event. Delay on the part of warehouses to resupply were prominent reasons stated for 'stock-out' of all modern contraceptive methods, except for sterilization for females and males as Table 22 shows. In particular, lack of equipment was admitted as the major reasons for not providing sterilization for males. Low or no client demand was a significant reason mentioned for female condoms, IUDs and sterilization for females and males.

Table 22: Percentage of SDPs with main reasons for 'stock-out' of modern contraceptive methods offered as part of SDPs' regular and normal service delivery process on the day of the survey

Modern contraceptives	Delay on the part of main source institution or warehouse to resupply contraceptive	Delay by SDP to request for resupply of contraceptive	Contraceptive not available in market for SDP to procure	Low or no client demand for contraceptive	No trained personnel to offer service	Lack of equipment to provide contraceptive	Others
Male condoms	73.1%	7.7%	3.8%	-	-	-	15.4%
Female condoms	47.1%	5.9%	-	29.4%	-	-	17.6%
Oral contraception	63.6%	18.2%	-	9.1%	-	-	9.1%
Injectables	73.3%	13.3%	6.7%		-	-	6.7%
IUDs	75.0%	-	-	25.0%	-	-	-
Implants	87.5%	12.5%	-	-	-	-	-
Emergency contraception	75.0%	5.0%	-	5.0%	-	-	15.0%
Sterilization for females	33.3%	-	-	33.3%	-	-	33.3%
Sterilization for males	-	-	-	33.3%	-	66.7%	-

PART 4
SURVEY FINDINGS FOR HEALTH FACILTY RESOURCES

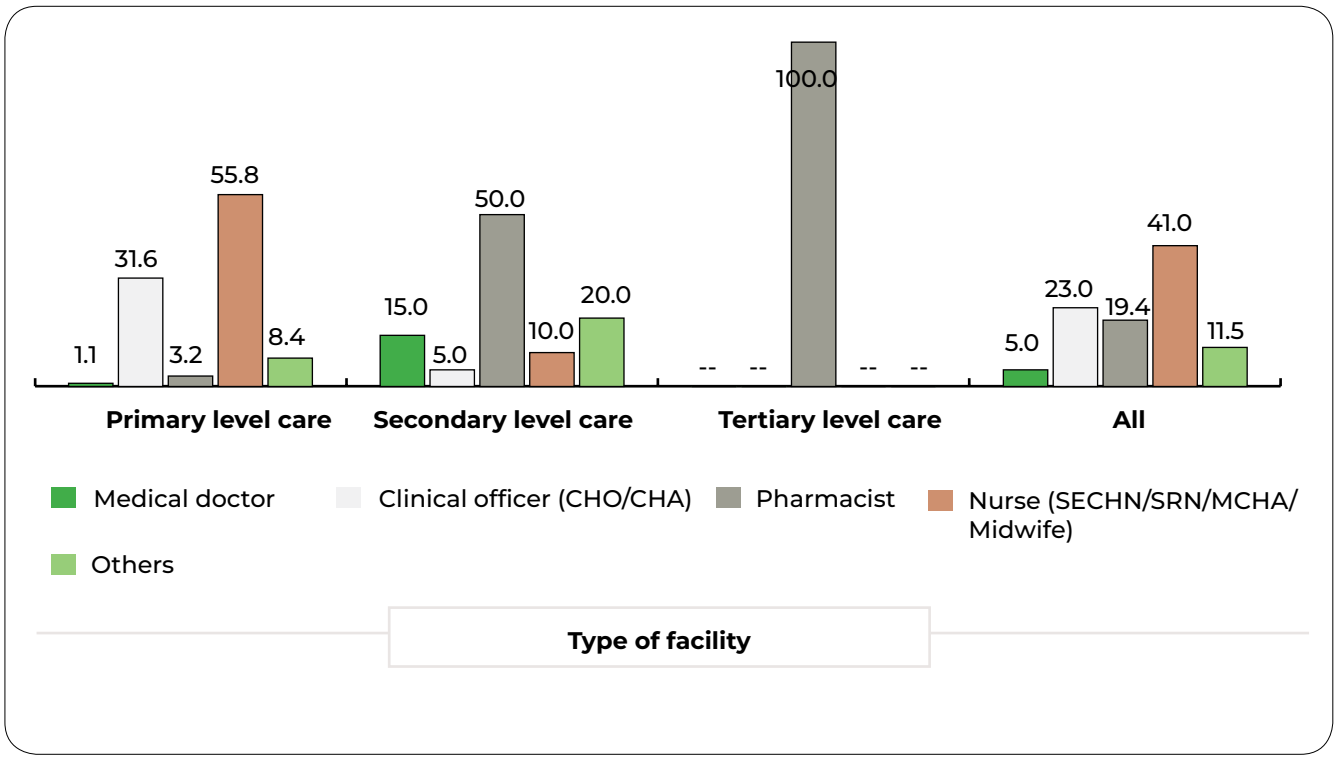
These sections discuss results and findings on the other salient aspects relating to the readiness of SDPs in providing RH services including FP. The other aspects include the supply chain; existence of cold chain at SDPs; staff training for FP services; staff supervision for reproductive health including FP; availability of guidelines, check-lists and job aid; availability and use of information, communication technology (ICT); waste disposal and charging for user fee.

4.1 SUPPLY CHAIN INCLUDING COLD CHAIN

4.1.1 Resupply of medical supplies

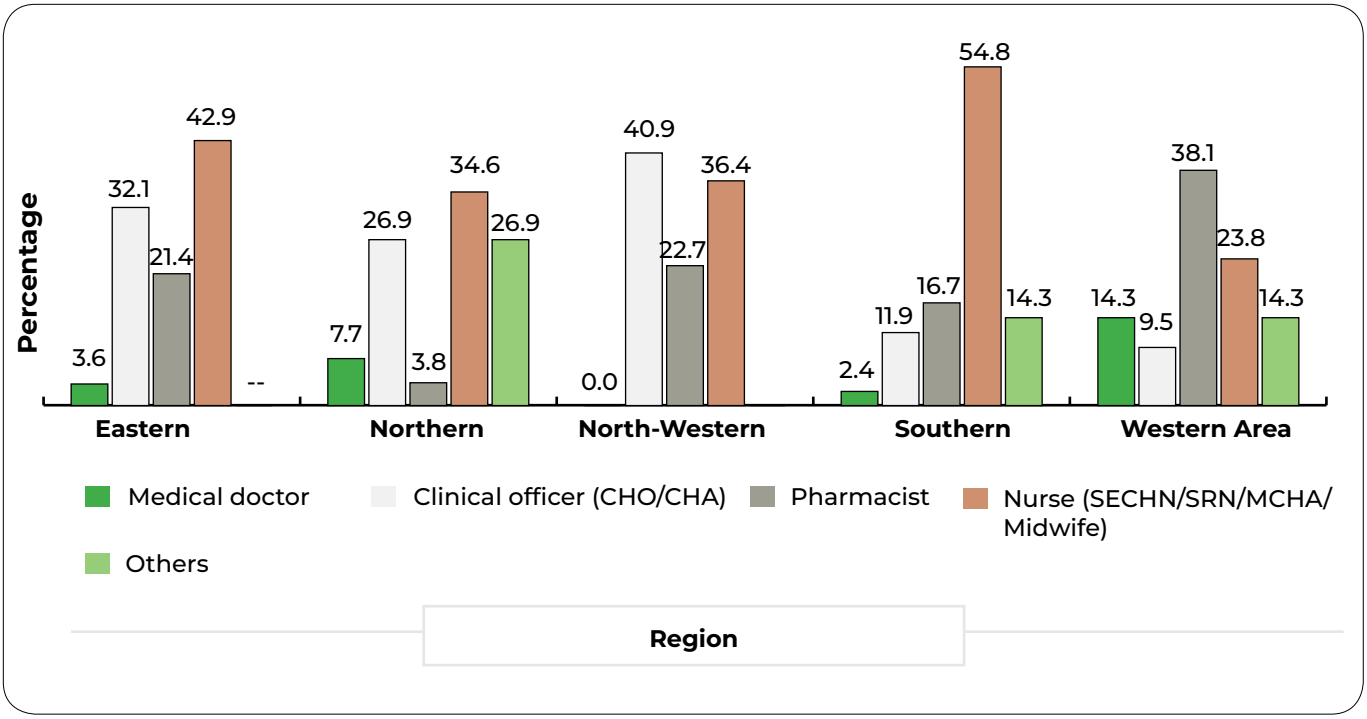
Figure 34 presents the percentage of SDPs with persons responsible for ordering medical supplies by type of facility. Findings from the survey revealed nurses are primarily responsible for ordering medical supplies at SDPs, comprising 41.0 per cent. They are followed by clinical officers including CHOs and CHAs (23.0 per cent), pharmacists (19.4 per cent) and then medical doctors (5.0 per cent). Other persons responsible for ordering (such as logisticians) accounted for 11.5 per cent. Disaggregating by facility level, pharmacists were found to be solely responsible for ordering medical supplies at tertiary SDPs (100 per cent) and are more likely to order medical supplies at secondary SDPs (50.0 per cent). Nurses (55.8 per cent) and clinical officers (31.6 per cent) were mainly reportedly responsible for ordering medical supplies at primary SDPs.

Figure 34: Percentage distribution of SDPs with persons responsible for ordering medical supplies by type of facility



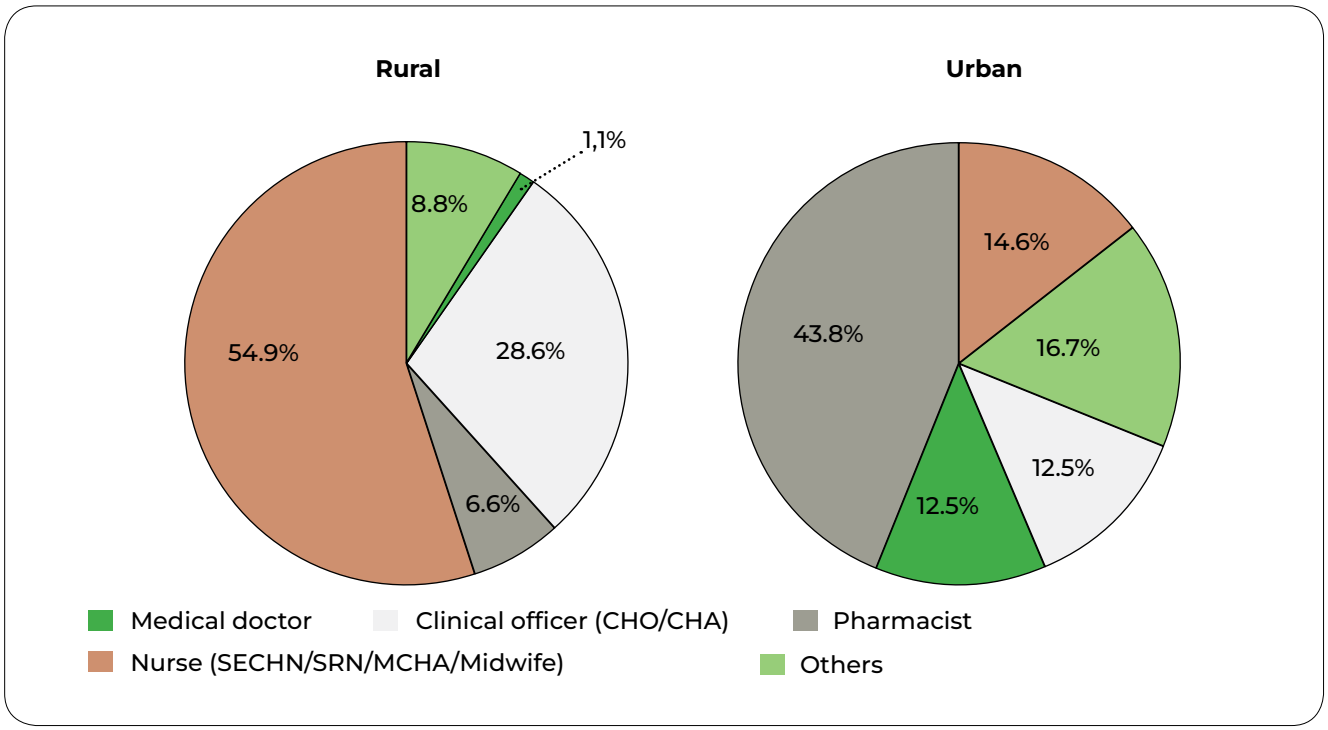
Results by region on the role of ordering medical supplies in Figure 35 show nurses are mainly responsible for ordering medical supplies in three regions: Eastern (42.9 per cent), Northern (34.6 per cent) and Southern (54.8 per cent). In Western Area and North-Western region, pharmacists (38.1 per cent) and clinical officers (40.9 per cent) respectively are primarily responsible.

Figure 35: Percentage of SDPs with persons responsible for ordering medical supplies by region



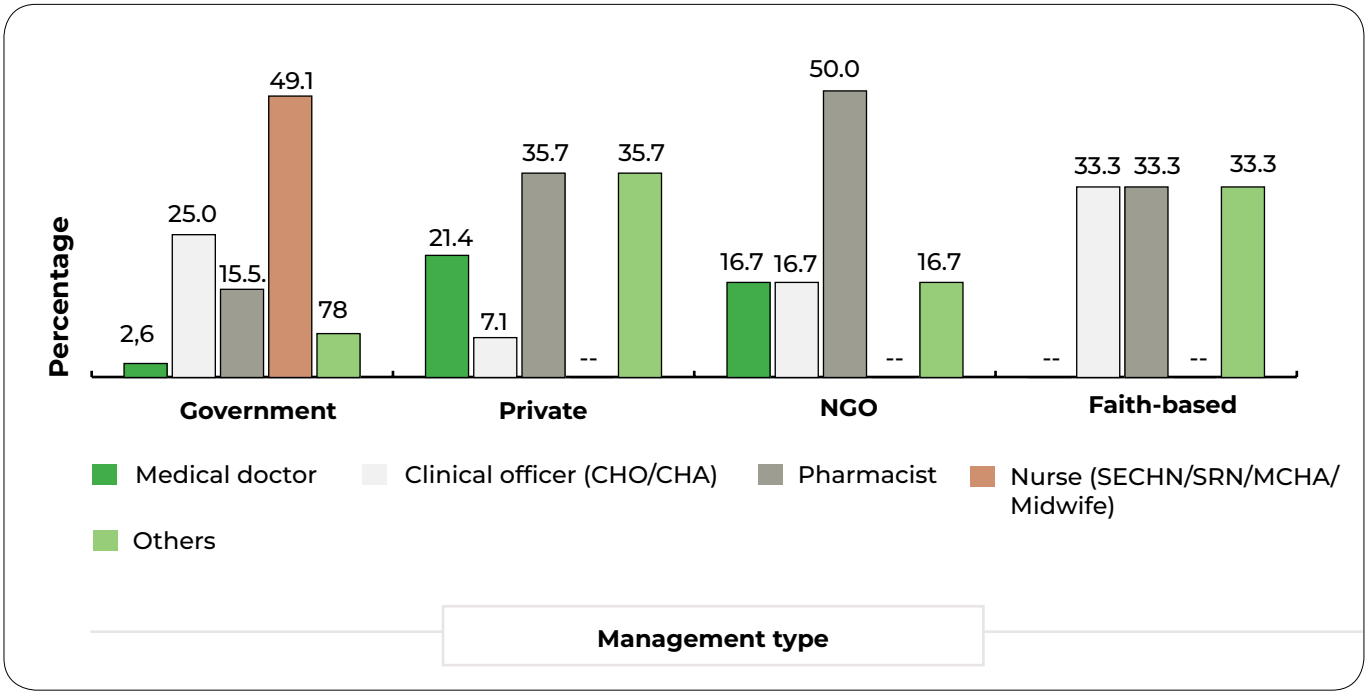
Rural/urban residence results in Figure 36 illustrate nurses (54.9 per cent) were the main persons responsible for ordering medical supplies in rural SDPs, followed by clinical officers (28.6 per cent). In urban SDPs, pharmacists take lead in ordering medical supplies.

Figure 36: Percentage of SDPs with persons responsible for ordering medical supplies by rural/ urban residence



According to survey results in Figure 37, nurses (49.1 per cent) were mostly responsible for ordering medical supplies in Government SDPs, followed by clinical officers (25.0 per cent) and pharmacists (15.5 per cent). In private SDPs, the responsibility is mainly shared by pharmacists (35.7 per cent) and other staff (such as logisticians) (35.7 per cent). For NGO SDPs, responsibility for ordering medical supplies is primarily undertaken by pharmacists (50.0 per cent). The responsibility in faith-based SDPs is equally shared by clinical officers, pharmacists and others (logisticians).

Figure 37: Percentage of SDPs with persons responsible for ordering medical supplies by management type

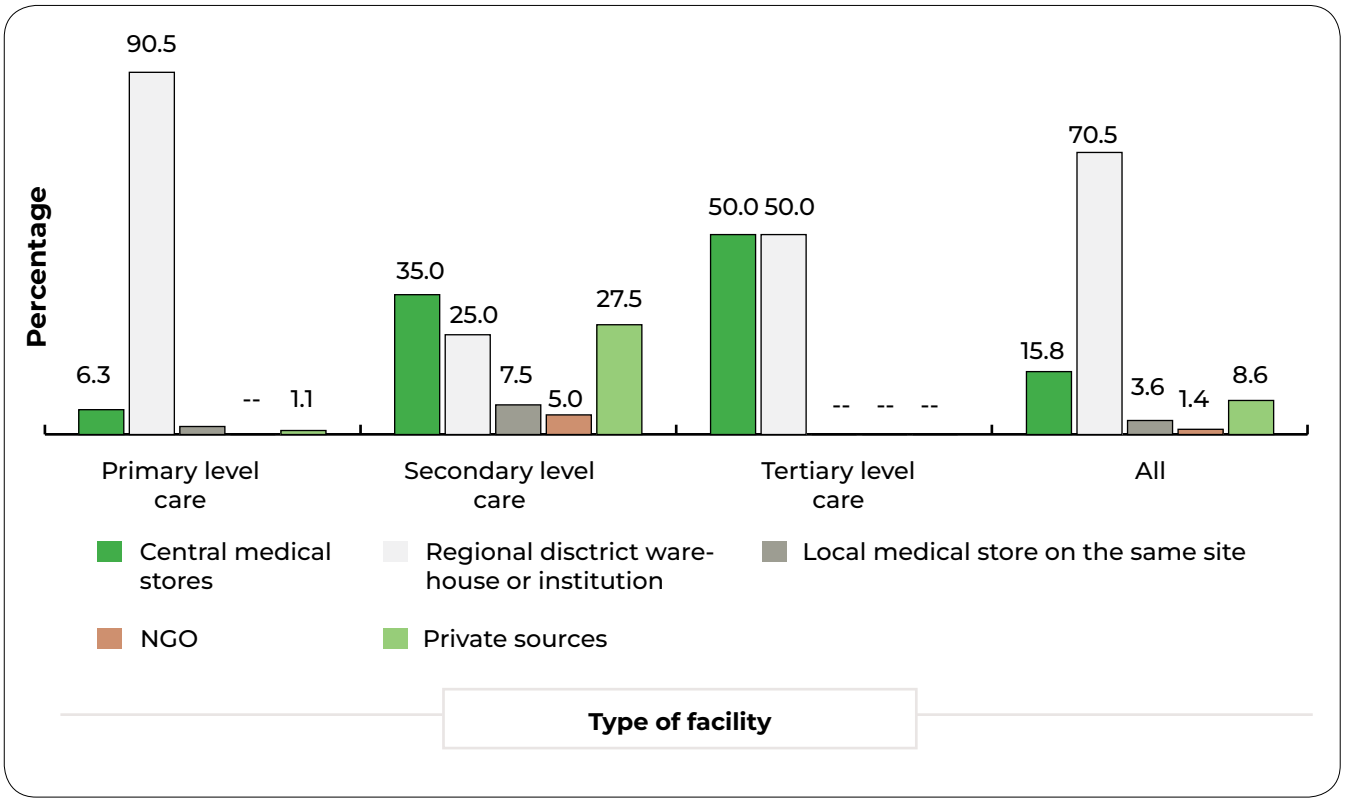


4.1.2 Main source of routine medicines and medical supplies

Survey results showed regional/district warehouses or institutions are the primary source of routine medicines and medical supplies for majority of SDPs (70.5 per cent), indicating their significant role in the supply chain system. However, 15.8 per cent of SDPs are reportedly getting supplies from central medical store, 8.6 per cent from private sources, 3.6 per cent from local medical stores on the same site and 1.4 per cent from NGOs.

Regional/district warehouses or institutions are the main source of routine medicines and medical supplies for primary SDPs (90.5 per cent) with a few of them (9.5 per cent) accessing their routine medicines and medical supplies from the central medical stores, local medical stores or private sources. Secondary SDPs receive their routine medicines and medical supplies from the central medical stores (35.0 per cent), regional/district warehouses or institutions (25.0 per cent) and private sources (27.5 per cent). Just a few secondary SDPs (12.5 per cent) were seen to receive their routine medicines and medical supplies on-site local medical store or NGOs. Tertiary SDPs source routine medicines and medical supplies from only two sources: central medical store (50.0 per cent) and regional/district warehouses or institutions (50.0 per cent).

Figure 38: Main source of routine medicines and medical supplies by type of Service Delivery Points



Analysis by region on main source of routine medicines and medical supplies in Figure 39 shows regional/district warehouses or institutions are largely seen in all regions to supply routine medicines and medical supplies.

Figure 39: Main source of routine medicines and medical supplies by region

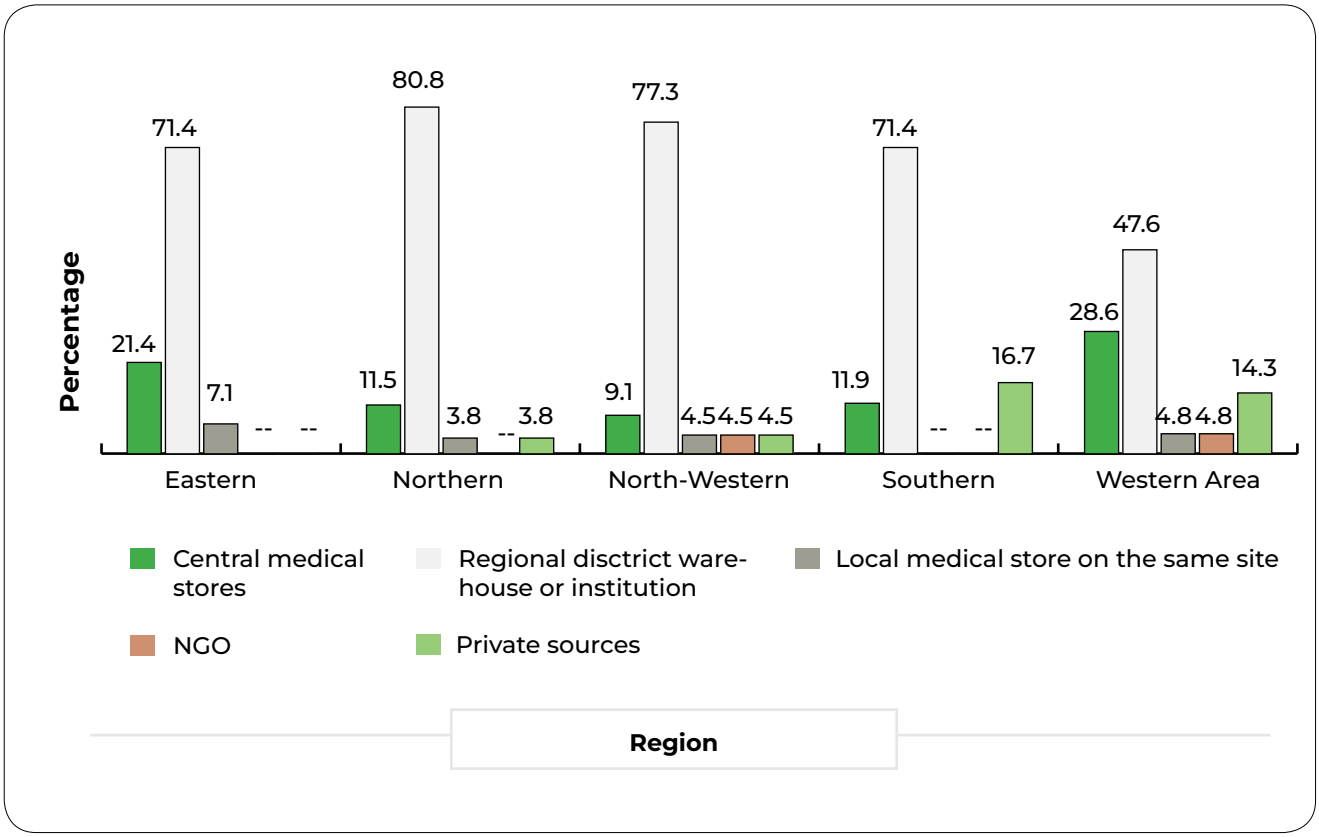
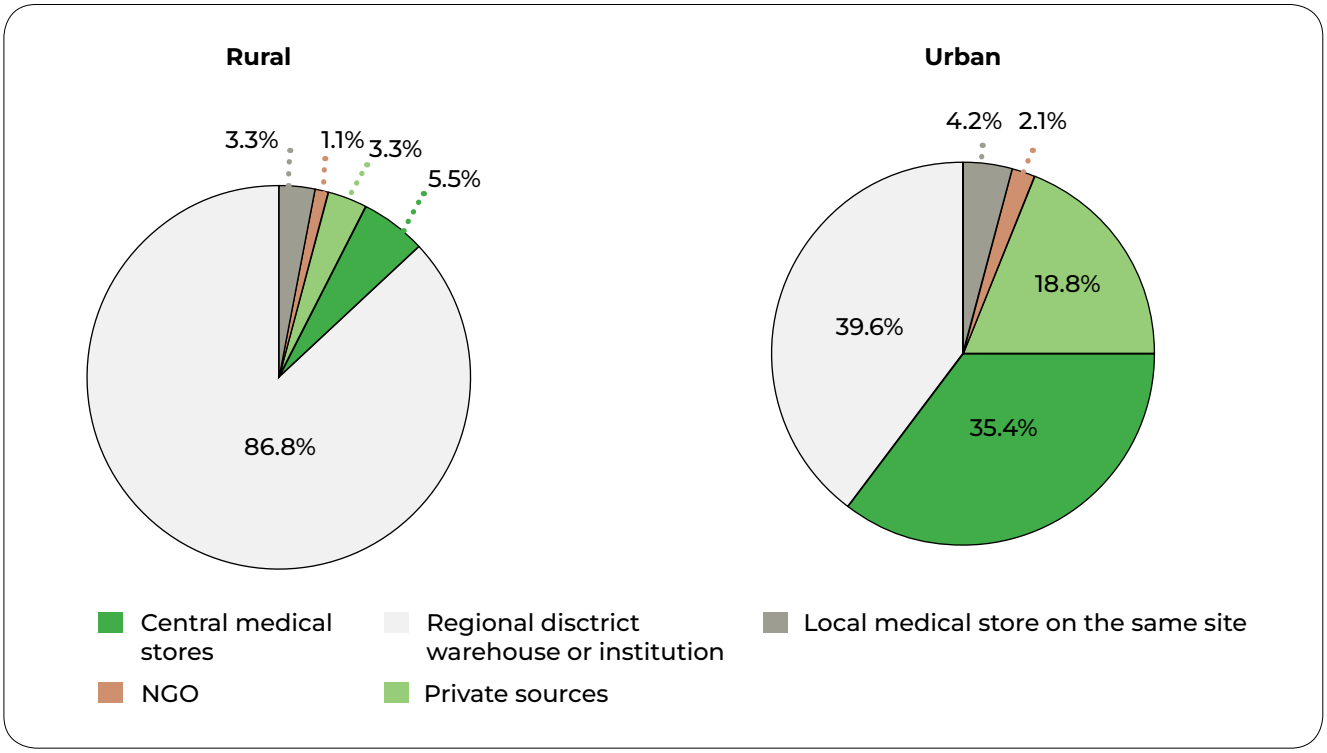


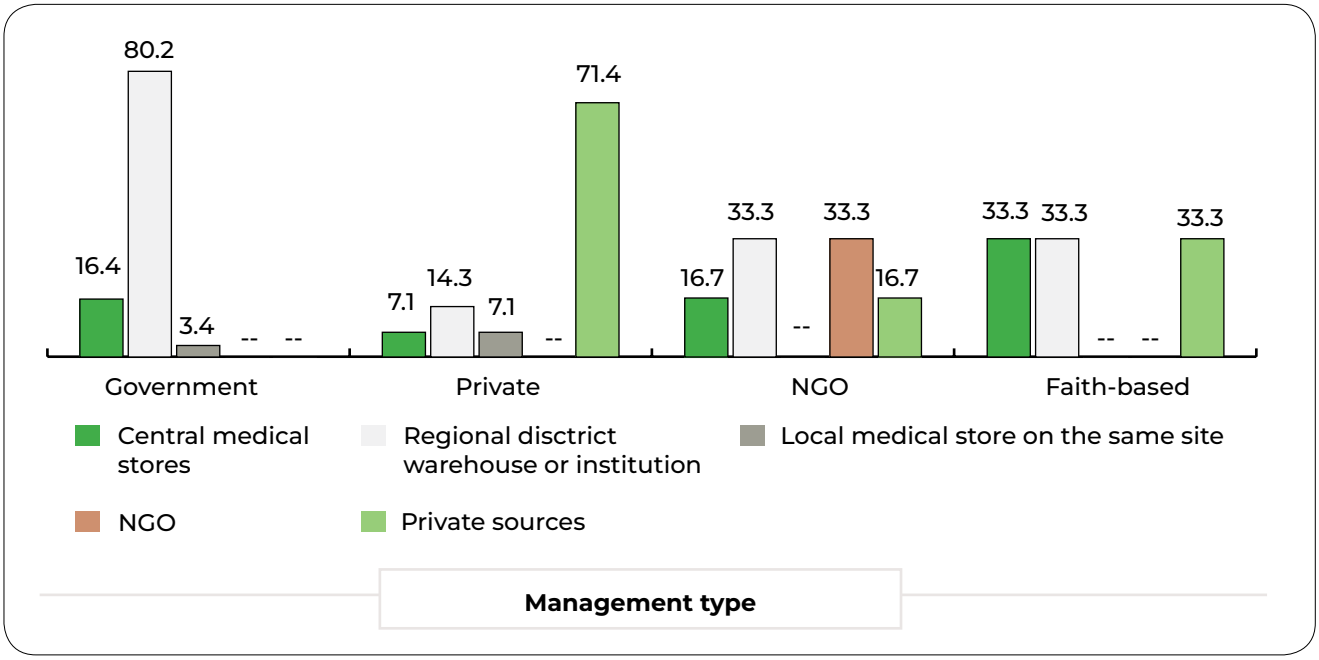
Figure 40 shows main source of routine medicines and medical supplies by rural/urban residence. Results indicated twice as many rural SDPs (86.8 per cent) as urban SDPs (39.6 per cent) receive routine medicines and medical supplies from regional/district warehouses or institutions. Far more urban SDPs (35.4 per cent) than rural SDPs (1.2 per cent) were found to receive routine medicines and medical supplies from central medical stores.

Figure 40: Main source of routine medicines and medical supplies by rural/urban residence



According results in Figure 41, government SDPs are mostly receiving routine medicines and medical supplies from regional/district warehouses or institutions (80.6 per cent) far more than SDPs of the other entities. Whereas private SDPs are largely receiving routine medicines and medical supplies from private sources (71.4 per cent), bulk of SDPs managed by NGOs (66.3 per cent) are getting the supplies from their entity (NGO) or regional/district warehouses or institutions.

Figure 41: Main source of routine medicines and medical supplies by management type



4.1.3 Fulfilment of order or request for modern contraceptives

Table 23 shows the percentage of SDPs whose orders/requests for modern contraceptives were fully fulfilled in the last three months by type of facility, region, residence, management type and distance from nearest source of supplies. Survey results suggest 42.1 per cent of SDPs which ordered/ requested resupplies of modern contraceptives in the last three months before the survey have quantities ordered/requested fully fulfilled . Whilst 57.9 per cent of SDPs have quantities of modern contraceptives ordered/requested not fully fulfilled . Results by facility level indicated tertiary SDPs are better off in terms of fulfilment of quantities of contraceptives ordered/requested; with 75.0 per cent of them have quantities fully fulfilled. Fulfilment of quantities of modern contraceptives ordered/ requested was comparably low at primary and secondary SDPs, recording 38.5 per cent and 48.4 per cent, respectively.

Findings from the survey revealed that the fulfilment of modern contraceptives ordered or requested in the last three months before the survey was visibly higher in Southern region accounting for 64.9 per cent, which was followed by North-Western at 50.0 per cent. The measure of this indicator was lower (than the national average) in the remaining three regions with Western Area reporting the least at 22.2 per cent. More urban SDPs (44.7 per cent) than rural SDPs (40.9 per cent) have their quantities of modern contraceptives ordered/requested fully fulfilled in the past three months before the survey.

Results by management type revealed that fulfilment of quantities of modern contraceptives ordered in the last three months before the survey was highest for private SDPs, estimated at 71.4 per cent. In particular, fulfilment of quantities was fairly for government SDPs (41.2 per cent). Results show no clear association between fulfilment of quantities of modern contraceptives requested and distance from nearest source of supplies in the last three months before the survey because of mixed results displayed.

Table 23: Percentage of SDPs whose orders/requests for contraceptives were fully fulfilled in the last three months by type of facility, region, residence management type and distance from nearest source of supplies

Background characteristics	Percentage		
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Total
Type of facility			
Primary level care	38.5%	61.5%	100.0%
Secondary level care	48.4%	51.6%	100.0%
Tertiary level care	75.0%	25.0%	100.0%
Region			
Eastern	30.8%	69.2%	100.0%
Northern	28.0%	72.0%	100.0%
North-Western	50.0%	50.0%	100.0%
Southern	64.9%	35.1%	100.0%
Western Area	22.2%	77.8%	100.0%
Residence			
Rural	40.9%	59.1%	100.0%
Urban	44.7%	55.3%	100.0%

Table 23: Percentage of SDPs whose orders/requests for contraceptives were fully fulfilled in the last three months by type of facility, region, residence management type and distance from nearest source of supplies (continued)

Background characteristics	Percentage		
	Quantities requested fulfilled in full	Quantities requested not fulfilled in full	Total
Management type			
Government	41.2%	58.8%	100.0%
Private	71.4%	28.6%	100.0%
NGO	0.0%	100.0%	100.0%
Faith-Based	33.3%	66.7%	100.0%
Distance from nearest warehouse/source of supplies			
< 15 km	52.3%	47.7%	100.0%
15-29 km	6.3%	93.8%	100.0%
30-49 km	55.6%	44.4%	100.0%
50 km & above	39.6%	60.4%	100.0%
Total	**42.1%**	**57.9%**	**100.0%**

4.1.4 Reasons why orders or requests for contraceptives are not fulfilled in full

For SDPs where quantities of modern contraceptive ordered or requested in the past three months at SDPs were not fully fulfilled, respondents were asked to state reasons why. Incomplete fulfilment was mainly associated with the role institution/warehouse responsible for resupply in determining actual quantities of modern contraceptives being supplied.

4.1.5 Use of logistics forms

Survey results in Table 24 indicated the majority of SDPs (80.6 per cent) have logistics forms available (as verified) at the time of the survey and are reportedly being used for reporting and ordering medical supplies whilst 14.4 per cent claimed to possess and use logistics forms but were not available for verification. Barely 5.0 per cent of SDPs were found not having or using any logistics form. The purpose of using logistics forms is essentially to maintain proper accountability for medical supplies. Verification of logistics forms utilization was visibly higher at primary SDPs (82.1 per cent) and secondary SDPs (80.0 per cent) than tertiary SDPs which registered least (50.0 per cent).

Northern region demonstrated remarkable availability and usage of logistics forms (as verified) for reporting and ordering medical supplies; registering above 92.3 per cent. Use of logistics forms was found to be the least in the Southern region at 69.0 per cent. Availability and usage of logistics forms for ordering and reporting medical supplies was more visible in rural SDPs (84.6 per cent) than urban SDPs (72.9 per cent). Survey results by management type show all faith-based SDPs but 83.6 per cent of government SDPs used logistics forms. Use of logistics forms was comparatively least (66.7 per cent) evidence at private SDPs.

Table 24: Percentage of SDPs using logistics forms for reporting and ordering type of facility, region, residence and management type

Background characteristics	Percentage			
	Logistics forms available (verified)	Logistics forms available (not verified)	No logistics forms used	Total
Type of facility				
Primary level care	82.1%	14.7%	3.2%	100.0%
Secondary level care	80.0%	10.0%	10.0%	100.0%
Tertiary level care	50.0%	50.0%	0.0%	100.0%
Region				
Eastern	78.6%	14.3%	7.1%	100.0%
Northern	92.3%	7.7%	0.0%	100.0%
North-Western	86.4%	9.1%	4.5%	100.0%
Southern	69.0%	23.8%	7.1%	100.0%
Western Area	85.7%	9.5%	4.8%	100.0%
Residence				
Rural	84.6%	12.1%	3.3%	100.0%
Urban	72.9%	18.8%	8.3%	100.0%
Management type				
Government	83.6%	12.9%	3.4%	100.0%
Private	57.1%	21.4%	21.4%	100.0%
NGO	66.7%	33.3%	0.0%	100.0%
Faith-Based	100.0%	0.0%	0.0%	100.0%
Total	**97.0%**	**3.0%**	**5.0%**	**100.0%**

4.1.6 Frequency of medical resupplies to SDPs

Data on frequency of medical resupplies suggests that the majority of SDPs (76.3 per cent) are receiving resupplies quarterly (once every three months). A few of them mentioned receiving resupplies once every month (17.3 per cent) and once every two weeks (5.8 per cent) while fewer than 1 per cent are reportedly receiving resupplies once every six months.

Quarterly receipt of medical resupplies was popular at all levels of SDPs: primary (84.2 per cent), secondary (57.5 per cent) and tertiary (75.0 per cent). Findings also revealed the quarterly receipt of medical resupplies was prominently reported for most SDPs in all regions, both rural and urban areas, and of all entities as Table 25 shows.

Table 25: Frequency of medical resupplies by type of SDPs, region, residence and management type

Background characteristics	Percentage				
	Once every two weeks	Once every month	Once every three months	Once every six months	Total
Type of facility					
Primary level care	3.2%	11.6%	84.2%	1.1%	100.0%
Secondary level care	10.0%	32.5%	57.5%	0.0%	100.0%
Tertiary level care	25.0%	0.0%	75.0%	0.0%	100.0%
Region					
Eastern	3.6%	21.4%	71.4%	3.6%	100.0%
Northern	15.4%	19.2%	65.4%	0.0%	100.0%
North-Western	4.5%	9.1%	86.4%	0.0%	100.0%
Southern	2.4%	11.9%	85.7%	0.0%	100.0%
Western Area	4.8%	28.6%	66.7%	0.0%	100.0%
Residence					
Rural	3.3%	17.6%	78.0%	1.1%	100.0%
Urban	10.4%	16.7%	72.9%	0.0%	100.0%
Management type					
Government	5.8%	17.3%	76.3%	0.7%	100.0%
Private	5.8%	17.3%	76.3%	0.7%	100.0%
NGO	5.8%	17.3%	76.3%	0.7%	100.0%
Faith-Based	5.8%	17.3%	76.3%	0.7%	100.0%
Total	**5.8%**	**17.3%**	**76.3%**	**0.7%**	**100.0%**

4.1.7 Transportation of medical supplies to SDPs

Data on transportation of medical supplies in Table 26 indicated local or district administration (58.6 per cent) is largely responsible for transporting medical supplies from sources of supplies to SDPs while 18.0 per cent cited the central government as being responsible for transporting medical supplies and 13.6 per cent reported collecting the supplies themselves. Results at the facility level reveal that the local or district administration is taking greater responsibility in transporting medical supplies for primary SDPs (75.8 per cent), though a few of them have the central government (10.5 per cent) and SDP staff members (11.6 per cent) transporting the supplies. Secondary SDPs mainly have the central government (32.5 per cent) and staff members (27.5 per cent) transporting supplies, with a significant proportion of them (20.0 per cent) reporting local/district administration taking the responsibility. Transportation of supplies to tertiary SDPs is primarily undertaken by the central government (50.0 per cent).

Local/district administration is largely seen responsible for transporting medical supplies in all regions, except Western Area where transportation of medical supplies is primarily undertaken by the central government (47.6 per cent). The incidence of local/district administration in transporting medical supplies to rural SDPs (74.7 per cent) is thrice that of urban SDPs (27.1 per cent). In contrast, far more urban SDPs (37.5 per cent) than rural SDPs (7.7 per cent) happened to have the central government transporting medical supplies. With regard to management type, the local/district administration is largely responsible for transporting medical supplies to government SDPs (69.0 per cent) than to SDPs of other entities.

Table 26: Responsibility for transportation of supplies by type of SDP, region, residence and management type

Background characteristics	Percentage				
	National/central government	Local/District administration	Facility collects	Others	Total
Type of facility					
Primary level care	10.5%	75.8%	11.6%	2.1%	100.0%
Secondary level care	32.5%	20.0%	27.5%	20.0%	100.0%
Tertiary level care	50.0%	25.0%	25.0%	0.0%	100.0%
Region					
Eastern	10.7%	64.3%	21.4%	3.6%	100.0%
Northern	19.2%	61.5%	11.5%	7.7%	100.0%
North-Western	9.1%	72.7%	13.6%	4.5%	100.0%
Southern	11.9%	64.3%	14.3%	9.5%	100.0%
Western Area	47.6%	19.0%	23.8%	9.5%	100.0%
Residence					
Rural	7.7%	74.7%	15.4%	2.2%	100.0%
Urban	37.5%	27.1%	18.8%	16.7%	100.0%
Management type					
Government	19.0%	69.0%	9.5%	2.6%	100.0%
Private	7.1%	0.0%	57.1%	35.7%	100.0%
NGO	16.7%	0.0%	66.7%	16.7%	100.0%
Faith-Based	33.3%	33.3%	0.0%	33.3%	100.0%
Total	**18.0%**	**58.3%**	**16.5%**	**7.2%**	**100.0%**

4.1.8 Availability of trained staff in Logistics Management Information System

Survey results in Table 27 clearly indicate a significant presence of trained staff in different aspects of LMIS, with at least 88.0 per cent of SDPs accounting for availability of trained staff in all four aspects investigated. Trained staff in all aspects of LMIS was present at all tertiary SDPs, at 80-83 per cent of secondary SDPs and at least 90 per cent of primary SDPs.

The presence of trained staff in all four aspects of LMIS was generally higher in Western Area and Southern region. The other three regions (Eastern, Southern and North-Western) registered relatively fewer trained staff in all four aspects. Survey results show high presence of staff trained in all four aspects of LIMS at rural SDPs than urban SDPs.

Analysis by management type revealed all faith-based SDPs demonstrated presence of staff trained in all four aspects of LIMS, followed by government SDPs and private SDPs, with NGO-owned SDPs reporting the lowest rate.

Table 27: Percentage distribution of SDPs with staff trained in aspects of logistics management information system by type of SDP, region, residence and management type

Background characteristics	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
Type of facility				
Primary level care	89.5%	90.5%	91.6%	93.7%
Secondary level care	82.5%	80.0%	82.5%	80.0%
Tertiary level care	100.0%	100.0%	100.0%	100.0%
Region				
Eastern	89.3%	85.7%	89.3%	89.3%
Northern	96.2%	96.2%	96.2%	96.2%
North-Western	77.3%	81.8%	86.4%	86.4%
Southern	85.7%	85.7%	85.7%	88.1%
Western Area	90.5%	90.5%	90.5%	90.5%
Residence				
Rural	90.1%	91.2%	92.3%	93.4%
Urban	83.3%	81.3%	83.3%	83.3%
Management type				
Government	88.8%	88.8%	91.4%	91.4%
Private	85.7%	85.7%	78.6%	85.7%
NGO	66.7%	66.7%	66.7%	66.7%
Faith-Based	100.0%	100.0%	100.0%	100.0%
Total	**87.8%**	**87.8%**	**89.2%**	**89.9%**

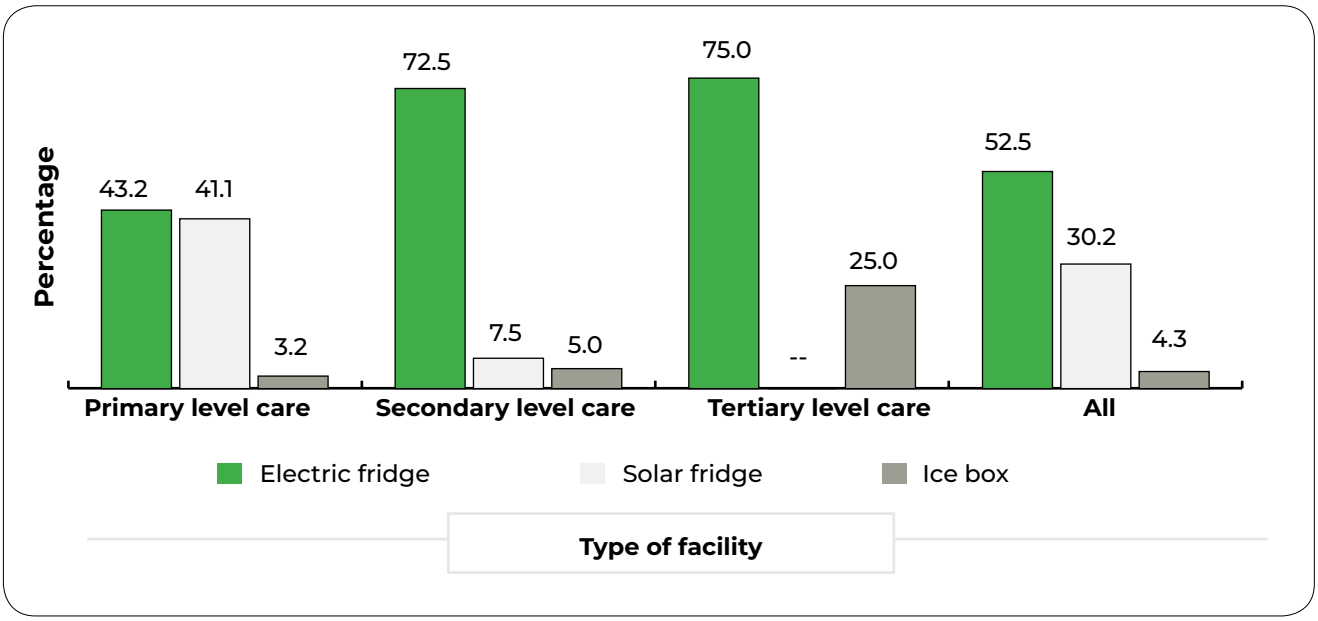
4.1.9 Availability of a cold chain at SDPs and sources of power

Survey results revealed 87.0 per cent of SDPs have a (functioning) cold chain for storing medical supplies and 12.9 per cent have no cold chain; showing 12.3 per cent increase in availability of a cold chain compared to 2019 (74.8 per cent). While all tertiary SDPs found to have a cold chain, 87.4 per cent of primary SDPs and 85.0 per cent of secondary SDPs have got a cold chain. At regional level, Western Area recorded the highest existence of a cold chain (95.2 per cent) at SDPs whilst Southern region reported the least (76.2 per cent). There is no marked difference in existence of a cold chain between and urban SDPs (86.8 per cent compared to 87.5 per cent). Only faith-based organizations had all SDPs got a cold chain. Whilst 87.1 per cent of government SDPs were found to own a cold chain, 85.7 per cent and 83.3 per cent of private and NGO SDPs, respectively, have got it.

4.1.10 Types of cold chain available at SDPs

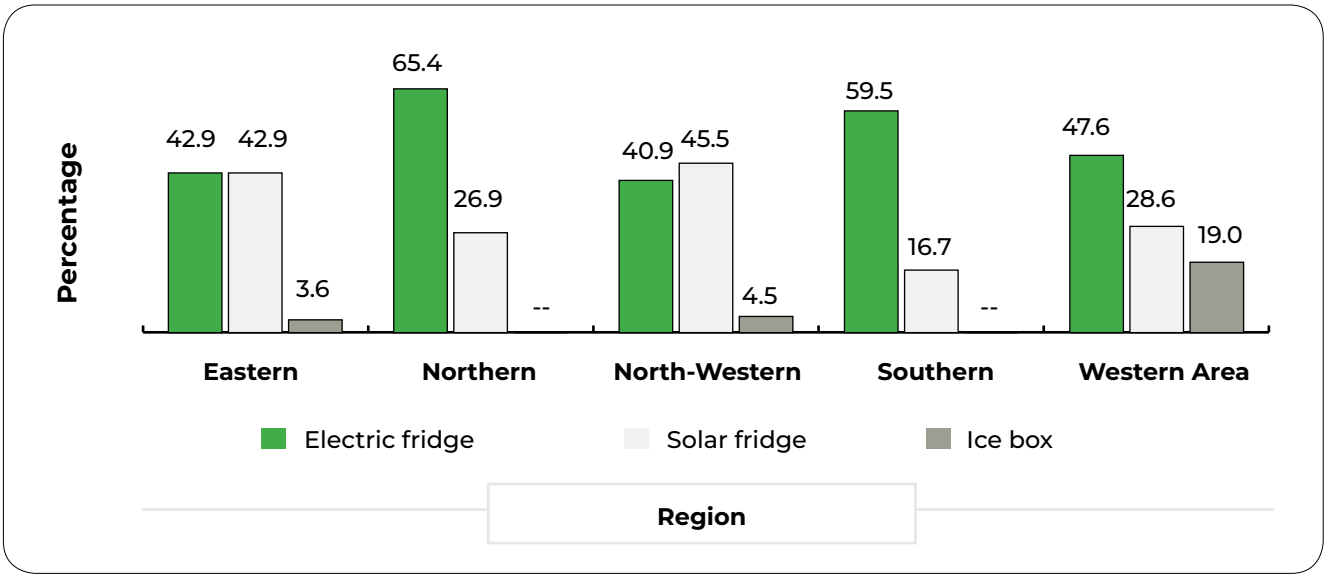
Figure 42 presents types of cold chain available by type of SDPs. The survey revealed 52.5 per cent of SDPs with a cold chain were found to have an electric fridge whilst 30.2 per cent have a solar fridge and 4.3 per cent have an ice box used to preserve the required medicines. It is clear that the electric fridge is the main cold chain available at all levels of SDPs, though a significant proportion of SDPs especially at the primary level (41.1 per cent) have got a solar fridge. It is surprisingly to note that more tertiary SDPs (25.0 per cent) have an ice box.

Figure 42: Types of cold chain available by type of Service Delivery Points



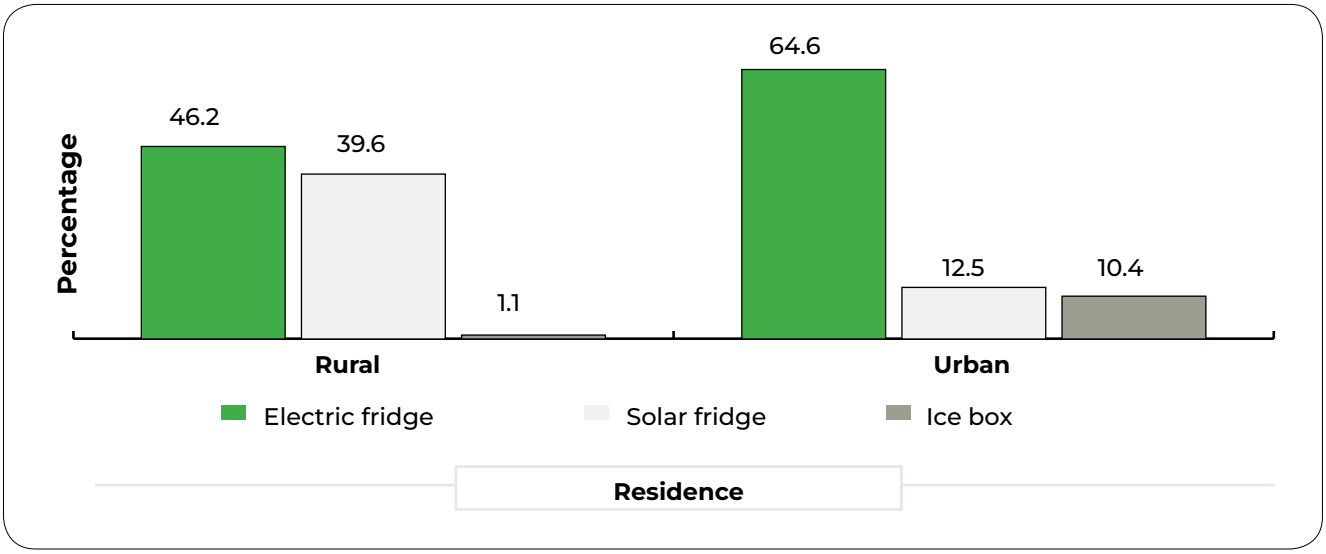
The presence of an electric fridge is considerably higher in Western Area (47.6 per cent), Southern region (59.5 per cent) and Northern region (65.4 per cent) as seen in Figure 43. Eastern region has as many SDPs with a solar fridge (42.9 per cent) as an electric fridge (42.9 per cent), whilst North-Western region has more with a solar fridge (45.5 per cent).

Figure 43: Types of cold chain available by region



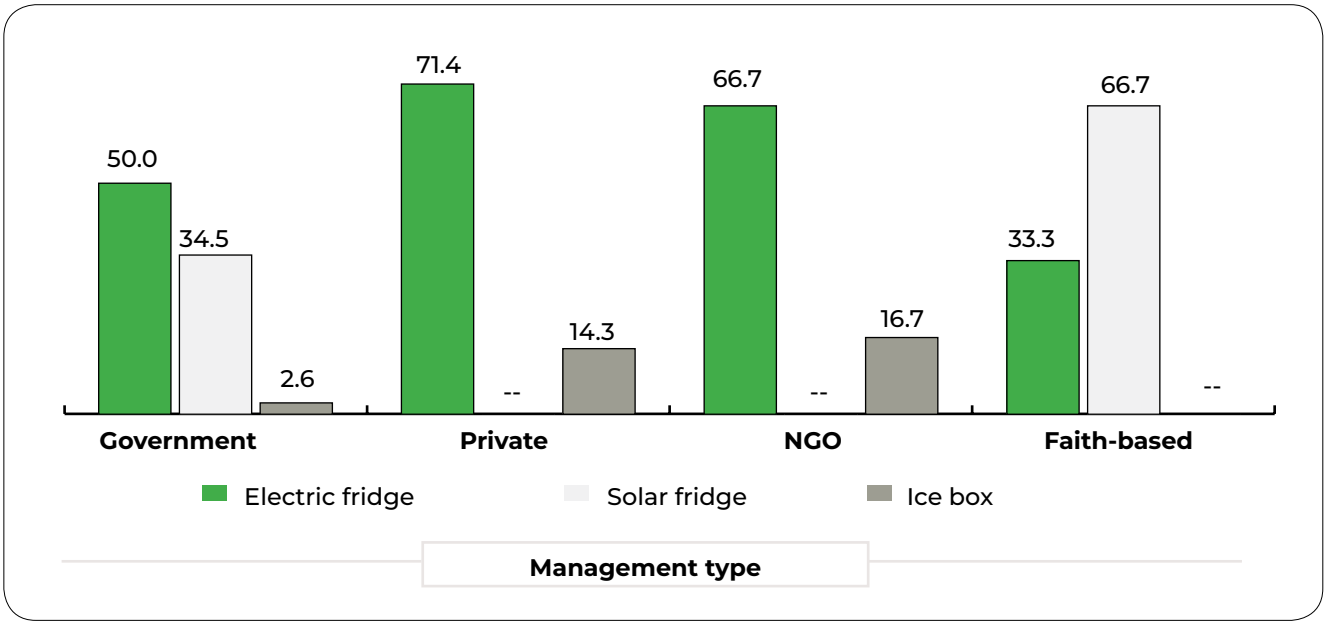
Survey results in Figure 44 indicated that more urban SDPs (64.6 per cent) than rural areas (46.2 per cent) were observed to have an electric fridge. In contrast, the solar fridge was more visible in rural SDPs (39.6 per cent) than urban SDPs (12.5 per cent).

Figure 44: Types of cold chain available by residence



According to survey results in Figure 45, most SDPs of private management and NGOs have an electric fridge. Faith-based SDPs and government SDPs were most likely to possess an electric fridge and a solar fridge.

Figure 45: Types of cold chain available by management type

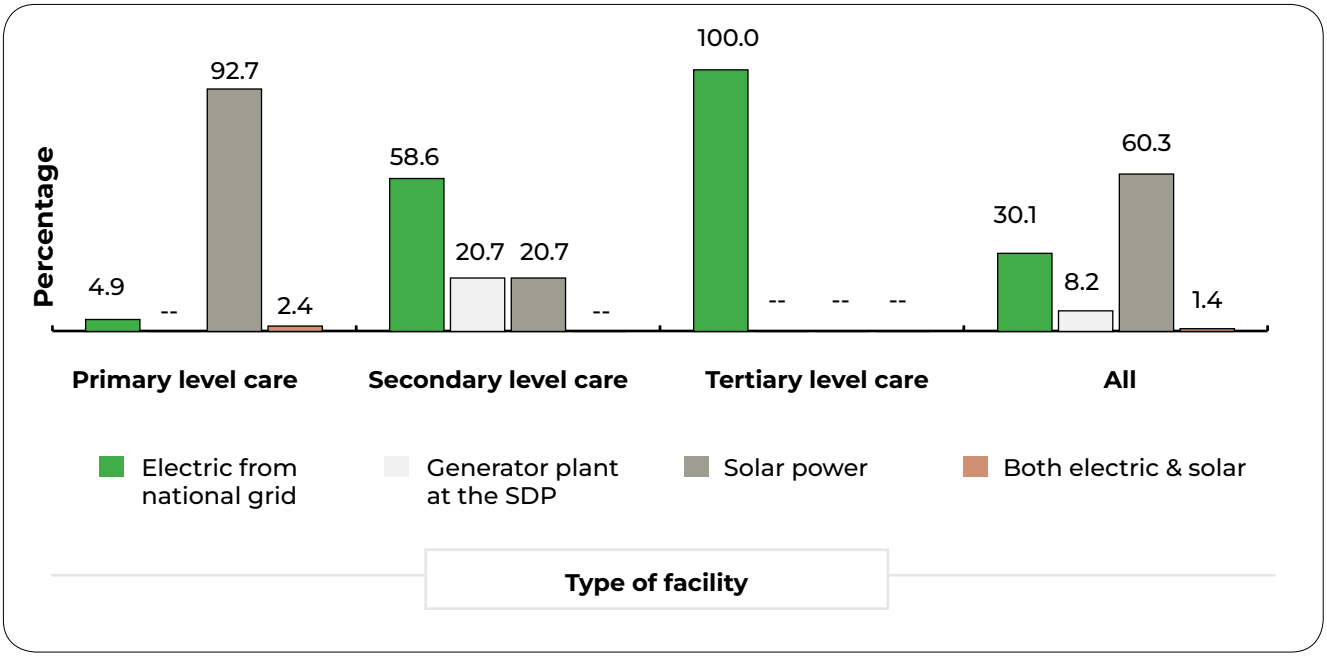


4.1.11 Sources of power for cold chains at SDPs

Data on the sources of power for an electric fridge at SDPs suggests the most popular source of power is solar power, being available in 60.3 per cent of SDPs with an electric fridge which is twice the number of those powered by electricity from the national grid (30.1 per cent). Around 8.2 per cent of SDPs with an electric fridge have a generator plant on site and barely 1.4 per cent have the electric fridge powered alternately by both electricity from the national grid and solar.

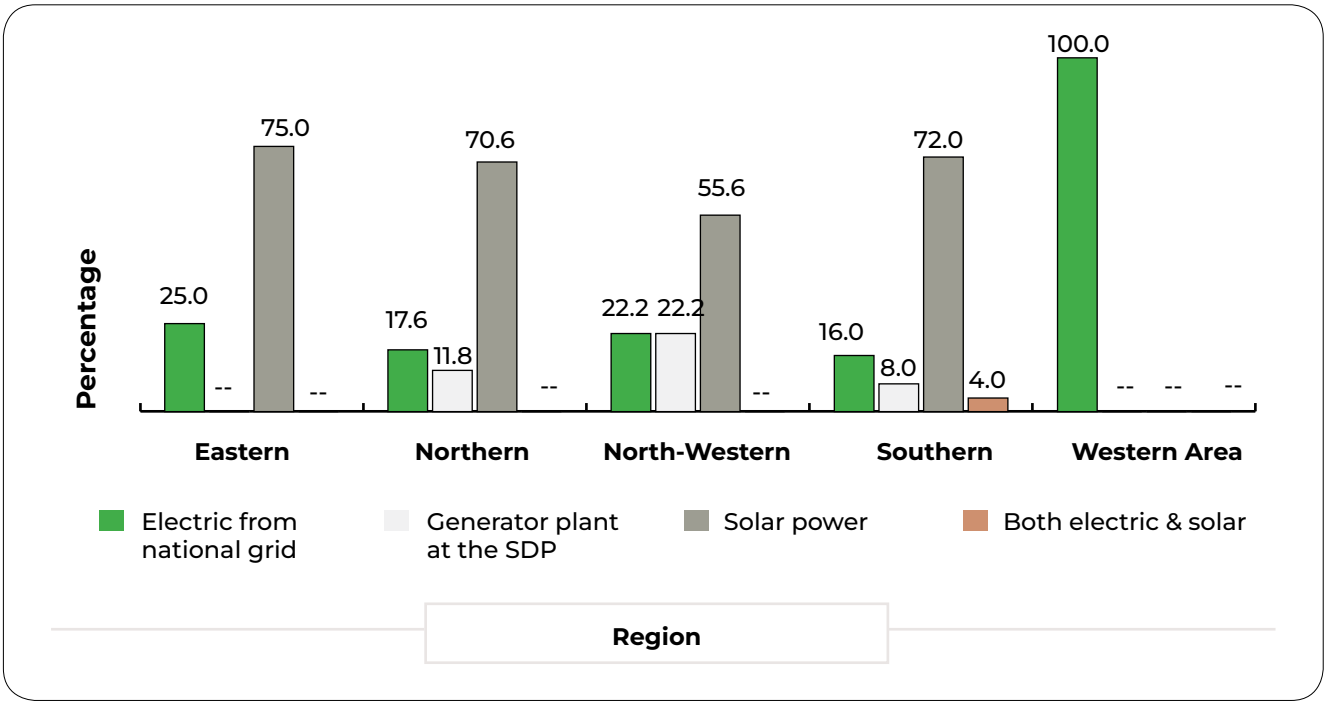
Information on sources of power for the electric fridge by type of SDPs in Figure 46 revealed solar power as the main source of power at almost all primary SDPs (92.7 per cent). Tertiary SDPs solely rely on electricity from the national grid. Sources of power at secondary SDPs are partly the national grid (58.6 per cent), solar power (20.7 per cent) and generator plant on site (20.7 per cent).

Figure 46: Sources of power for electric fridge used for cold chain by type of Service Delivery Points



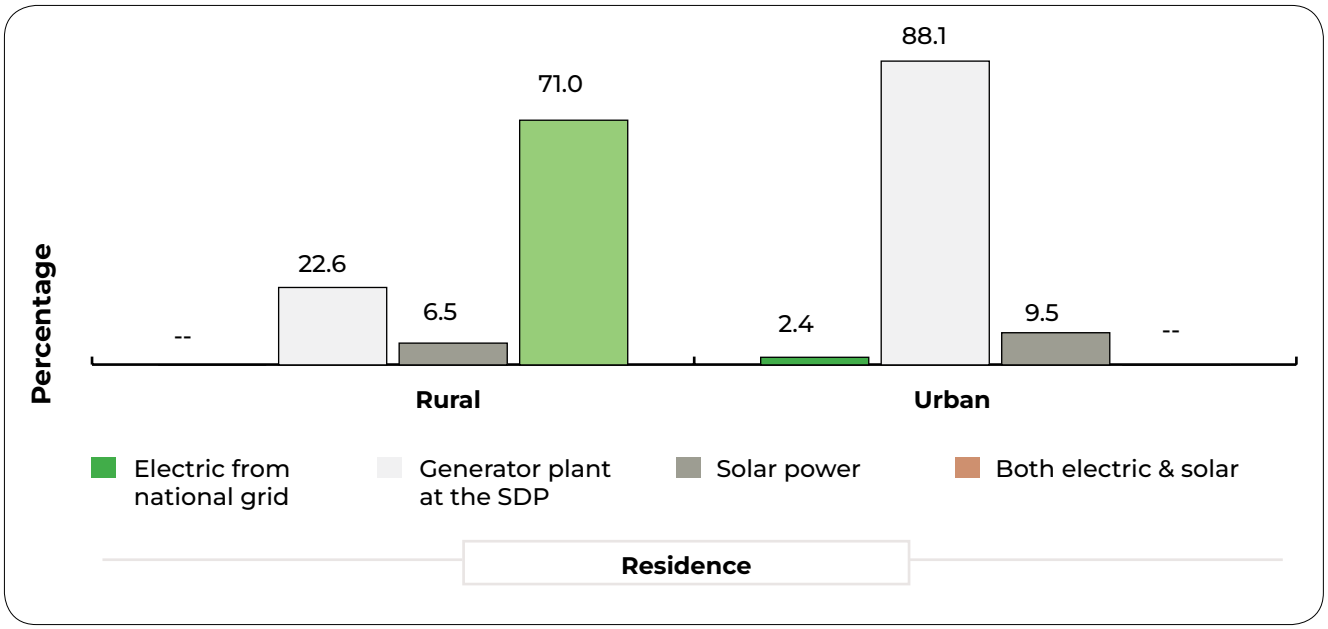
Solar power is apparently the most common source of power for the electric fridge at SDPs in all regions, except Western Area where SDPs exclusively rely on national grid electricity as Figure 47 shows.

Figure 47: Sources of power for electric fridge used for cold chain by region



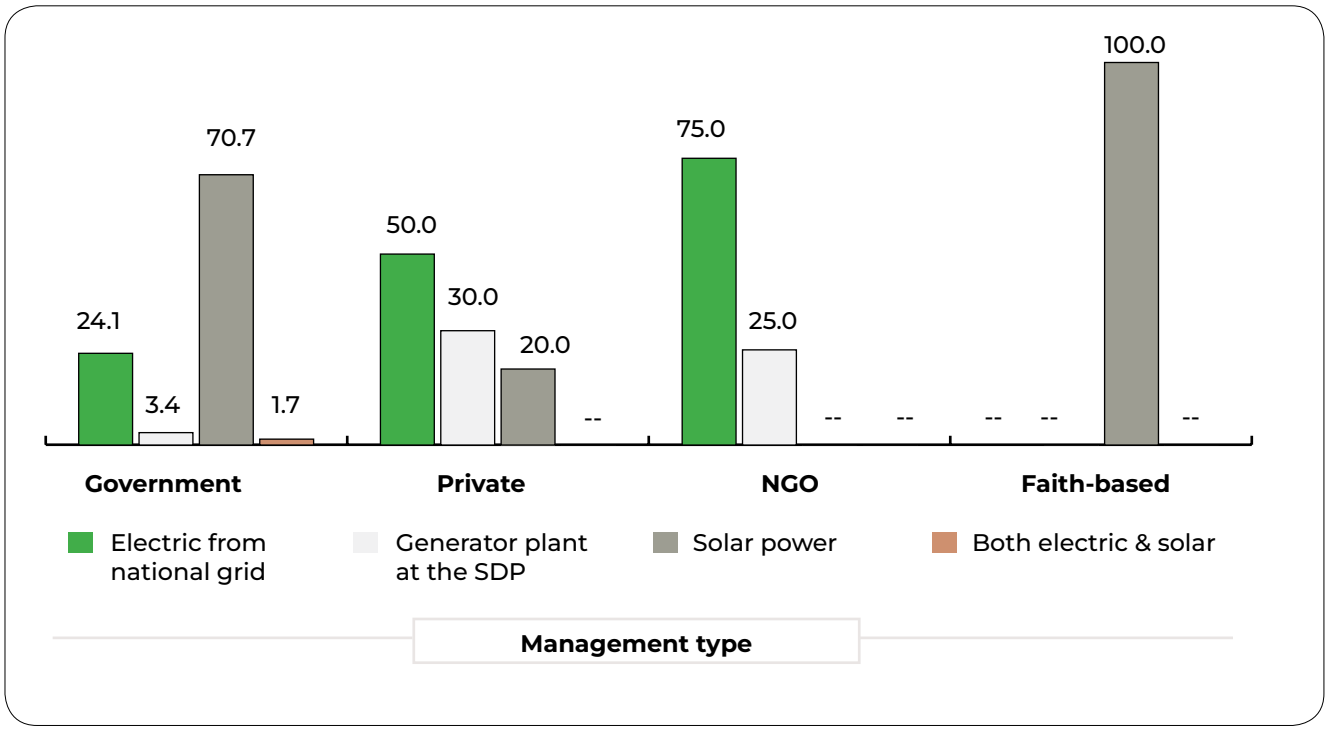
Solar power is seen as the primary source of electricity for the electric fridge at SDPs in rural areas (88.1 per cent) with a few of them (9.5 per cent) getting electricity from national grid and 2.4 per cent getting electricity from the national grid and solar interchangeably. In contrast, urban SDPs are largely sourcing electricity from the national grid (71.0 per cent) and partially from solar power (22.5 per cent) and generator plant on site (6.5 per cent) as seen in Figure 48.

Figure 48: Sources of power for electric fridge used for cold chain by residence



Survey results in Figure 49 show all faith-based SDPs and most government SDPs (70.7 per cent) are sourcing power for their electric fridge . Whereas the bulk of NGO SDPs (75.0 per cent) rely on electricity from national grid for electric fridge, followed by private SDPs (50 per cent). It was surprising to note only 24.1 per cent of SDPs with an electric fridge have it powered by electricity from the national grid.

Figure 49: Sources of power for electric fridge used for cold chain by management type



4.2 STAFF TRAINING FOR THE PROVISION OF FP SERVICES

4.2.1 Availability of staff trained to provide FP services and for the insertion and removal of implants

On staff training, survey results showed marginal progress in trained staff to provide basic FP services and for the insertion and removal of implants at SDPs in 2022 compared to previous years (2019 and 2018). According to survey results, 94.2 per cent and 93.9 per cent of SDPs have trained staff to basic provide FP services and for the insertion & removal of implants, respectively; indicating the highest results for the availability of such trained staff at SDPs since 2018. Figure 50 shows the percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants, from 2018 through 2022.

Figure 50: Percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants, 2018-2022

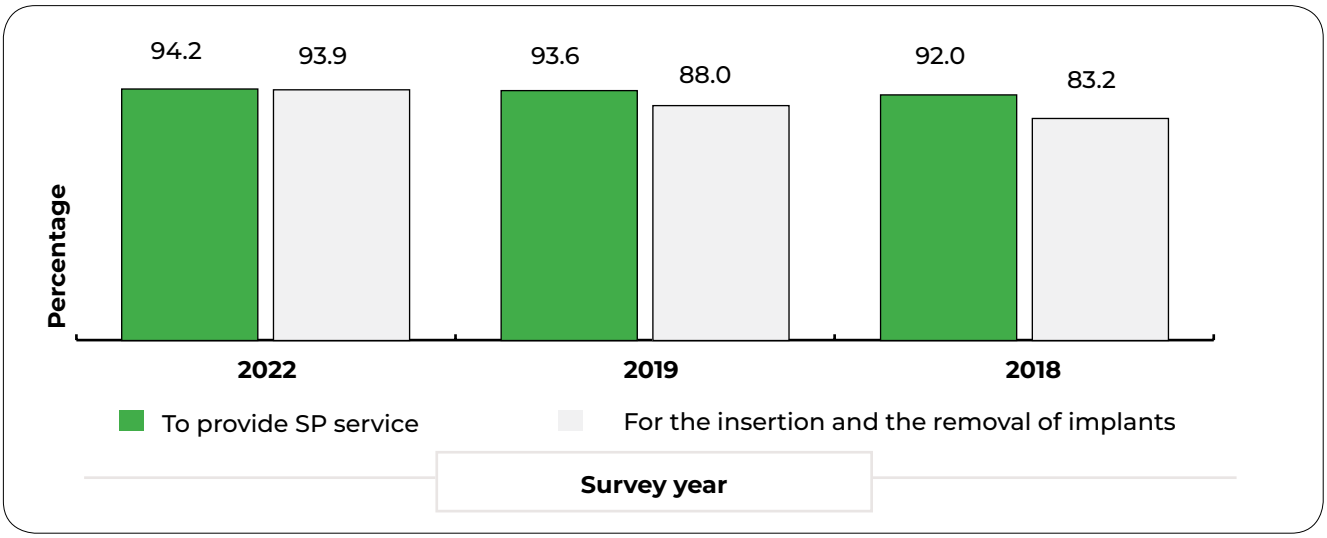
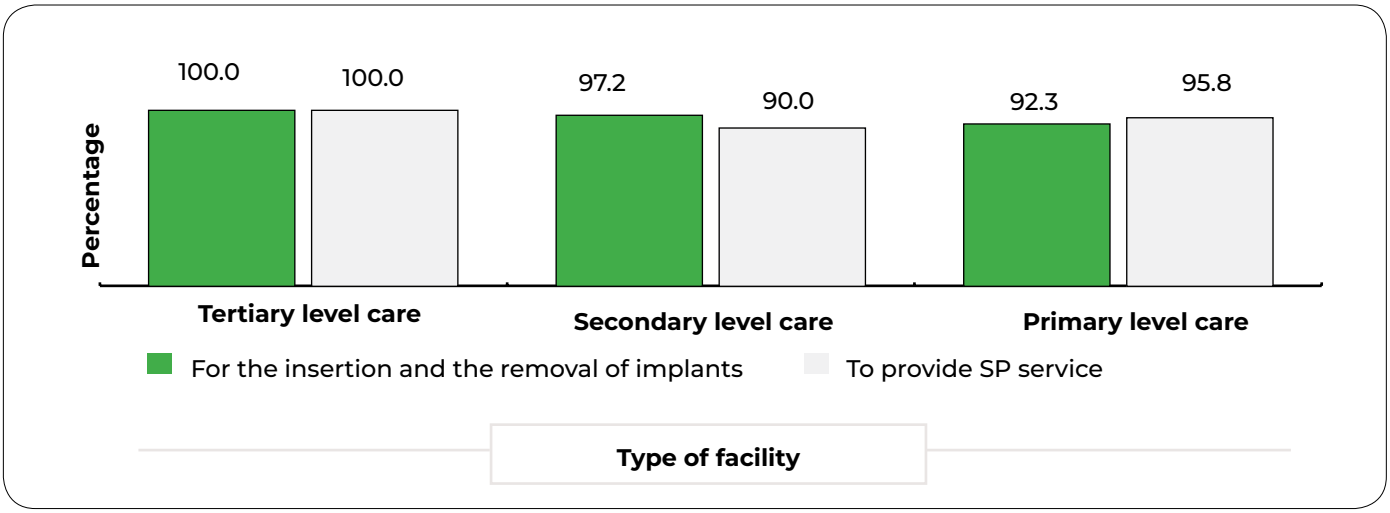


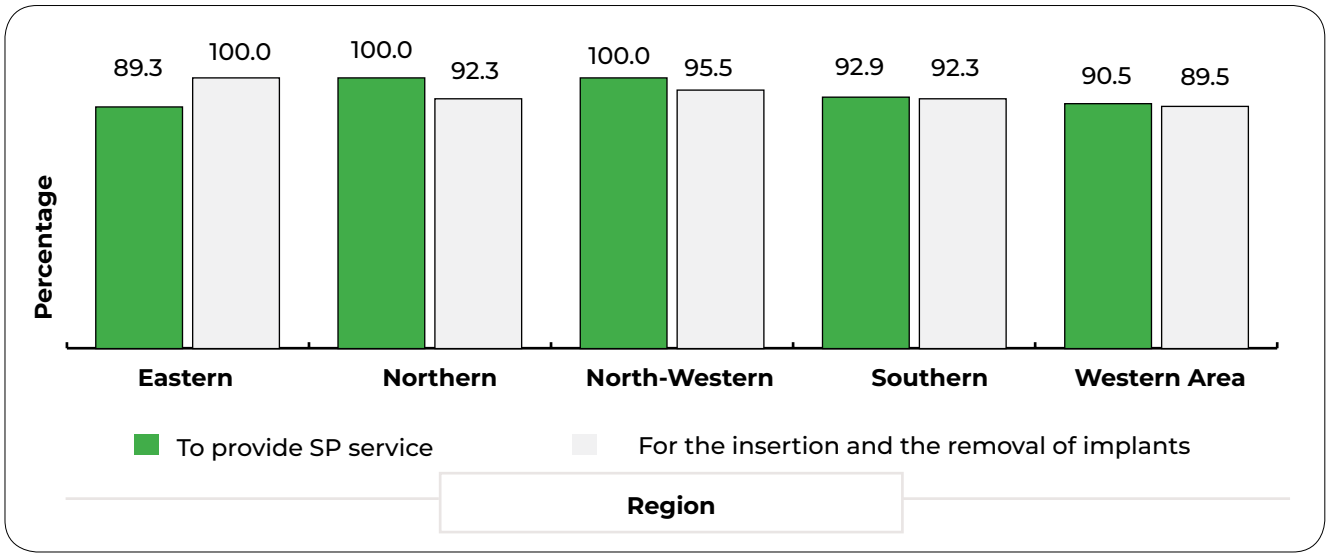
Figure 51 presents percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by type of facility. Findings revealed that all tertiary SDPs have trained staff to basic provide FP services as well as for insertion and removal of implants. It was discovered that whilst more primary SDPs (95.8 per cent) reportedly have trained staff to provide basic FP services, more secondary SDPs (97.2 per cent) confirmed trained staff for the insertion and removal of implants.

Figure 51: Percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by type of facility



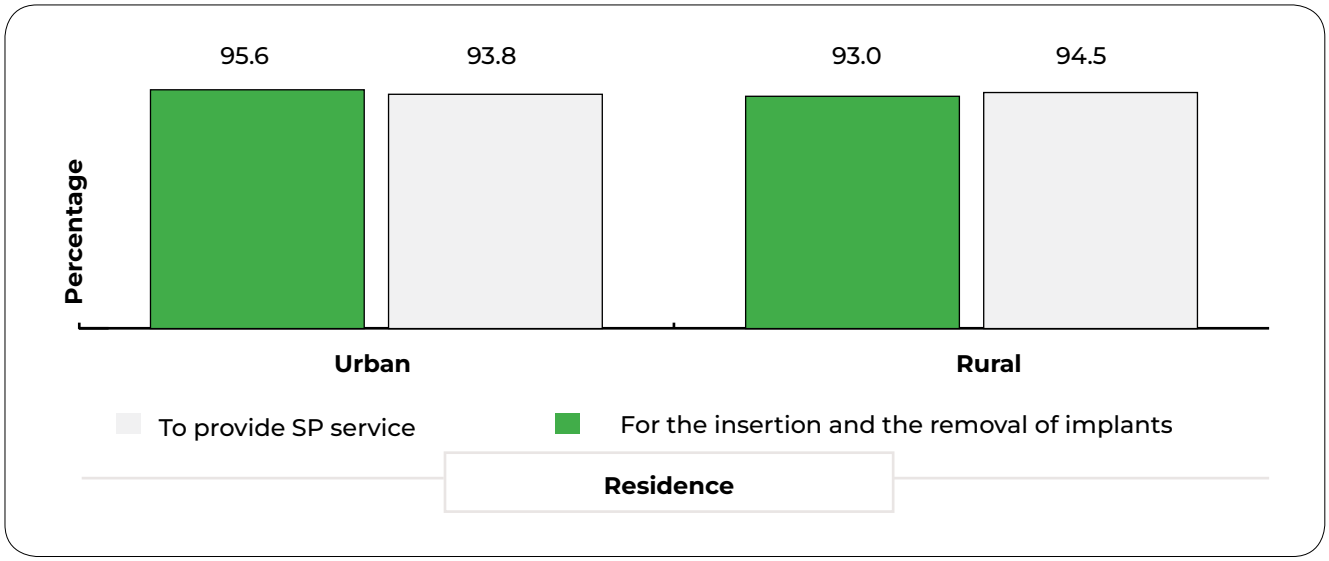
Presence of trained staff to provide basic FP services was visibly higher in three regions (Western Area 90.5 per cent, Northern 100.0 per cent, North-Western 100.0 per cent), whilst Eastern region registered more trained staff for the insertion and removal of implants. There were more trained staff for the insertion and removal of implants in Southern region to provide basic FP services. Figure 52 shows the percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by region.

Figure 52: Percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by region, 2022



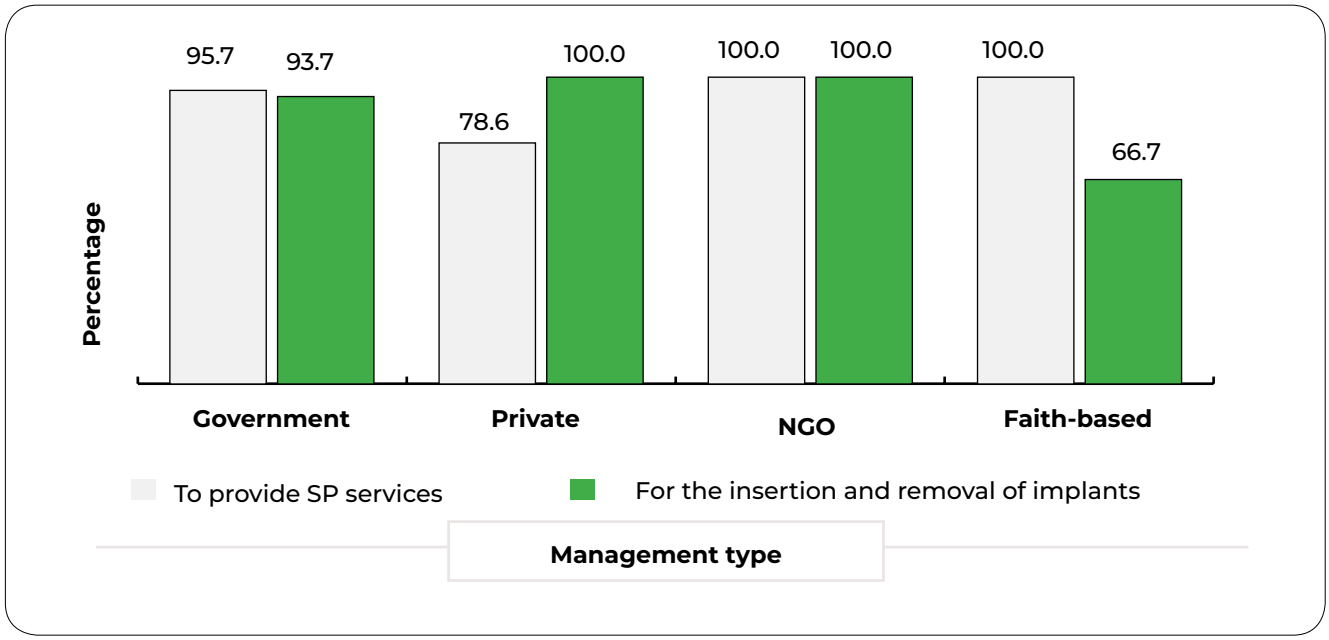
Presence of trained staff to provide basic FP services was visibly higher in three regions (Western Area 90.5 per cent, Northern 100.0 per cent, North-Western 100.0 per cent), whilst Eastern region registered more trained staff for the insertion and removal of implants. There were more trained staff for the insertion and removal of implants in Southern region to provide basic FP services. Figure 52 shows the percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by region.

Figure 53: Percentage of SDPs with staff trained to provide basic FP services and for the insertion and removal of implants by rural/urban residence



Findings clearly show that more government SDPs (95.7 per cent) and faith-based SDPs (100.0 per cent) have trained staff to provide basic FP services than for the insertion and removal of implants (93.7 per cent against 66.7 per cent). NGO SDPs have trained staff in equal numbers to provide basic FP services and for the insertion and removal of implants. There are more private SDPs with trained staff for the insertion and removal of implants but fewer for the provision of basic FP services as Figure 54 shows.

Figure 54: Percentage of SDPs with staff trained to provide FP services and for the insertion and removal of implants by management type



4.2.2 Training of staff members for the provision of FP services including insertion and removal of implants and IUCD

The respondents were asked to indicate whether training of staff at SDPs in basic FP services included insertion and removal of implants and IUCD. The survey indicated 86.3 per cent of SDPs have staff training in basic FP services that included the insertion and removal of implants. Only 41.0 per cent of SDPs had basic FP services training that included the insertion and removal of IUCD.

Table 28 presents the percentage of SDPs with staff trained to provide basic FP services including the insertion and removal of implants and IUCD by type of SDPs, region, residence and management type. Survey results evidently showed staff training for the provision of basic FP services included training for the insertion and removal of implants as well as training for the insertion and removal of IUCD at all tertiary SDPs. Both primary and secondary SDPs were more likely to have staff training on provision of basic FP services included training for the insertion and removal of implants than that of IUCD. Findings further revealed basic FP services training inclusion of training for the insertion and removal of implants was prominently reported in all regions, both rural and urban areas and for all management entities than training for the insertion and removal of IUCD.

Table 28: Percentage of SDPs with staff trained to provide basic FP services including the insertion and removal of implants and IUCD by type of SDPs, region, residence and management type

Background characteristics	Percentage of staff		
	Trained to provide basic FP services	Trained included the insertion and removal of Implants	Training included the insertion and removal of IUCD
Type of facility			
Primary level care	95.8%	84.2%	27.4%
Secondary level care	90.0%	90.0%	67.5%
Tertiary level care	100.0%	100.0%	100.0%
Region			
Eastern	89.3%	85.7%	42.9%
Northern	100.0%	92.3%	42.3%
North-Western	100.0%	86.4%	22.7%
Southern	92.9%	90.5%	45.2%
Western Area	90.5%	71.4%	47.6%
Residence			
Rural	94.5%	87.9%	28.6%
Urban	93.8%	83.3%	64.6%
Management type			
Government	95.7%	85.3%	34.5%
Private	78.6%	85.7%	78.6%
NGO	100.0%	100.0%	83.3%
Faith-Based	100.0%	100.0%	33.3%
Total	**94.2%**	**86.3%**	**41.0%**

4.3 STAFF SUPERVISION FOR REPRODUCTIVE HEALTH SERVICES INCLUDING FAMILY PLANNING

4.3.1 Time and frequency of staff supervision

Around 92.9 per cent of SDPs reported to have been supervised on reproductive health services including FP in the past 12 months before the survey while barely 7.1 per cent claimed they have not been supervised within the period. The majority of SDPs (79.4 per cent) reported to have been supervised by RH/FP authorities within the last three months (less than one month or between one and three months ago) in the past 12 months before the survey. Just 13.5 per cent of SDPs admitted to have had a supervision visit within three months to one year ago.

Table 29 gives percentage of the last time the facility was supervised in the past 12 months by type of SDPs, region, residence and management type. Survey results suggest that slightly more primary SDPs (81.3 per cent) than secondary and tertiary SDPs have had supervision within the last three months in the past 12 months before the survey. There is no marked difference in staff supervision between secondary and tertiary SDPs (75.6 per cent compared to 75.0 per cent).

Regional results showed Western Area registered the highest coverage of most recent supervision (90.5 per cent), occurring within the last three months in the past 12 months before the survey. Coverages of most recent supervision were comparably low in the other regions: Northern (88.5 per cent), Eastern (786 per cent), Southern (75.0 per cent) and North-Western registered the lowest at 68.2 per cent.

Slightly more rural SDPs (80.4 per cent) than urban SDPs (77.6 per cent) have had supervision in most recent time (within the last three months) in the past 12 months before the survey.

Results by management type evidently showed all faith-based SDPs benefitted from supervision in most recent time (within the last three months) in the past 12 months before the survey. Supervision coverage for the other entities are government 81.2 per cent, NGO 83.3 per cent and private 60.0 per cent.

Table 29: Frequency of facility supervision in the past 12 months by type of SDPs, region, residence and management type

Background characteristics	Percentage of sta Last time the facility was supervised in the past 12 months				Not supervised in the past 12 months
	Less than one month	Between one and three months ago	Between three and six months ago	Between six months and one year ago	
Type of facility					
Primary level care	50.0%	31.3%	8.3%	6.3%	4.2%
Secondary level care	41.5%	34.1%	9.8%	0.0%	14.6%
Tertiary level care	50.0%	25.0%	25.0%	0.0%	
Region					
Eastern	50.0%	28.6%	17.9%	0.0%	3.6%
Northern	53.8%	34.6%	11.5%	0.0%	
North-Western	54.5%	13.6%	9.1%	22.7%	
Southern	34.1%	40.9%	4.5%	2.3%	18.2%
Western Area	57.1%	33.3%	4.8%	0.0%	4.8%
Residence					
Rural	46.7%	33.7%	6.5%	6.5%	6.5%
Urban	49.0%	28.6%	14.3%	0.0%	8.2%
Management type					
Government	50.4%	30.8%	9.4%	5.1%	4.3%
Private	20.0%	40.0%	6.7%	0.0%	33.3%
NGO	66.7%	16.7%	16.7%	0.0%	0.0%
Faith-Based	33.3%	66.7%	0.0%	0.0%	0.0%
Total	**94.2%**	**86.3%**	**41.0%**		

On frequency of supervision, majority of SDPs (76.6 per cent) reported to have been supervised monthly or quarterly, a few SDPs (8.5 per cent) admitted weekly supervision and 14.9 per cent confirmed supervision in six months or once a year. While all tertiary SDPs have been benefitted from monthly or quarterly supervision, 77.1 per cent of primary and 73.2 per cent of secondary SDPs (least) have been supervised within the period. Table 30 outlines percentage of the frequency of supervisory visits by type of SDPs, region, residence and management type.

According to survey results, supervision was seemingly more frequent in Western Area and Eastern region accounted for higher coverage of monthly and quarterly supervision; registering 80.8 per cent and 81.0 per cent. Monthly or quarterly supervision was comparatively low in the Northern region (78.6 per cent), North-Western (72.7 per cent) and Southern region (72.7 per cent)

SDPs in urban areas (79.6 per cent) were more likely observed to have frequent supervision (monthly or quarterly) than those in rural areas (75.0 per cent).

Whilst all NGO and faith-based SDPs had frequent supervision visits (monthly or quarterly), supervision visits were considerably fewer at government SDPs (77.8 per cent) and private SDPs (53.3 per cent).

Table 30: Percentage of the frequency of supervisory visits by type of SDPs, region, residence and management type

Background characteristics	Frequency of supervisory visits				
	Weekly	Monthly	Every three months	Every six months	Once a year
Type of facility					
Primary level care	10.4%	52.1%	25.0%	8.3%	4.2%
Secondary level care	4.9%	46.3%	26.8%	7.3%	14.6%
Tertiary level care	0.0%	50.0%	50.0%	0.0%	0.0%
Region					
Eastern	14.3%	60.7%	17.9%	0.0%	7.1%
Northern	11.5%	57.7%	23.1%	7.7%	0.0%
North-Western	4.5%	45.5%	27.3%	18.2%	4.5%
Southern	4.5%	45.5%	27.3%	9.1%	13.6%
Western Area	9.5%	42.9%	38.1%	4.8%	4.8%
Residence					
Rural	9.8%	54.3%	20.7%	8.7%	6.5%
Urban	6.1%	42.9%	36.7%	6.1%	8.2%
Management type					
Government	9.4%	52.1%	25.6%	7.7%	5.1%
Private	6.7%	26.7%	26.7%	13.3%	26.7%
NGO	0.0%	66.7%	33.3%	0.0%	0.0%
Faith-Based	0.0%	66.7%	33.3%	0.0%	0.0%
Total	**8.5%**	**50.4%**	**26.2%**	**7.8%**	**7.1%**

4.3.2 Issues included in staff supervision at SDPs

Table 31 shows the percentage of SDPs with issues covered in supervisory visits by type of SDPs, region, residence and management type. According to the survey results, there is high coverage of all issues mentioned during supervisory visits from RH/FP authorities in the past 12 months before the survey; with coverage reported between 76 per cent and 86 per cent. Coverage of all issues at tertiary SDPs was exceptional higher during supervisory visits than SDPs at both primary and secondary level cares.

All regions generally registered high coverage of all issues during supervisory visits, with Northern region accounting for exceptionally higher coverage of staff clinical practices and drug stock-out and expiry according to survey results. Coverage of all issues is likewise high at SDPs in both rural and urban areas as well as SDPs of all management entities.

Table 31: Percentage of SDPs with issues included in supervisory visits by type of SDP, region, residence and management type

Background characteristics	Issues covered					
	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
Type of facility						
Primary level care	84.2%	90.5%	85.3%	89.5%	73.7%	20.0%
Secondary level care	90.0%	72.5%	82.5%	77.5%	65.0%	10.0%
Tertiary level care	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Region						
Eastern	85.7%	78.6%	75.0%	85.7%	64.3%	21.4%
Northern	100.0%	100.0%	92.3%	92.3%	80.8%	11.5%
North-Western	81.8%	86.4%	77.3%	86.4%	68.2%	27.3%
Southern	78.6%	78.6%	85.7%	81.0%	64.3%	9.5%
Western Area	90.5%	90.5%	95.2%	90.5%	90.5%	19.0%
Residence						
Rural	83.5%	87.9%	83.5%	86.8%	71.4%	18.7%
Urban	91.7%	81.3%	87.5%	85.4%	72.9%	12.5%
Management type						
Government	86.2%	89.7%	85.3%	89.7%	73.3%	17.2%
Private	85.7%	57.1%	78.6%	57.1%	64.3%	14.3%
NGO	83.3%	83.3%	83.3%	100.0%	83.3%	16.7%
Faith-Based	100.0%	66.7%	100.0%	66.7%	33.3%	0.0%
Total	**86.3%**	**85.6%**	**84.9%**	**86.3%**	**71.9%**	**16.5%**

4.4 AVAILABILITY OF GUIDELINES, CHECKLISTS AND JOB AIDS

Availability of guidelines, checklists and/or job aids for FP and ANC as well as guidelines for medical waste disposal at SDPs was assessed based on physical verification by data collectors.

4.4.1 Family planning and antenatal care guidelines, checklists and/or job aids

According to survey results in Figure 55, improvement in the availability of FP and ANC guidelines at SDPs was observed in 2022 over results in 2019. While the availability of FP and ANC checklists and/or job aids seems to remain the same in the two years, fewer SDPs reported availability of waste disposal guidelines in 2022 compared to results in 2019.

Figure 55: Percentage of SDPs with guidelines, checklists and/or job aids, 2022 compared to 2019

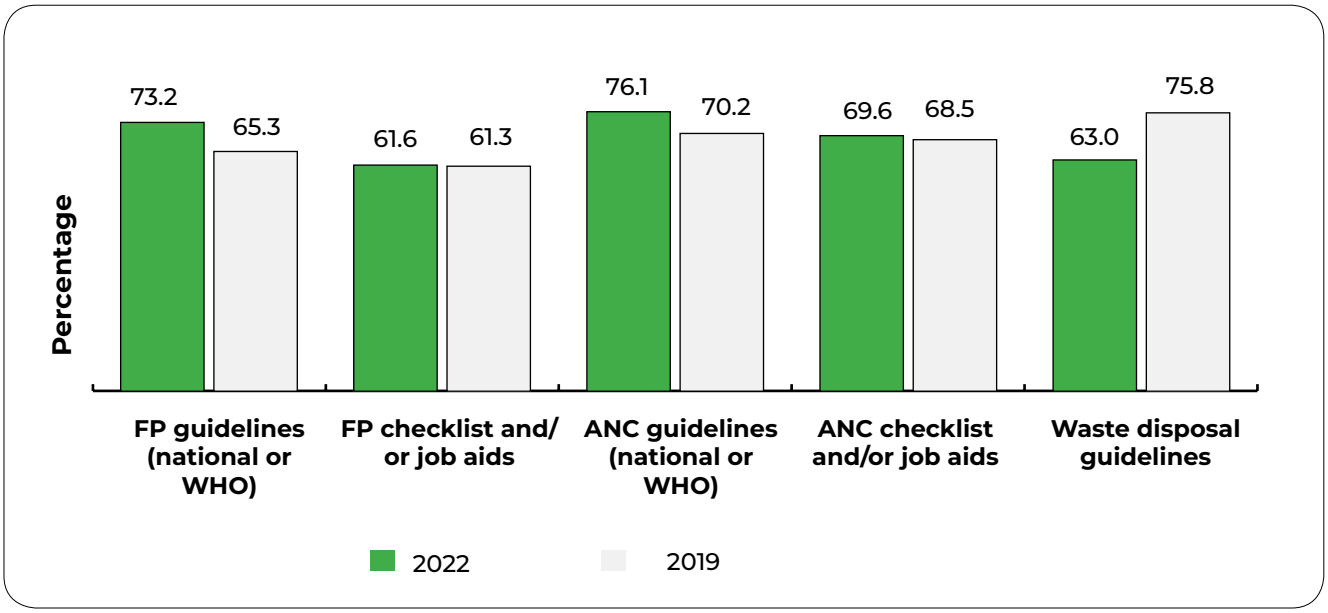


Table 32 presents percentage of SDPs with FP and ANC guidelines, checklists and/or job aids by type of SDP, region, residence and management type. At the facility level, more tertiary SDPs were seen to own FP and ANC guidelines and checklists and/or job aids. Across regions, Northern and North-Western regions reported to having more SDPs with FP and ANC guidelines and checklists and/or job aids as well as waste disposal guidelines than the other regions. The Eastern region registered the least number of SDPs possessing FP guidelines and checklists and/or job aids. The Southern region accounted for the lowest availability of ANC guidelines and checklists and/or job aids. Data on urban/rural residence showed more rural SDPs than urban SDPs have all mentioned documents available. In terms of management type, faith-based organizations were observed to have all their SDPs possessing the FP documents while more government SDPs had the ANC documents available.

Table 32: Percentage of SDPs with FP and ANC guidelines, checklists and/or job aids by type of SDP, region, residence and management type

Background characteristics	Percentage			
	Family planning guidelines (national or WHO)	Family planning checklists and/or job-aids	ANC guidelines (national or WHO)	ANC checklists and/or job-aids
Type of facility				
Primary level care	73.4%	58.5%	77.7%	70.2%
Secondary level care	72.5%	67.5%	70.0%	65.0%
Tertiary level care	75.0%	75.0%	100.0%	100.0%
Region				
Eastern	59.3%	55.6%	74.1%	51.9%
Northern	80.8%	69.2%	84.6%	84.6%
North-Western	81.8%	72.7%	90.9%	81.8%
Southern	71.4%	54.8%	61.9%	59.5%
Western Area	76.2%	61.9%	81.0%	81.0%
Residence				
Rural	75.6%	63.3%	76.7%	70.0%
Urban	68.8%	58.3%	75.0%	68.8%

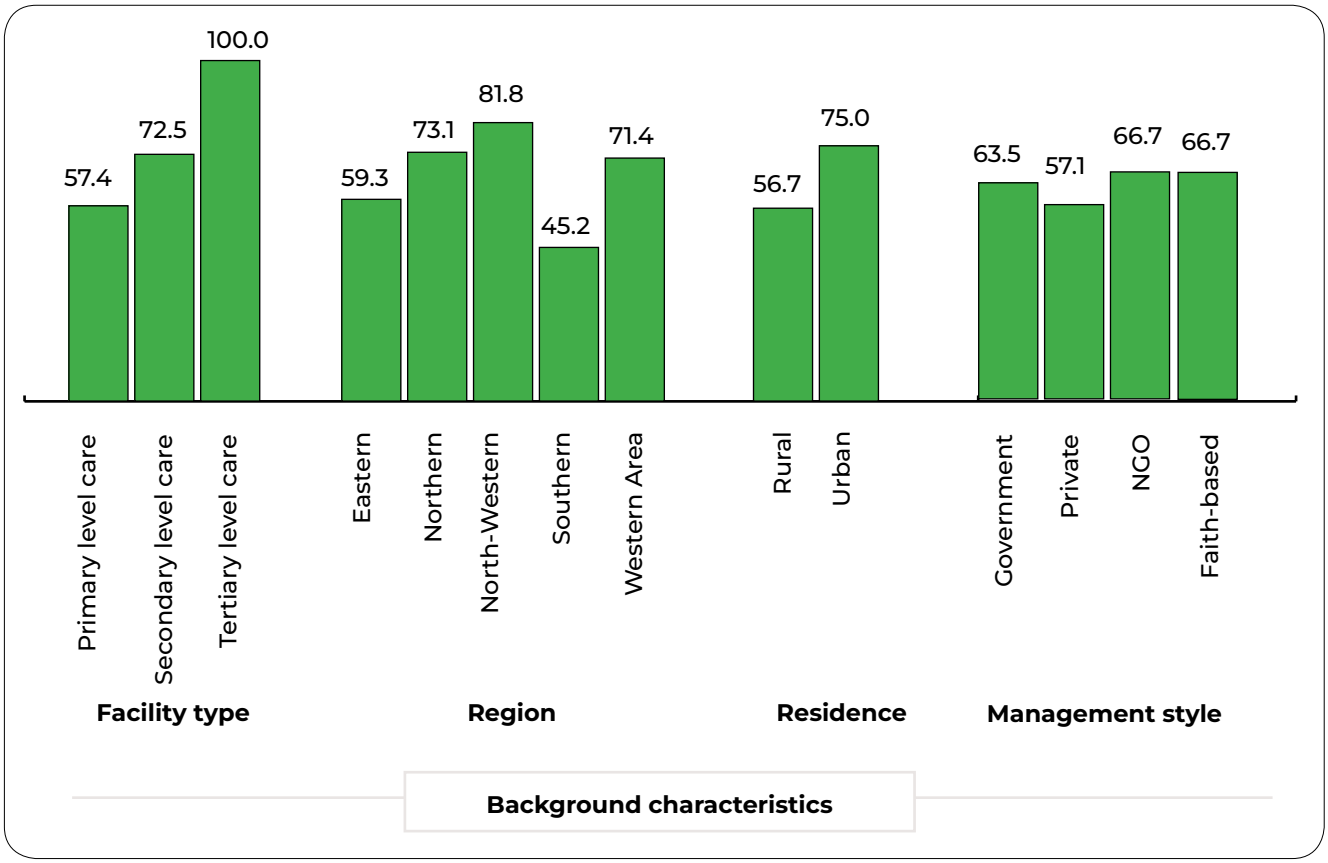
Table 32: Percentage of SDPs with FP and ANC guidelines, checklists and/or job aids by type of SDP, region, residence and management type (continued)

Background characteristics	Percentage			
	Family planning guidelines (national or WHO)	Family planning checklists and/or job-aids	ANC guidelines (national or WHO)	ANC checklists and/or job-aids
Management type				
Government	75.7%	63.5%	80.0%	72.2%
Private	57.1%	42.9%	57.1%	50.0%
NGO	50.0%	50.0%	50.0%	66.7%
Faith-Based	100.0%	100.0%	66.7%	66.7%
Total	**73.2%**	**61.6%**	**76.1%**	**69.6%**

4.4.2 Waste disposal guidelines

The percentage of SDPs with waste disposal guidelines by type of SDP, region, residence and management type is presented in Figure 56. Survey data suggests 63.0 per cent of SDPs were found to possess waste disposal guidelines, which is 12.8 per cent down from the results in 2019 (75.8 per cent). Whilst all tertiary SDPs have the guidelines available, 72.5 per cent of secondary SDPs and fewer primary SDPs (57.4 per cent) were observed to own it. At 81.8 per cent, availability of waste disposal guidelines was highest in North-Western region followed by Northern region (73.1 per cent), Western Area (71.4 per cent), Eastern region (59.3 per cent) and Southern region (45.2 per cent) with the least. More urban SDPs (75.0 per cent) than rural SDPs (56.5 per cent) have waste disposal guidelines. At 66.7 per cent, faith-based and NGO SDPs lead in possessing waste disposal guidelines followed by government SDPs (63.5 per cent) and private SDPs (57.1 per cent).

Figure 56: Percentage of SDPs with waste disposal guidelines by type of SDP, region, residence and management type

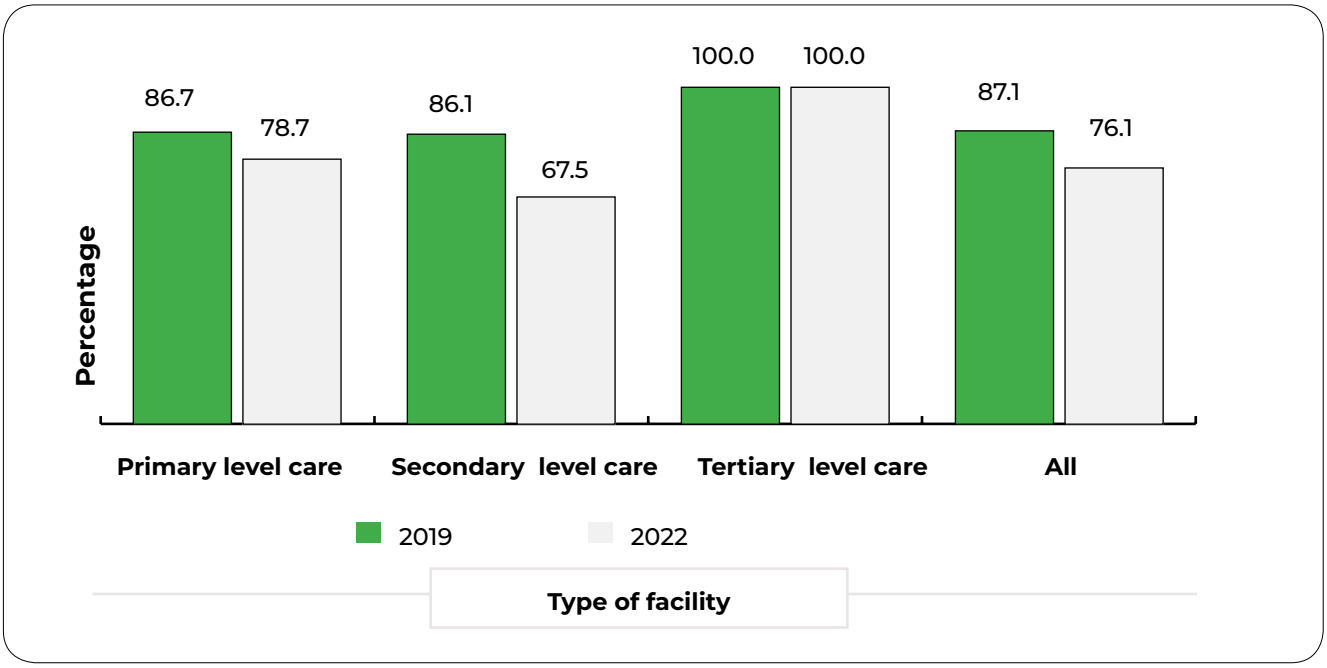


4.5 AVAILABILITY AND USE OF INFORMATION COMMUNICATION TECHNOLOGY

4.5.1 ICT system availability and mode of acquisition

Information on the availability of ICT system in Figure 57 indicates a drop in the possession and use of ICT systems to 76.1 per cent in 2022 from 87.1 per cent in 2019. While the availability of ICT system was notably visible at all tertiary SDPs in the two years, primary and secondary SDPs were found to have fewer ICT systems in 2022.

Figure 57: Percentage of SDPs with an Information Communication Technology system available in 2019 and 2022



With regard to the types of ICT system, the survey results in Figure 58 registered a marginal increase in availability of all ICT items at SDPs in 2022, except for basic mobile phones and tablets/laptops. While the availability of basic mobile phones dropped to 16.8 per cent in 2022 from 27.0 per cent in 2019, there was no significant difference in availability of tablets/laptops for the two years. Apparently, internet availability (LAN and WiFi) was the least available ICT item at SDPs.

Figure 58: Percentage of SDPs with types of Information Communication Technology system available in 2019 and 2022

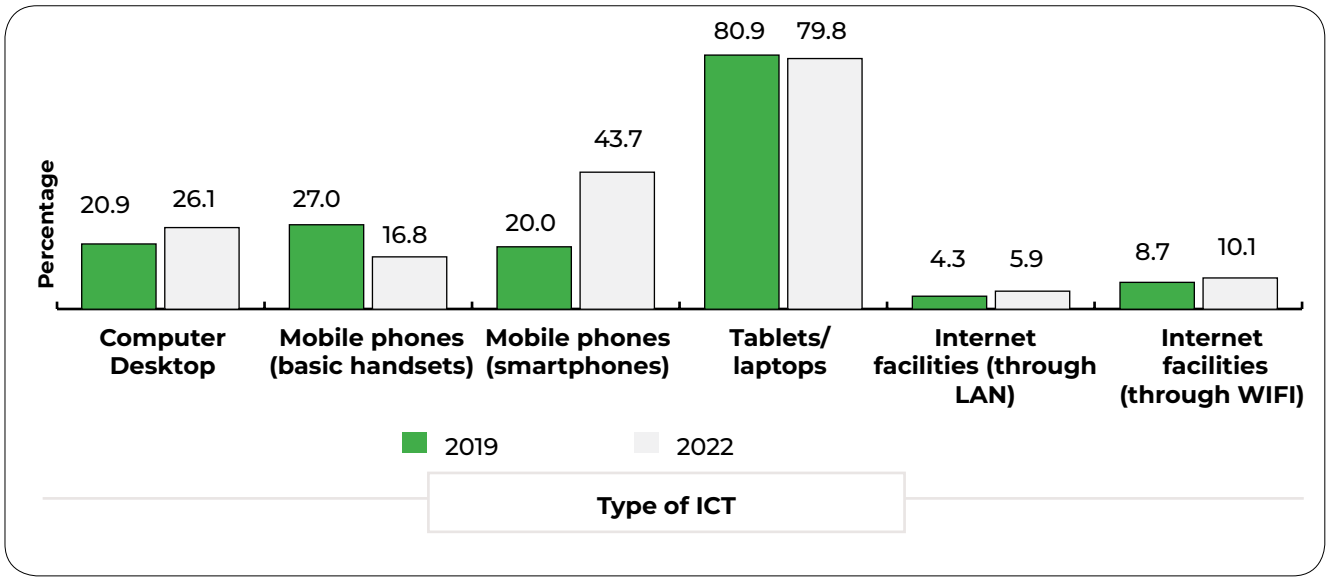
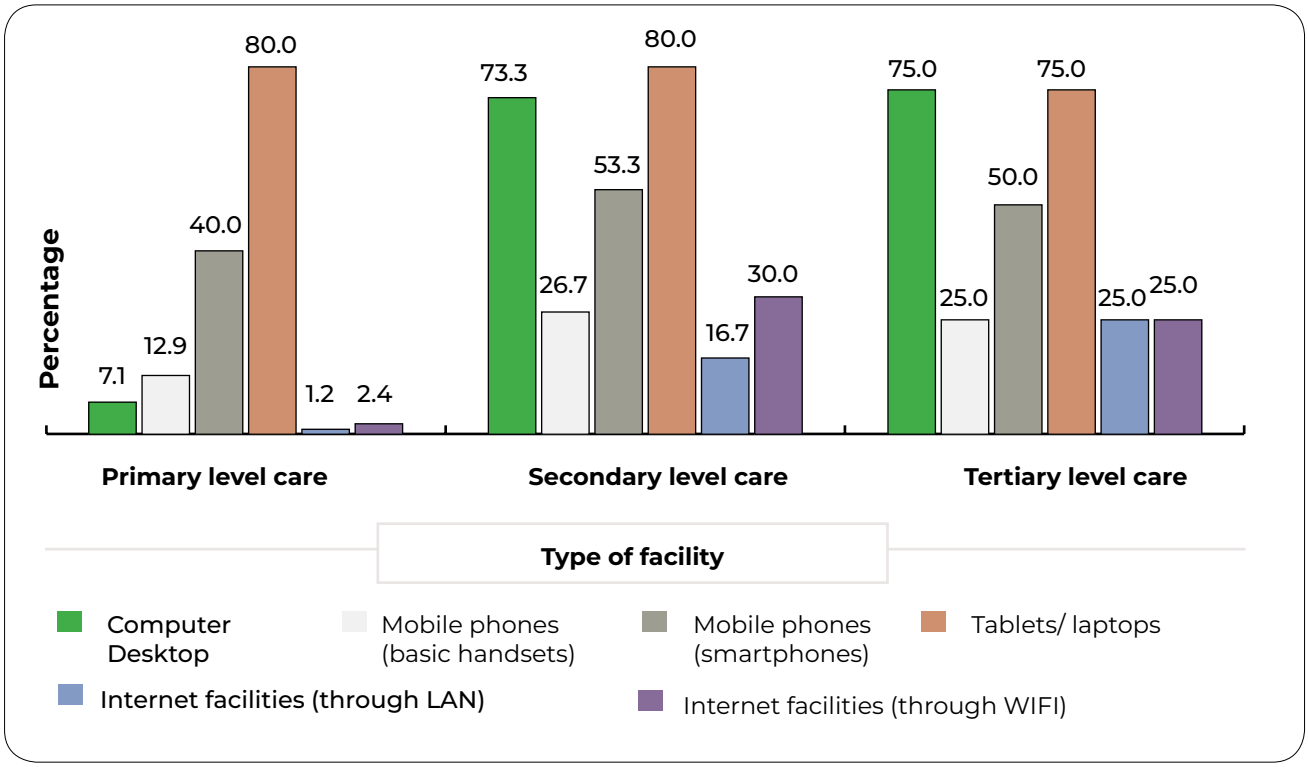


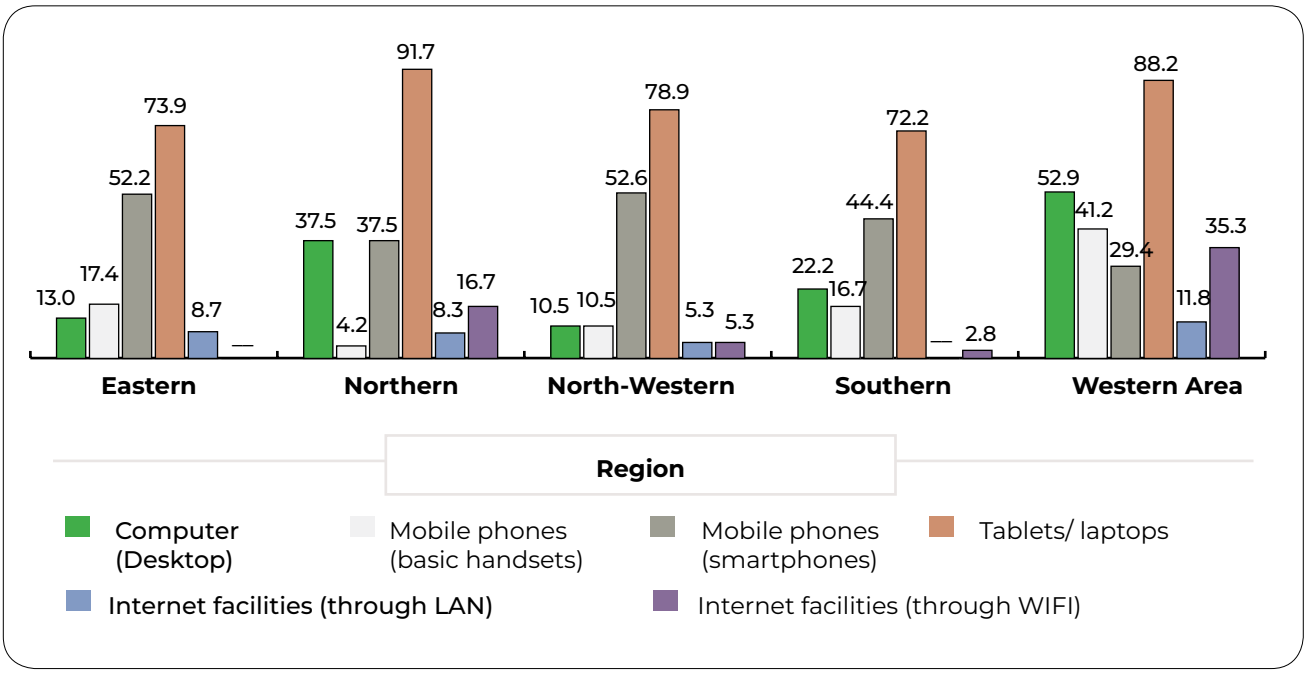
Figure 59 shows percentage of SDPs with types of ICT system available by type of facility. Findings revealed tablets/laptops were the popular ICT items found at all SDPs. In particular, primary SDPs reported the lowest in possession of computers (desktops), basic mobile phones and internet facilities.

Figure 59: Percentage of SDPs with types of ICT system available by type of facility, 2022



Availability of tablets/laptops is higher in all regions than the other ICT items with Northern region registering the highest availability of the item as Figure 60 shows. Whilst the presence of computer and basic mobile phones was highest in Western Area, North-Western region recorded the highest number of smartphones. It was surprising to note that Eastern and Southern regions has no SDP with internet facilities.

Figure 60: Percentage of SDPs with types of ICT system available by region, 2022



More urban SDPs than rural SDPs were observed in possession of all ICT items according results in Figure 61.

Figure 61: Percentage of SDPs with types of ICT system available by rural-urban residence, 2022

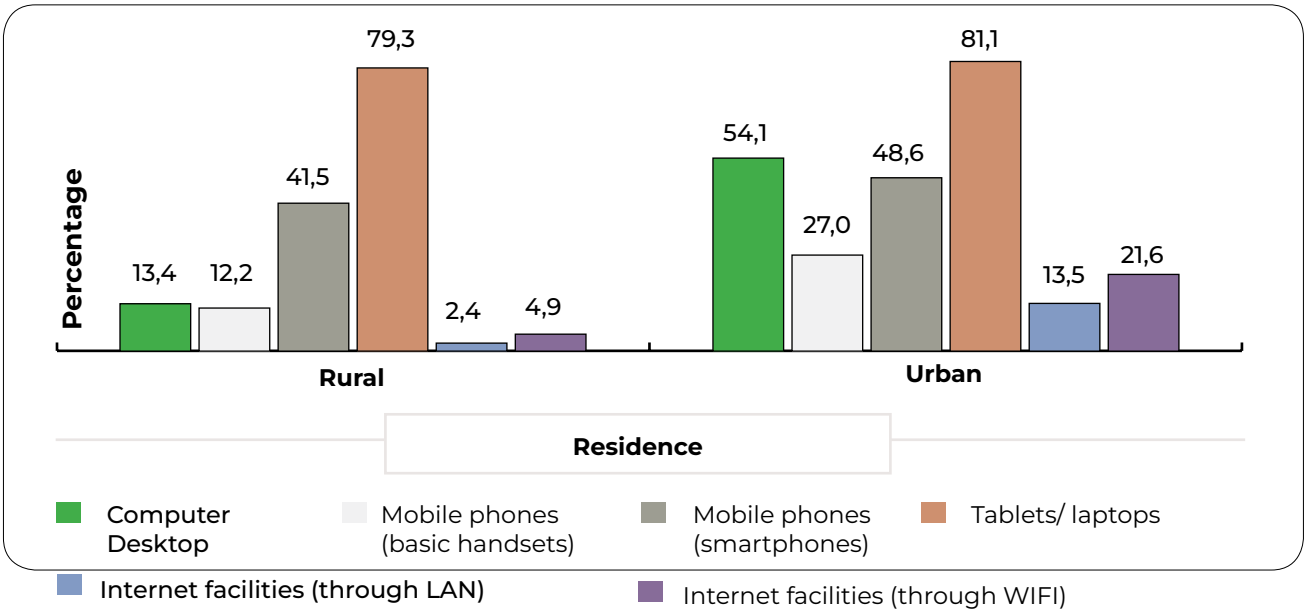
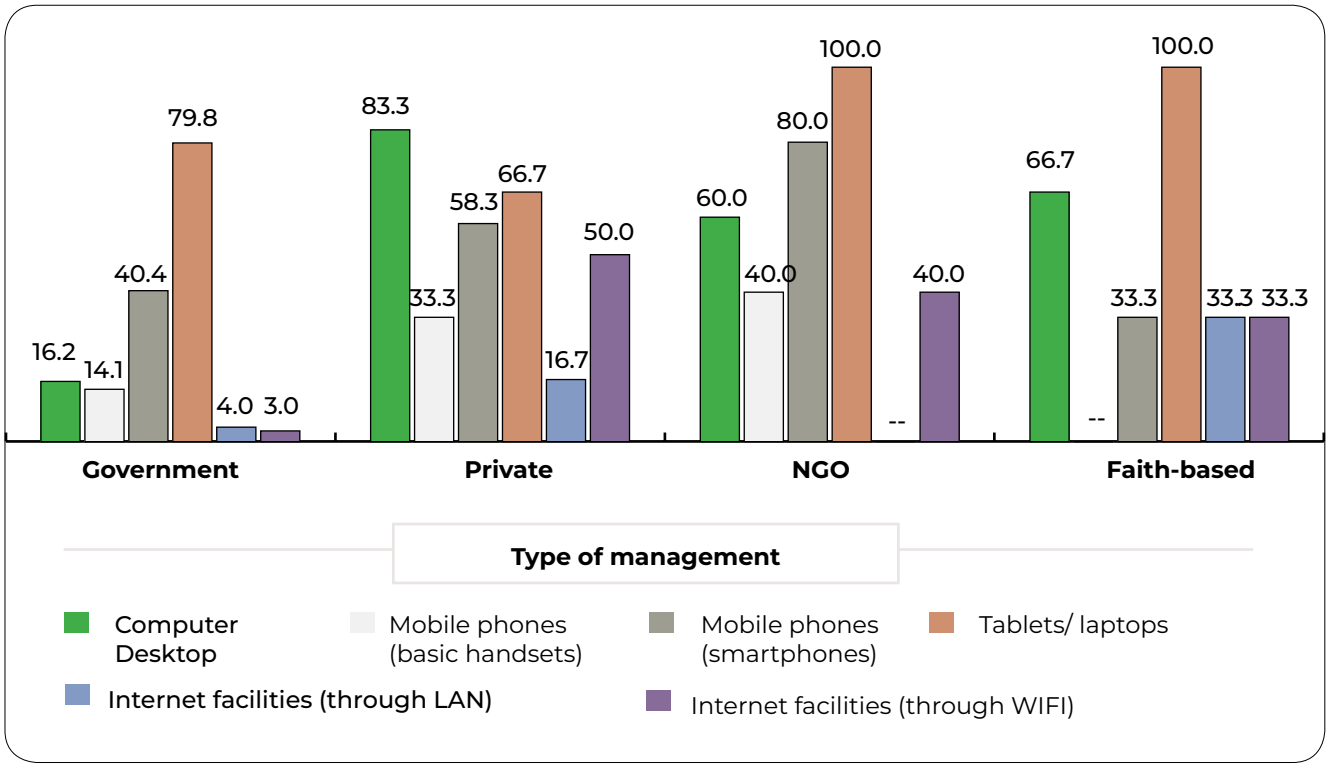


Figure 62 shows the percentage of SDPs with types of ICT system available by management type, 2022. More government SDPs (79.8 per cent) than SDPs of other entities, except NGO, accounted for availability and use of an ICT system. The survey results further showed tablets/laptops are most common ICT items available at SDPs of all entities.

Figure 62: Percentage of SDPs with types of ICT system available by management type, 2022



Data collected on the sources of ICT items in Figure 63 revealed that the majority of SDPs (68.9 per cent) have got ICT items from government, around one-third (33.6 per cent) own ICT items that are staff personal items, 10.9 per cent had acquired them from their proprietors and 6.7 per cent from donations. Government source of ICT items is popular for SDPs at all levels. Though, significant proportions of primary and secondary SDPs were found to possess ICT items as personal items. Around one quarter of secondary and tertiary SDPs have got their ICT items as a donation from development partners.

Figure 63: Percentage of SDPs with source of Information Communication Technology system available by type

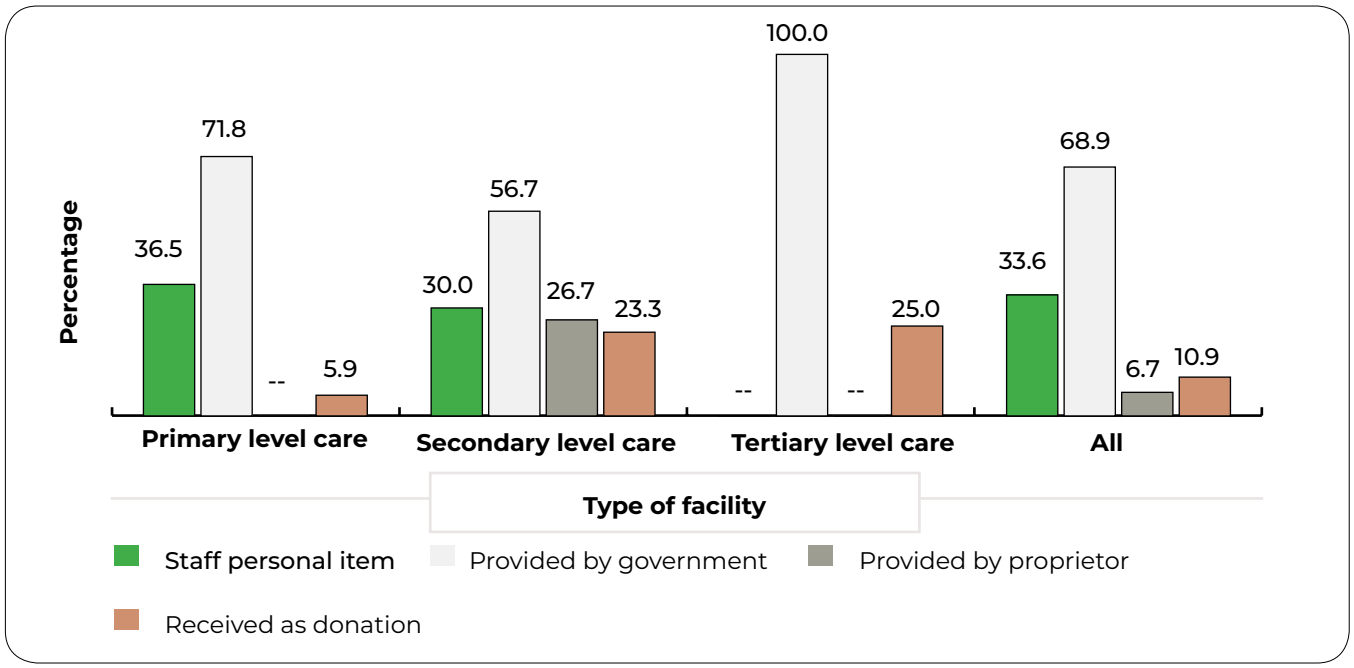
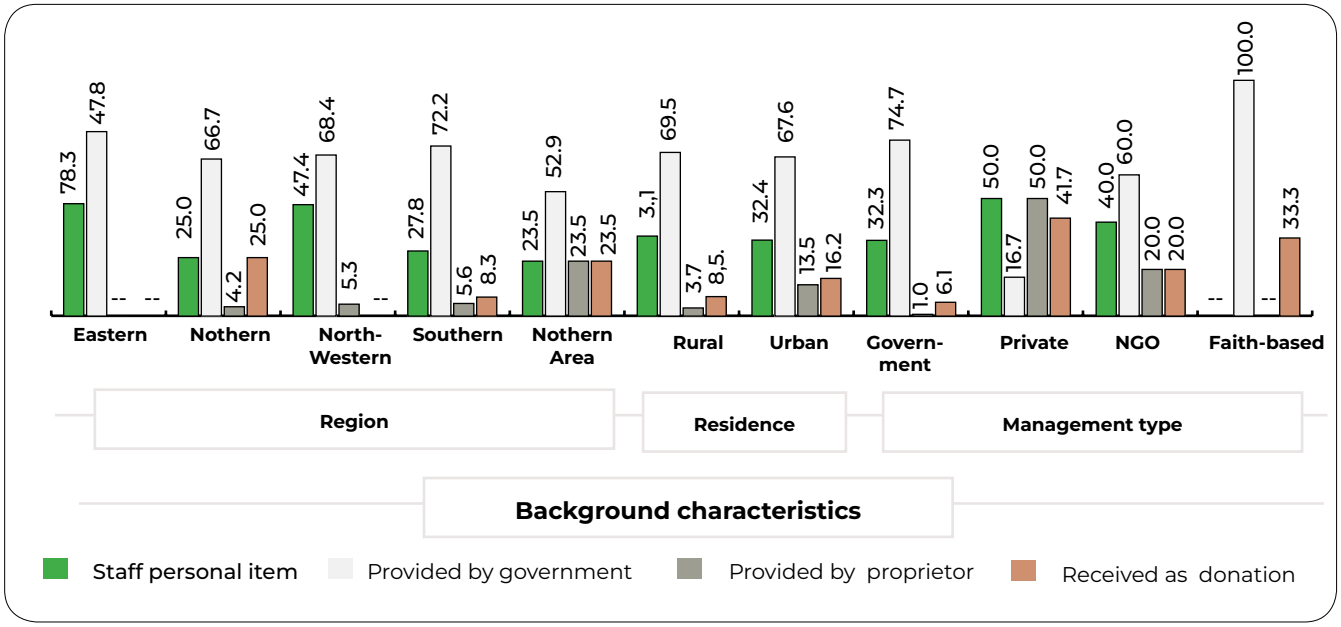


Figure 64 shows percentage of SDPs with source of ICT system available by region, residence and management type. According to results, the government remains to be the main source of ICT system for SDPs in all regions, in both rural and urban areas and for management entities except private. The private entities got ICT items partly as personal items , from proprietors and as donations from individual philanthropists.

Figure 64: Percentage of SDPs with source of Information Communication Technology system available by region, residence and management type



4.5.2 Uses of ICT system at SDPs

Regarding the purpose of ICT system usage, survey results in Figure 65 revealed SDPs are usually using ICT systems for facility record keeping (60.5 per cent), health worker training (50.4 per cent) and routine communication (46.2 per cent). This could be explained by a larger proportion of SDPs owning mobile phones (basic and smart) and tablets/laptops. In particular, around 30.3 per cent of SDPs cited using an ICT system for supply chain management/stock control. Up to 27.7 per cent of SDPs cited other uses of ICT systems which included integrated disease surveillance reporting (IDSR), and disease outbreak and emergency reporting. Other component uses are fairly low.

Figure 65: Percentage of SDPs by main purpose for which an ICT system is used

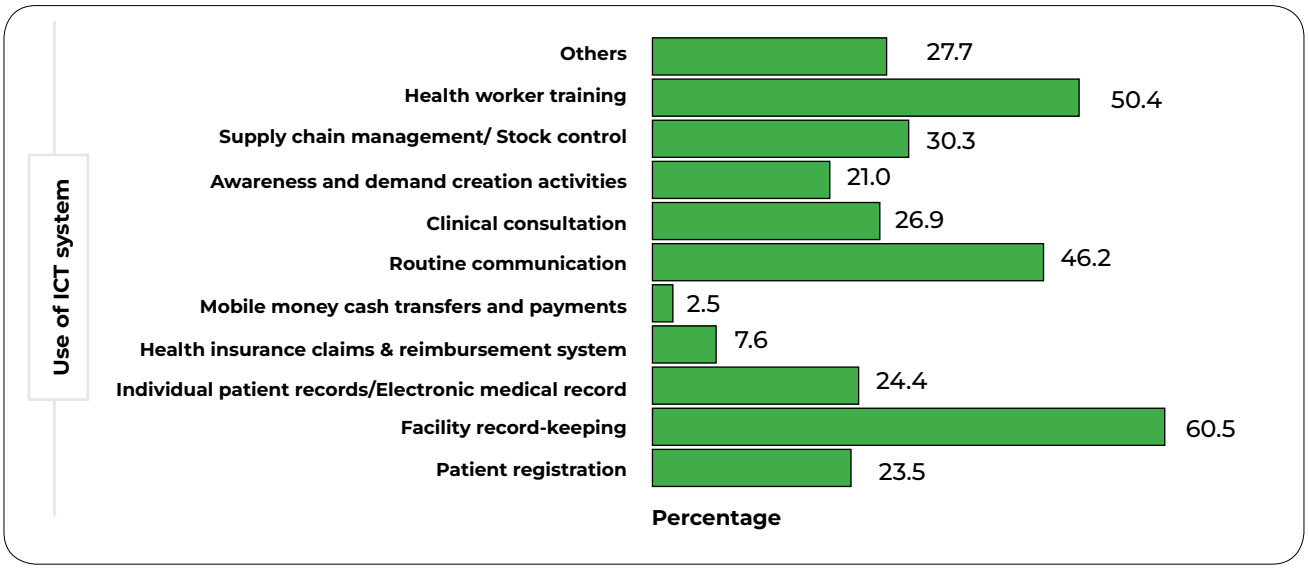


Table 33 shows the percentage of SDPs by their main purpose of use by region, residence and management type. Facility record keeping stands out as the common use of ICT system for SDPs at all levels, in both rural and urban areas, and for all management entities (except, faith-based) as well as in all regions except North-Western region where health worker training and patient registration are popularly mentioned.

Table 33: Percentage of SDPs by main purpose for which ICT is used by type of SDPs, region, residence and management type

Background characteristics	Percentage										
	Patient registration	Facility record-keeping	Individual patient records/ Electronic Medical Record	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	16.5%	54.1%	17.6%	2.4%	1.2%	38.8%	20.0%	15.3%	20.0%	45.9%	32.9%
Secondary level care	40.0%	73.3%	40.0%	20.0%	6.7%	63.3%	46.7%	36.7%	56.7%	56.7%	16.7%
Tertiary level care	50.0%	100.0%	50.0%	25.0%	0.0%	75.0%	25.0%	25.0%	50.0%	100.0%	0.0%
Region											
Eastern	13.0%	78.3%	21.7%	4.3%	0.0%	56.5%	21.7%	17.4%	43.5%	47.8%	13.0%
Northern	45.8%	50.0%	33.3%	12.5%	0.0%	37.5%	16.7%	25.0%	37.5%	54.2%	33.3%
North-Western	5.3%	21.1%	5.3%	0.0%	0.0%	47.4%	31.6%	21.1%	5.3%	57.9%	47.4%
Southern	13.9%	69.4%	19.4%	8.3%	2.8%	50.0%	27.8%	13.9%	27.8%	36.1%	30.6%
Western Area	47.1%	76.5%	47.1%	11.8%	11.8%	35.3%	41.2%	35.3%	35.3%	70.6%	11.8%
Residence											
Rural	20.7%	54.9%	23.2%	3.7%	1.2%	42.7%	20.7%	18.3%	25.6%	48.8%	34.1%
Urban	29.7%	73.0%	27.0%	16.2%	5.4%	54.1%	40.5%	27.0%	40.5%	54.1%	13.5%
Management											
Government	17.2%	57.6%	17.2%	4.0%	1.0%	38.4%	20.2%	14.1%	22.2%	47.5%	30.3%
Private	58.3%	75.0%	58.3%	33.3%	16.7%	91.7%	66.7%	58.3%	75.0%	66.7%	16.7%
NGO	40.0%	80.0%	40.0%	0.0%	0.0%	80.0%	60.0%	60.0%	60.0%	60.0%	0.0%
Faith-based	66.7%	66.7%	100.0%	33.3%	0.0%	66.7%	33.3%	33.3%	66.7%	66.7%	33.3%
ALL SDPs	**23.5%**	**60.5%**	**24.4%**	**7.6%**	**2.5%**	**46.2%**	**26.9%**	**21.0%**	**30.3%**	**50.4%**	**27.7%**

4.6 METHODS OF HEALTH WASTE DISPOSAL

Survey data on methods of health waste disposal in Figure 66 indicated around one-fifth of SDPs (19.1 per cent) are disposing health/medical waste using an incinerator. Disposal of health waste as part of the regular garbage (48.2 per cent) is more popular amongst SDPs.

Figure 66: Percentage of SDPs with methods of health waste disposal by SDP type

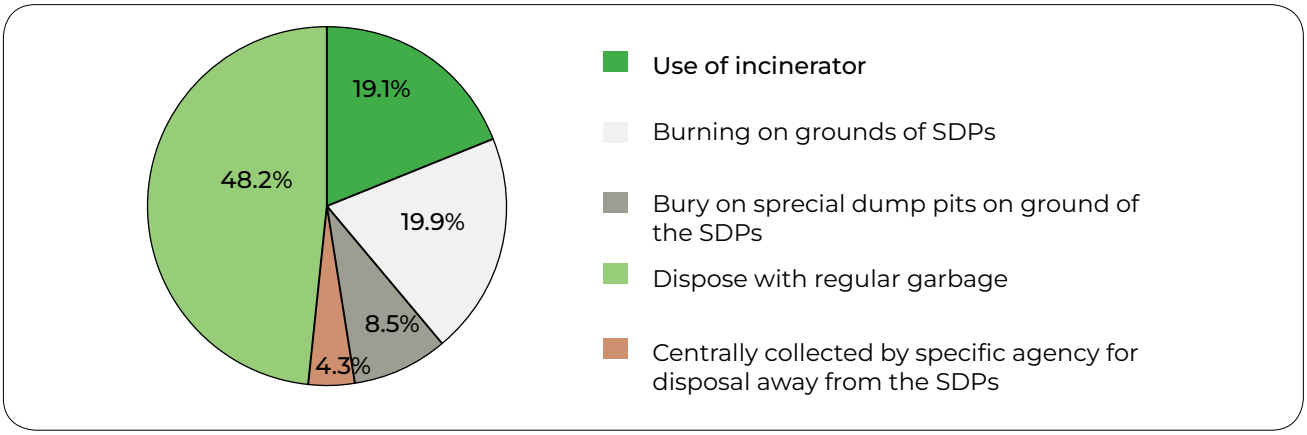


Table 34 highlights the percentage of SDPs with methods of health waste disposal type of SDPs, region, residence and management type. Use of an incinerator was observed to be more popular at tertiary SDPs which accounted for 50.0 per cent. Primary SDPs registered the lowest use of an incinerator at 13.5 per cent.

The use of an incinerator was visibly higher in the Southern region (27.3 per cent) than any of the other regions, with North-Western region registering the least use of the facility (9.1 per cent). More urban SDPs (22.3 per cent) than rural ones (17.4 per cent) are found using an incinerator. Surprisingly, government SDPs were seen as the least to use an incinerator compared to SDPs of the other management entities.

Table 34: Percentage of SDPs with methods of health waste disposal type of SDPs, region, residence and management type

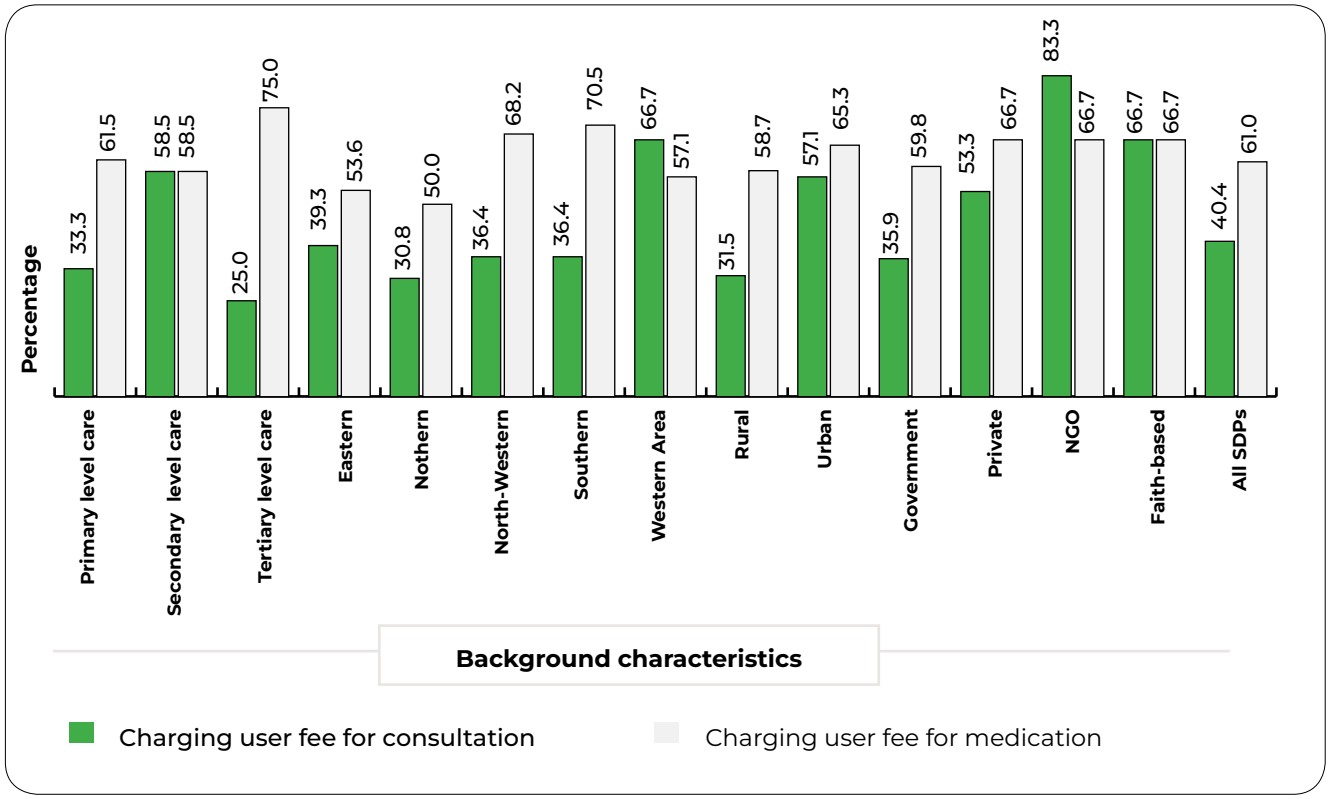
Background characteristics	Percentage of SDPs				
	Burning on grounds of SDPs	Burying in special dump pits on grounds of SDPs	Centrally collected by specific agency for disposal away from SDPs	Disposed with regular garbage	Use of incinerator
Type of facility					
Primary level care	27.1%	11.5%	2.1%	45.8%	13.5%
Secondary level care	4.9%	2.4%	9.8%	53.7%	29.3%
Tertiary level care	0.0%	0.0%	0.0%	50.0%	50.0%
Region					
Eastern	25.0%	0.0%	3.6%	57.1%	14.3%
Northern	23.1%	7.7%	0.0%	46.2%	23.1%
North-Western	9.1%	13.6%	0.0%	68.2%	9.1%
Southern	29.5%	11.4%	0.0%	31.8%	27.3%
Western Area	0.0%	9.5%	23.8%	52.4%	14.3%
Residence					
Rural	25.0%	10.9%	1.1%	45.7%	17.4%
Urban	10.2%	4.1%	10.2%	53.1%	22.4%
Management type					
Government	23.1%	9.4%	3.4%	50.4%	13.7%
Private	6.7%	6.7%	6.7%	40.0%	40.0%
NGO	0.0%	0.0%	16.7%	33.3%	50.0%
Faith-Based	0.0%	0.0%	0.0%	33.3%	66.7%
Total	**19.9%**	**8.5%**	**4.3%**	**48.2%**	**19.1%**

4.7 CHARGING OF USER FEES

Charging of user fees were investigated at all SDPs during the survey for consultation, medication and services provided by a qualified health care provider as well as for various health services and treatments.

Nationally, 40.4 per cent and 61.0 per cent of SDPs were reported to charge user fees for consultation and medication, respectively according to survey results in Figure 67. Charging of user fees for consultation was more popular among secondary SDPs (58.5 per cent) whilst tertiary SDPs (75.0 per cent) reported the highest rate of charging user fees for medication. The occurrence of charging user fees for consultation was by far greater in Western Area (66.7 per cent) whilst North-Western region the highest occurrence of charging user fees for medication (68.2 per cent) Northern region consistently accounted for the lowest rate of charging fees for both consultation and medication. User fees charging for medication was higher in both urban and rural areas than that for consultation. With regards to management type, NGO SDPs recorded the highest incidence of charging user fees for both consultation (83.3 per cent) and medication (66.7 per cent) whilst government SDPs accounted for the lowest rates at 359 per cent and 59.8 per cent respectively.

Figure 67: Percentage of SDPs charging user fees for consultation and medication by type of facility, region, residence and management type



4.7.1 Charging of user fees for consultation for designated health services

Figure 68 presents percentage of SDPs that charge user fees for consultation by health services in 2019 and 2022. Survey results revealed more SDPs had charged consultation fees for all surveyed health services in 2022 than in 2019, except for HIV care service which recorded higher consultation fee charge in 2019. Findings indicated that charging of consultation fee was comparably higher especially for newborn care services, postnatal care services, delivery services and ANC services in 2022.

Figure 68: Percentage of SDPs that charge user fees for consultation by health services in 2019 and 2022

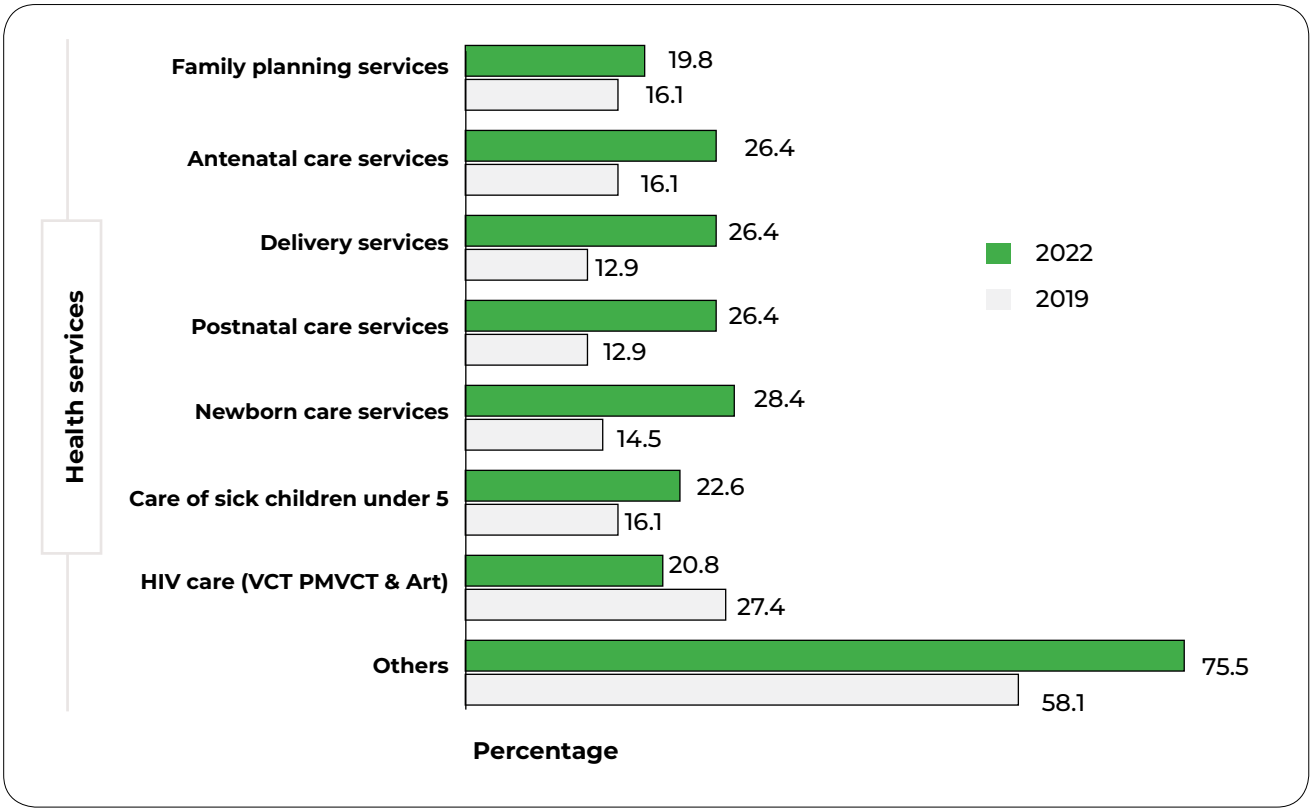


Table 35 shows the percentage of SDPs that charge consultation fees for various health services in 2022 by type of SDP, region, residence and management type. According to survey results, more secondary SDPs reported charging user fees for consultation for all health services except for HIV care service which accounted for a higher consultation fee charge for primary SDPs. No consultation fee charge was recorded at any tertiary SDP. Regional results showed charge of user fees was considerably higher in Western Area for all health services consultations, except for postnatal care services for which a user fee charge was cited most in Northern region. Far more urban SDPs were observed to charge user fees for all health issues consultations compared to rural SDPs, except for HIV care service. Charge of user fees for consultation for all health issues was least reported at government SDPs while it was largely evident at SDPs managed by NGOs and private entities.

Table 35: Percentage of SDPs that charge consultation fees for various health services in 2022 by type of SDPs, region, residence and management type

Background characteristics	Percentage							
	Family planning services	Antenatal care services	Delivery services	Postnatal care services	Newborn care services	Care of sick children under 5 years	HIV care (VCT PMTCT & ART)	Others
Type of facility								
Primary level care	13.8%	17.2%	17.2%	17.2%	17.2%	17.2%	34.5%	79.3%
Secondary level care	26.1%	39.1%	39.1%	39.1%	43.5%	30.4%	4.3%	69.6%
Tertiary level care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

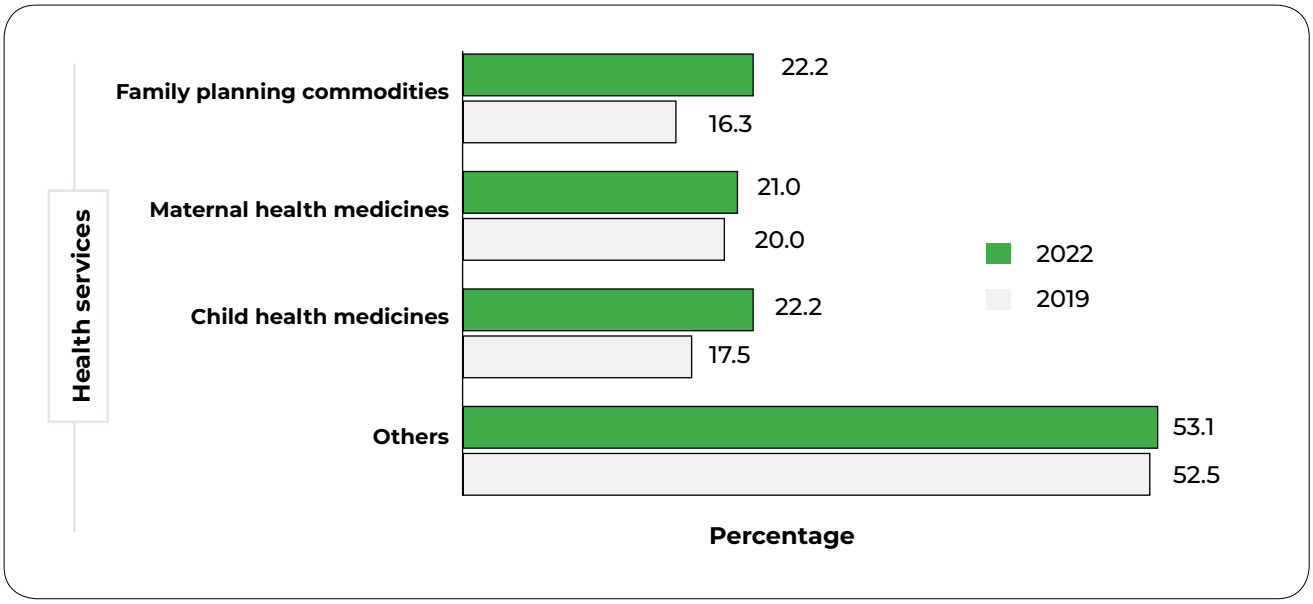
Table 35: Percentage of SDPs that charge consultation fees for various health services in 2022 by type of SDPs, region, residence and management type (continued)

Background characteristics	Percentage							
	Family planning services	Antenatal care services	Delivery services	Postnatal care services	Newborn care services	Care of sick children under 5 years	HIV care (VCT PMTCT & ART)	Others
Region								
Eastern	18.2%	18.2%	18.2%	18.2%	18.2%	18.2%	36.4%	72.7%
Northern	25.0%	25.0%	25.0%	37.5%	37.5%	25.0%	25.0%	75.0%
North-Western	14.3%	28.6%	28.6%	28.6%	28.6%	14.3%	0.0%	42.9%
Southern	7.1%	21.4%	21.4%	21.4%	21.4%	14.3%	7.1%	85.7%
Western Area	30.8%	38.5%	38.5%	30.8%	38.5%	38.5%	30.8%	84.6%
Residence								
Rural	14.3%	17.9%	17.9%	17.9%	17.9%	14.3%	28.6%	71.4%
Urban	24.0%	36.0%	36.0%	36.0%	40.0%	32.0%	12.0%	80.0%
Management								
Government	12.5%	12.5%	12.5%	15.0%	15.0%	12.5%	25.0%	77.5%
Private	66.7%	83.3%	83.3%	66.7%	83.3%	83.3%	0.0%	66.7%
NGO	20.0%	80.0%	80.0%	80.0%	80.0%	40.0%	20.0%	60.0%
Faith-based	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
ALL SDPs	**18.9%**	**26.4%**	**26.4%**	**26.4%**	**28.3%**	**22.6%**	**20.8%**	**75.5%**

4.7.2 Charging user fees for medication and FP commodities

Information on user fees charging for medication in Figure 69 revealed fewer SDPs are reportedly charging fees for patients' medications for FP, maternal or child health in 2022 compared to 2019. Survey results indicated 16-20 per cent of SDPs are reported to charge user fees for medication for the services in 2022, whilst 20-22 per cent had charged fees for the services in 2019.

Figure 69: Percentage of SDPs that charge user fees for medications by in 2019 and 2022



The percentage of SDPs which charged user fees for medications in 2022 by type of SDP is shown in Figure 70. Findings showed one-fifth of SDPs are reportedly charging fees for maternal health medicines, 17.5 per cent child health and 16.3 per cent for FP commodities. Survey results at the facility level indicated that user fees charging for all medications was evidently observed higher at tertiary SDPs which recorded 33.3 per cent for each medication.

Figure 70: Percentage of SDPs s which charge user fees for medications in 2022 by type of SDP

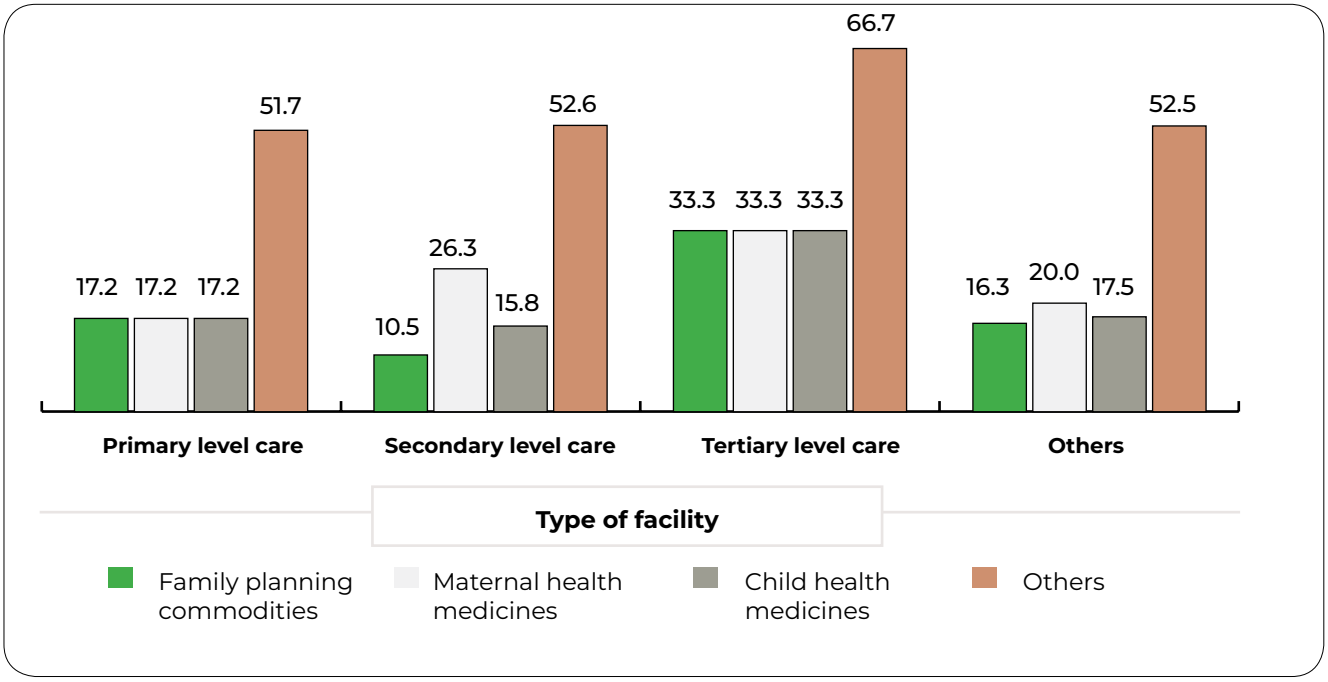
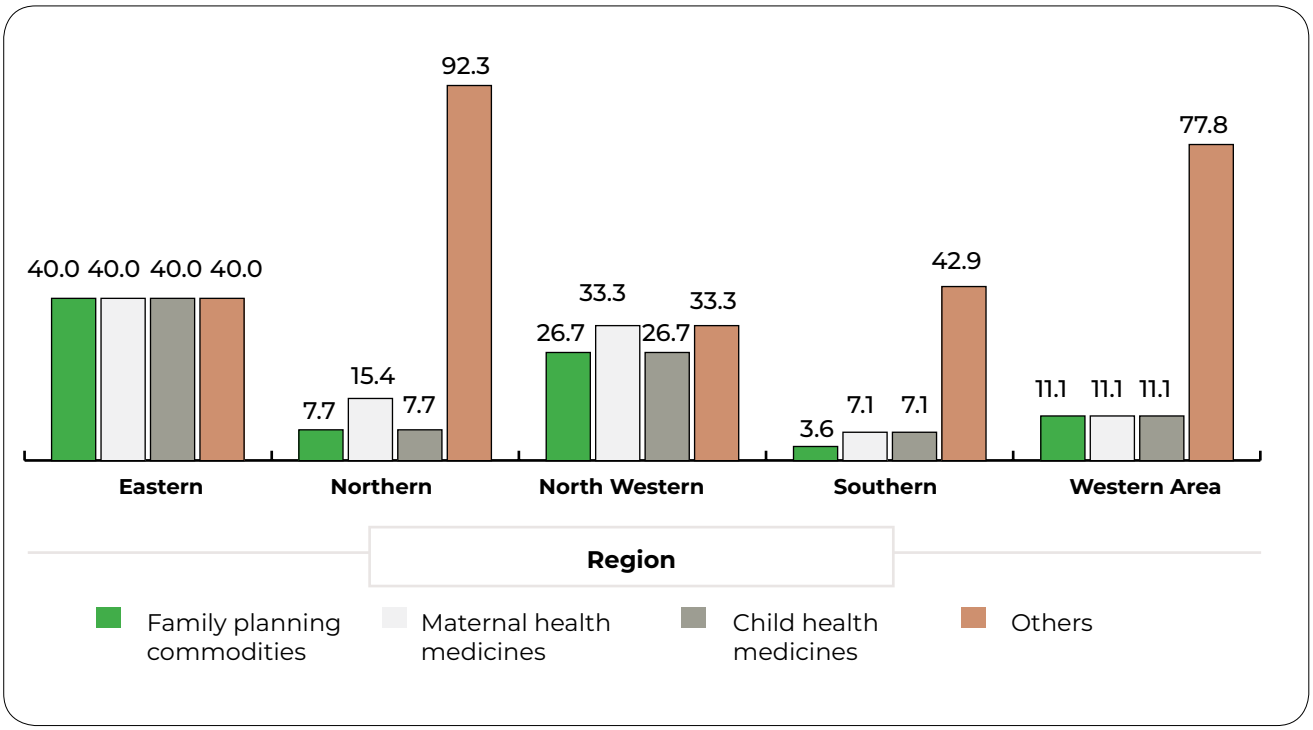


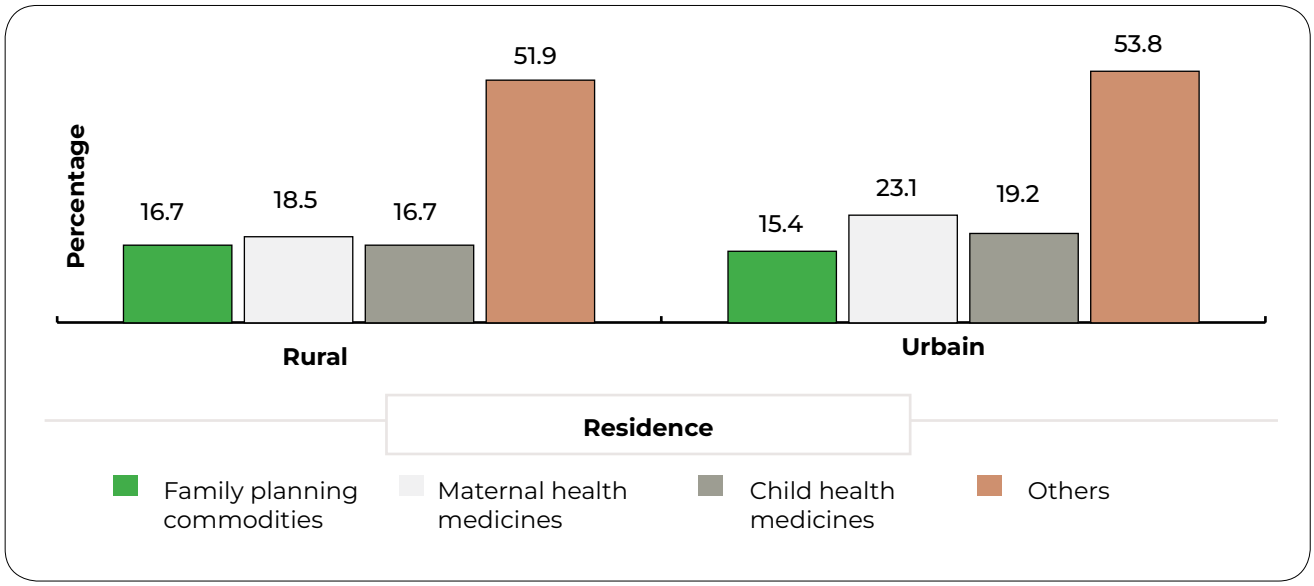
Figure 71 shows the percentage of SDPs that charge user fees for medications in 2022 by region. Results indicated that charging user fees for all medications is considerably more frequent in Eastern region, with North-Western closely following. Southern region happened to record the lowest incidence of charging user fees for the three medications.

Figure 71: Percentage of SDPs which charge user fees for medications in 2022 by region



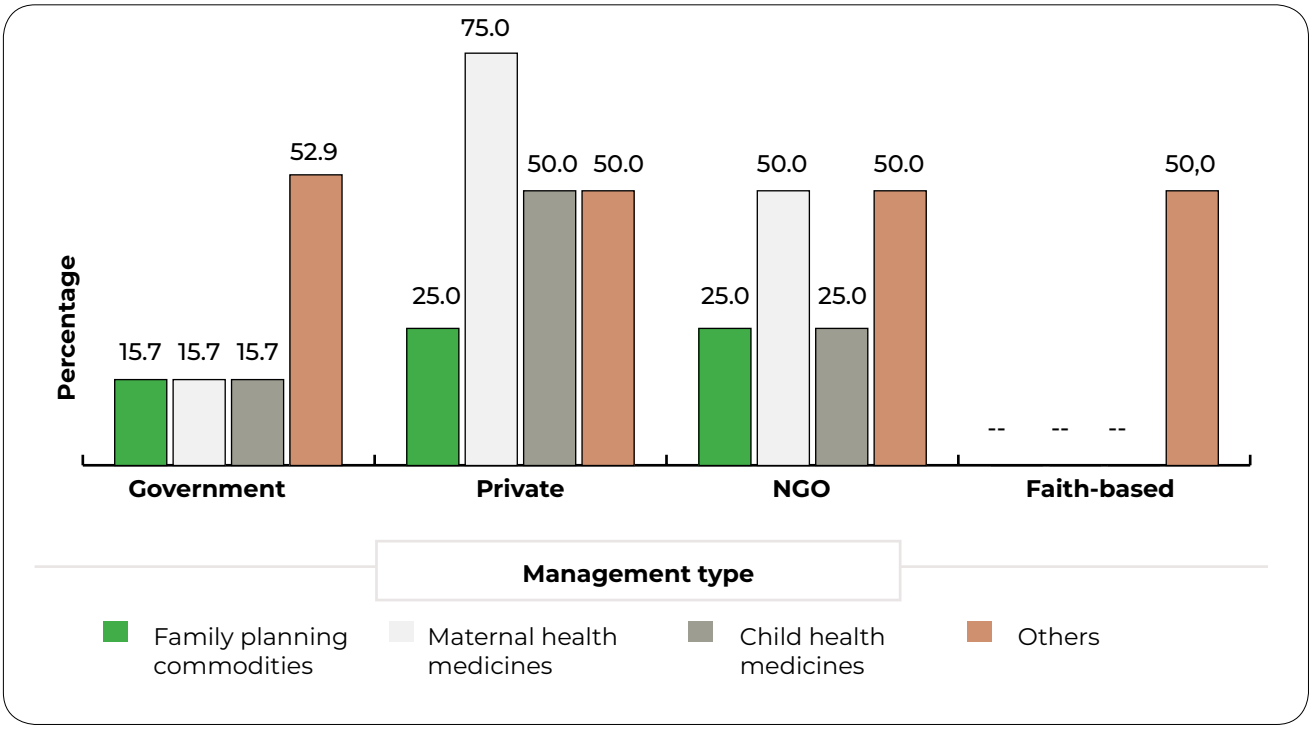
Results by residence in Figure 72 showed that charging user fees for maternal and child medications happens more frequently in urban SDPs while this happens in rural SDPs for FP commodities.

Figure 72: Percentage of SDPs s which charge user fees for medications in 2022 by residence



According to survey results in Figure 73, government SDPs were the least likely to charge user fees charge for all three medications and private SDPs were the most likely to charge user fees for all medications, followed by SDPs owned by NGOs.

Figure 73: Percentage of SDPs which charge user fees for medications in 2022 by managemet type



4.7.3 Charging user fees for services provided by a qualified health care provider

Nationally, 46.7 per cent of SDPs confirmed charging user fees for services provided by a qualified (specialized) health care provider according to Figure 74. Analysis by SDP level shows more secondary SDPs (62.5 per cent) are charging user fees for services provided by a qualified health care provider compared to tertiary SDPs (50.0 per cent) and primary SDPs (38.3 per cent). Southern region registered far more SDPs (64.3 per cent) charging user fees for services provided by a qualified health care provider than any other region. SDPs in urban areas (58.3 per cent) as well as those owned by private entities are more likely to charge such user fees. At 51.9 per cent, government SDPs registered the lowest number charging user fees.

Figure 74: Percentage of SDPs charging user fees for services provided by a qualified health care provider by type of facility, region, residence and management type

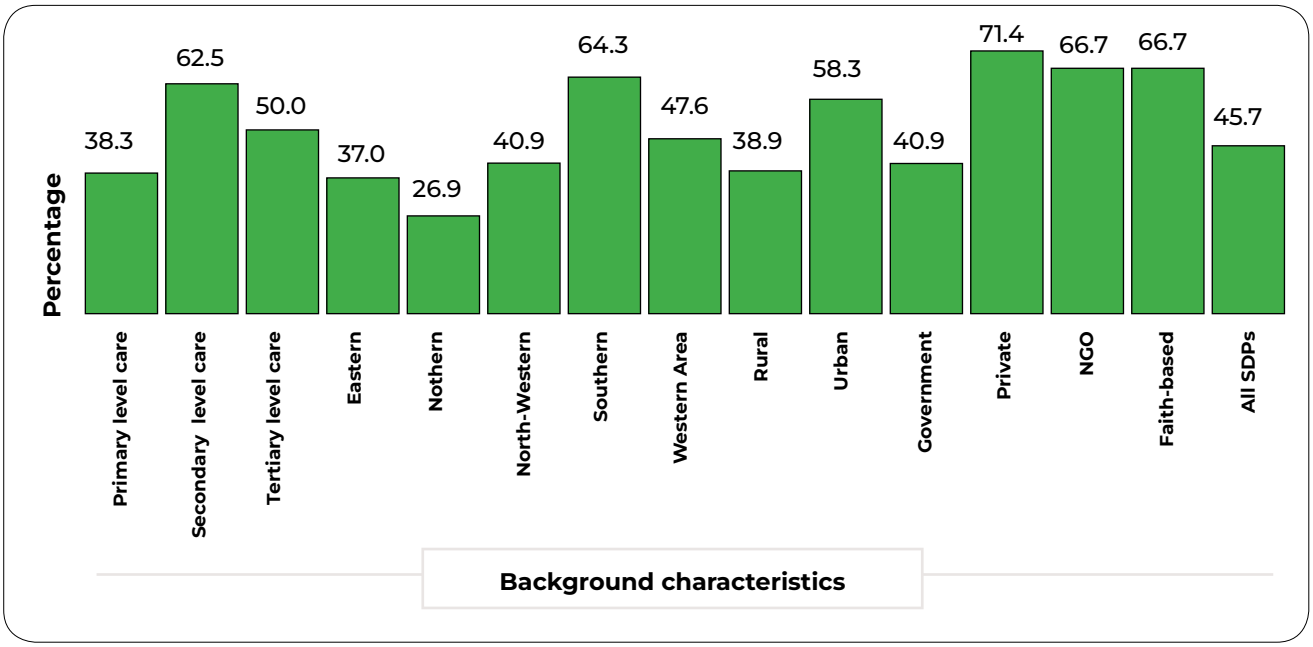


Figure 75 outlines the percentage of SDPs charging user fees for services provided by a qualified health care provider in 2019 and 2022. Fewer SDPs are reportedly charging user fees for all health services provided by a qualified health care provider in 2022 compared to 2019, except for caesarean section.

Figure 75: Percentage of SDPs charging user fees for health services provided by a qualified health care provider in 2019 and 2022

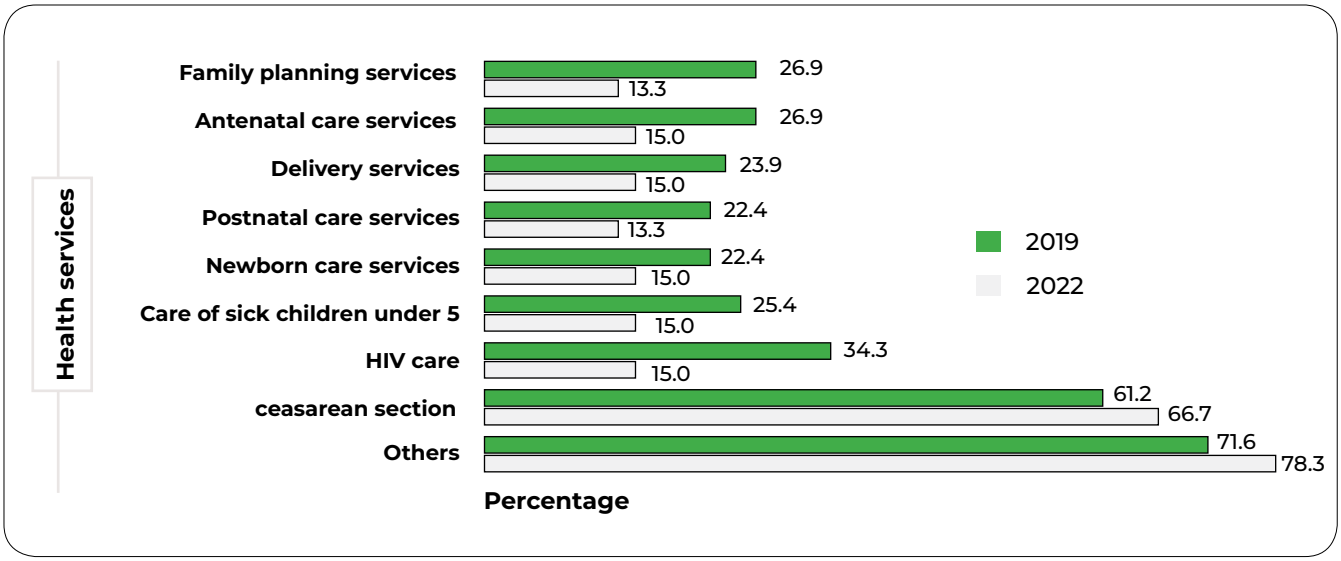


Table 36 presents the percentage of SDPs which charge user fees for services provided by a qualified health care provider by provider by type of facility, region, residence and management type. SDPs charge the most often for caesarean section (66.7 per cent), which is four times more than any other service provided by a qualified health care provider by provider. Charging user fees charge was reportedly lower for all other health services provided by a qualified health care provider by provider, ranging from 13 to 15 per cent. Surprisingly, far more primary SDPs (81.8 per cent) (who are not supposed to offer the service) than secondary SDPs (48.0 per cent) and tertiary SDPs (50.0 per cent) are reported to charge user fees for caesarean section. Only secondary SDPs happened to charge user fee for the other health services including FP services.

Western Area recorded more SDPs charging user fees for all services provided by a qualified health care provider by provider, except caesarean section which was mostly reported in Northern region (83.3 per cent). Rural/urban residence results show that urban SDPs than rural ones are charging fees for all services provided by a qualified health care provider, except for HIV care and caesarean section. Fewer government SDPs than SDPs of other entities happened to charge fees for services provided by a qualified health care provider. Private-owned SDPs reported highest user fees charge for caesarean section, which was followed by government SDPs and NGO SDPs.

Table 36: Percentage of SDPs which charge user fees for services provided by a qualified health care provider, by provider, type of facility, region, residence and management type

Background characteristics	Percentage								
	Family planning services	ANC services	Delivery services	Postnatal care services	New-born care services	Care of sick children under 5 years	HIV care	Caesa-rean section	Others
Type of facility									
Primary level care	-	-	-	-	-	-	21.2%	81.8%	81.8%
Secondary level care	32.0%	36.0%	36.0%	32.0%	36.0%	36.0%	8.0%	48.0%	72.0%
Tertiary level care	-	-	-	-	-	-	-	50.0%	100.0%
Region									
Eastern	-	-	-	-	-	-	22.2%	66.7%	88.9%
Northern	-	-	16.7%	-	-	-	-	83.3%	100.0%
North-Western	11.1%	22.2%	22.2%	22.2%	22.2%	11.1%	11.1%	22.2%	11.1%
Southern	11.5%	11.5%	7.7%	11.5%	11.5%	15.4%	11.5%	76.9%	96.2%
Western Area	40.0%	40.0%	40.0%	30.0%	40.0%	40.0%	30.0%	70.0%	70.0%
Residence									
Rural	-	3.0%	3.0%	3.0%	3.0%	-	18.2%	72.7%	78.8%
Urban	29.6%	29.6%	29.6%	25.9%	29.6%	33.3%	11.1%	59.3%	77.8%
Management									
Government	-	-	-	-	-	-	15.6%	66.7%	82.2%
Private	66.7%	66.7%	77.8%	55.6%	66.7%	77.8%	11.1%	88.9%	66.7%
NGO	50.0%	75.0%	50.0%	75.0%	75.0%	50.0%	25.0%	50.0%	50.0%
Faith-based	-	-	-	-	-	-	-	-	100.0%
Total	**13.3%**	**15.0%**	**15.0%**	**13.3%**	**15.0%**	**15.0%**	**15.0%**	**66.7%**	**78.3%**

PART 5
SURVEY FINDINGS ON EXIT INTERVIEWS

The client exit interviews were restricted to clients that visited health facilities for FP services on the day of the survey as has been the practice for previous surveys. Therefore, clients who had visited the facilities on previous days before the survey were not of interest.

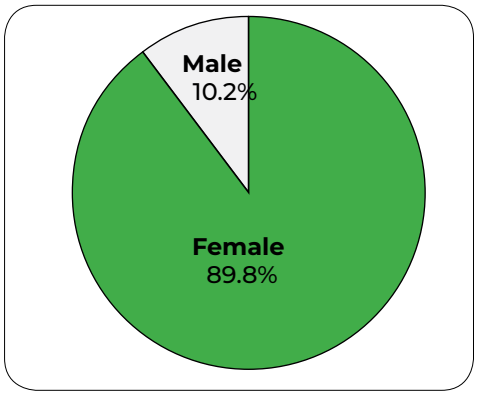
5.1 BACKGROUND CHARACTERISTICS OF FAMILY PLANNING CLIENTS

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

A total of 640 clients who visited and received FP services on the day of the survey were interviewed. Of the respondents, 575 were females (89.8 per cent) and 65 were males (10.2 per cent). Figure 76 shows the percentage of clients seeking FP services by sex .

Figure 76: Percentage of clients seeking FP services by sex



Representation of male clients was slightly higher at secondary SDPs registering 11.1 per cent than at the other two SDP levels. Southern (13.2 per cent) and North-Western regions (18.6 per cent) registered a higher number of male clients than the other regions. Slightly more male clients were visibly seen using FP services in rural areas (10.8 per cent) than urban areas (9.1 per cent). Faith-based SDPs recorded more male clients than SDPs of any other entity. Table 37 gives the sex distribution of clients by type of SDP, region, residence and management type.

Table 37: Sex distribution of FP clients by type of SDP, region, residence and management type

Background characteristics	Percentage		N
	Female	Male	
Type of facility			
Primary level care	89.9%	10.1%	404
Secondary level care	88.9%	11.1%	198
Tertiary level care	94.7%	5.3%	38
Region			
Eastern	95.0%	5.0%	119
Northern	91.1%	8.9%	157
North-Western	81.4%	18.6%	59
Southern	86.8%	13.2%	212
Western Area	93.5%	6.5%	93

Table 37: Sex distribution of FP clients by type of SDP, region, residence and management type (continued)

Background characteristics	Percentage		N
	Female	Male	
Residence			
Rural	89.2%	10.8%	397
Urban	90.9%	9.1%	243
Management			
Government	89.5%	10.5%	544
Private	93.5%	6.5%	62
NGO	92.0%	8.0%	25.0%
Faith-based	77.8%	22.2%	9.0%
Total	**89.8%**	**10.2%**	**100.0%**
	575	**65**	**640**

The age distribution of FP clients in Table 38 shows that almost all clients using FP services (99.2 per cent) are within 15-44 years of age. By age group category, 45.2 per cent of clients are adolescents (15-19) years or young adults (20-24) years according to survey results.

With regard to clients aged 15-24 years using FP services, the following results were observed: more of them are accessing FP services at tertiary (47.4 per cent) and primary (46.3 per cent) SDPs than secondary SDPs (42.4 per cent). Northern (53.5 per cent), Southern (44.8 per cent) and Eastern (43.7 per cent) regions recorded more clients utilizing FP services. The Western Area recorded the least number (36.6 per cent). There are more clients in urban areas (46.1 per cent) than in rural areas (44.6 per cent), and in government SDPs (46.0 per cent) and NGO SDPs (44.0 per cent) than in private SDPs (40.0 per cent) and faith-based SDPs (33.3 per cent).

Table 38: Age distribution of FP clients by type of SDP, region, residence and management type

Background characteristics	Age group in years (Percentage)							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Type of facility								
Primary level care	21.3%	25.0%	23.0%	16.6%	8.2%	5.0%	0.2%	0.7%
Secondary level care	16.7%	25.8%	25.3%	15.2%	13.1%	3.5%	0.5%	0.0%
Tertiary level care	18.4%	28.9%	23.7%	18.4%	5.3%	5.3%	0.0%	0.0%
Region								
Eastern	25.2%	18.5%	20.2%	16.8%	10.1%	6.7%	0.8%	1.7%
Northern	22.9%	30.6%	24.8%	14.6%	5.1%	1.9%	0.0%	0.0%
North-Western	22.0%	18.6%	27.1%	16.9%	13.6%	1.7%	0.0%	0.0%
Southern	17.0%	27.8%	25.5%	14.6%	9.4%	5.2%	0.0%	0.5%
Western Area	11.8%	24.7%	20.4%	21.5%	14.0%	6.5%	1.1%	0.0%
Residence								
Rural	20.2%	24.4%	24.4%	17.1%	8.8%	4.3%	0.0%	0.8%
Urban	18.9%	27.2%	22.6%	14.8%	10.7%	4.9%	0.8%	0.0%

Table 38: Age distribution of FP clients by type of SDP, region, residence and management type (continued)

Background characteristics	Age group in years (Percentage)							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Management								
Government	21.0%	25.0%	22.6%	16.2%	9.7%	4.6%	0.4%	0.6%
Private	9.7%	30.6%	32.3%	17.7%	8.1%	1.6%	0.0%	0.0%
NGO	20.0%	24.0%	24.0%	16.0%	8.0%	8.0%	0.0%	0.0%
Faith-based	11.1%	22.2%	33.3%	11.1%	11.1%	11.1%	0.0%	0.0%
Total	**19.7%**	**25.5%**	**23.8%**	**16.3%**	**9.5%**	**4.5%**	**0.3%**	**0.5%**

5.1.2 Marital status

Regarding marital status of clients (see Figure 77), the survey results revealed around half of FP clients (49.8 per cent) are currently married/in a union, 46.3 per cent are never married and 3.9 per cent are divorced/separated/widowed. The implication is that as many singles (never married persons) as married persons are accessing FP services.

Figure 77: Marital status of FP clients

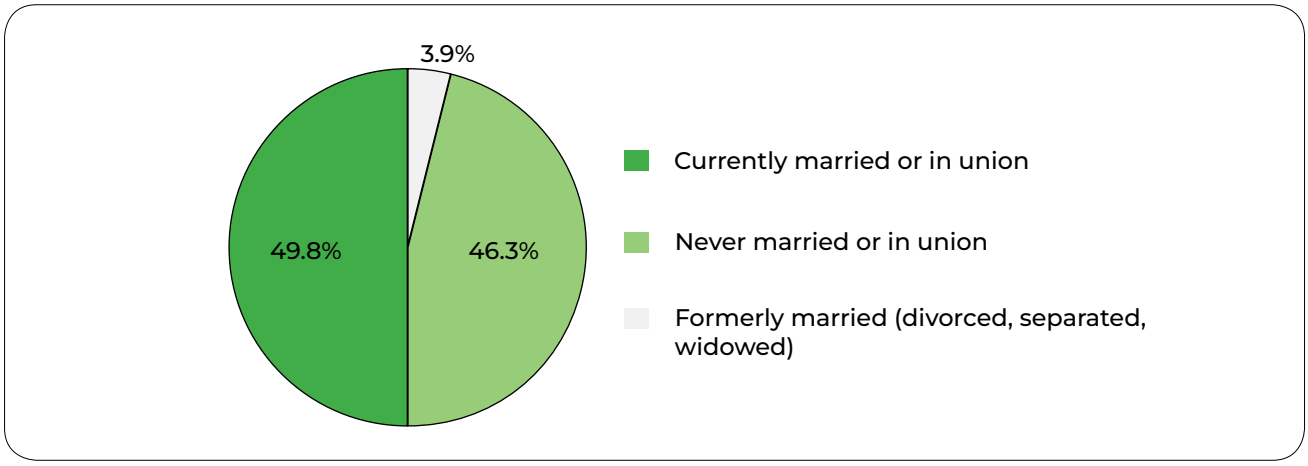


Table 39 shows marital status of clients by type of SDP, region, residence and management type. Data suggests that married clients are mostly visiting primary SDPs (52.2 per cent) than secondary (46.0 per cent) and tertiary (44.7 per cent) SDPs. An almost equal proportion of unmarried clients were seen accessing FP services at tertiary SDPs (50.0 per cent) and secondary SDPs (49.5 per cent) according to the survey results.

While there are more married clients than unmarried clients in three regions (Eastern, North-Western and Southern) demanding FP services, the trend reverses in the Northern region. Western Area manifested almost equal proportions of married and unmarried clients seeking FP services (48.4 per cent compared to 47.3 per cent). Data on rural/urban residence indicates rural SDPs registered more married clients (52.1 per cent) than unmarried clients (44.1 per cent) while the trend reverses for urban SDPs with slightly more unmarried clients (49.8 per cent) than married clients (46.1 per cent) seeking FP services. Analysis by management type shows unmarried clients are more likely to seek FP services from faith-based SDPs (55.6 per cent), private SDPs (53.2 per cent) and NGO SDPs (48.0 per cent); while more married clients visited the government SDPs (51.1 per cent).

Table 39: Marital status of FP clients by type of SDP, region, residence and management type

Background characteristics	Percentage		
	Never married	Currently married/ in a union	Formerly married (divorced/ separated/widowed)
Type of facility			
Primary level care	44.3%	52.2%	3.5%
Secondary level care	49.5%	46.0%	4.5%
Tertiary level care	50.0%	44.7%	5.3%
Region			
Eastern	41.2%	56.3%	2.5%
Northern	54.1%	42.7%	3.2%
North-Western	40.7%	54.2%	5.1%
Southern	44.3%	50.9%	4.7%
Western Area	47.3%	48.4%	4.3%
Residence			
Rural	44.1%	52.1%	3.8%
Urban	49.8%	46.1%	4.1%
Management			
Government	45.2%	51.1%	3.7%
Private	53.2%	43.5%	3.2%
NGO	48.0%	40.0%	12.0%
Faith-based	55.6%	44.4%	0.0%
Total	**46.3%**	**49.8%**	**3.9%**

5.1.3 Education

Findings from the survey in Figure 78 showed that people with at least a formal education are likely to demand FP services. While the majority of clients (74.2 per cent) with primary or secondary/ higher education are demanding FP services, about one quarter (25.8 per cent) have no education.

Figure 78: Education level of FP clients

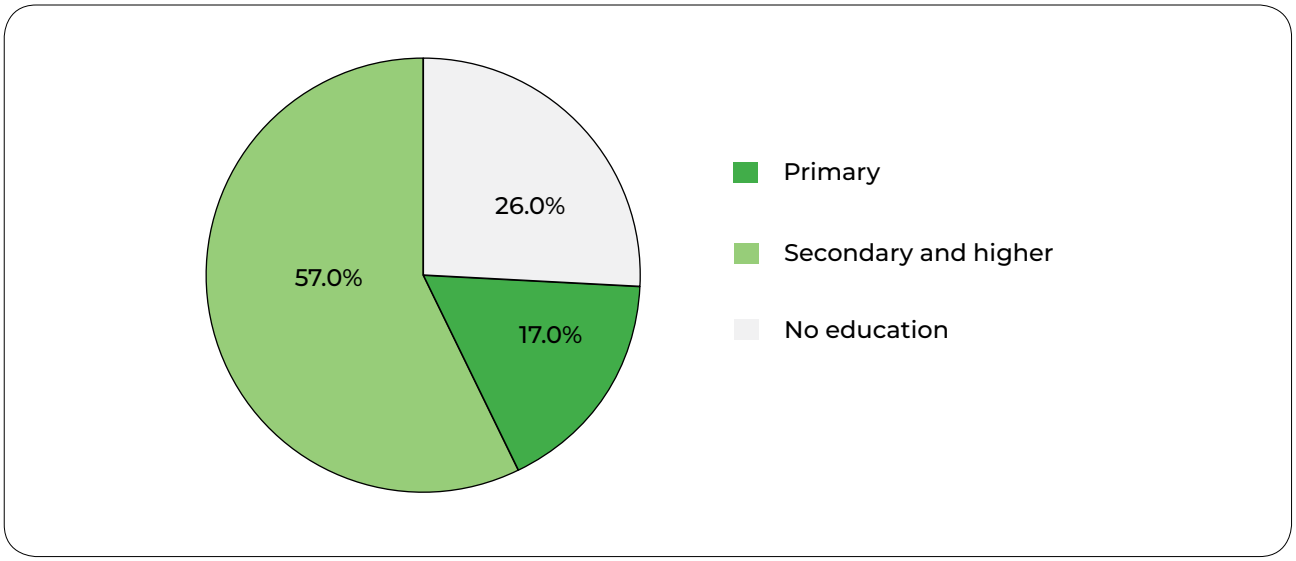


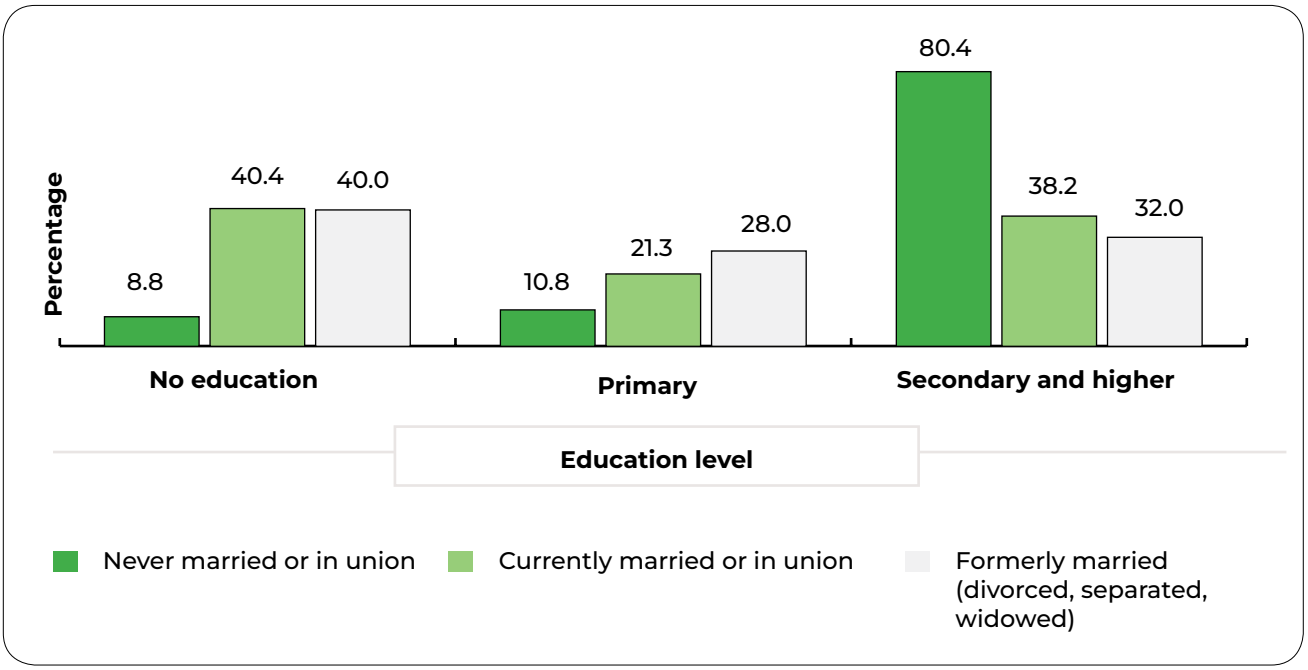
Table 40 outlines the percentage distribution of clients by education level by type of SDP, region, residence and management type. Results indicated more clients with secondary and higher level of education are visiting all types of SDPs with secondary level topping at 85.4 per cent, followed by tertiary SDPs with 71.1 per cent and primary (69.1 per cent), the least. This implies there are more clients with no formal education seeking FP services at primary SDPs (30.9 per cent) and comparably less at tertiary (28.9 per cent) and secondary (14.6 per cent) SDPs. Regional analysis shows North-Western region (40.7 per cent) accounted for more clients without education, while Western Area recorded the least (17.2 per cent). There are more clients without education in rural areas (29.7 per cent) than urban areas (19.3 per cent). In terms of management type, government SDPs accounted for the highest clients with no education (28.9 per cent).

Table 40: Percentage distribution of clients by education level by type of SDP, region, residence and management type

Background characteristics	Percentage		
	No education	Primary education	Secondary or higher education
Type of facility			
Primary level care	30.9%	20.3%	48.8%
Secondary level care	14.6%	12.1%	73.2%
Tertiary level care	28.9%	2.6%	68.4%
Region			
Eastern	26.9%	15.1%	58.0%
Northern	19.1%	27.4%	53.5%
North-Western	40.7%	11.9%	47.5%
Southern	29.7%	14.6%	55.7%
Western Area	17.2%	8.6%	74.2%
Residence			
Rural	29.7%	20.9%	49.4%
Urban	19.3%	9.9%	70.8%
Management			
Government	28.9%	17.1%	54.0%
Private	4.8%	19.4%	75.8%
NGO	16.0%	8.0%	76.0%
Faith-based	11.1%	0.0%	88.9%
Total	**25.8%**	**16.7%**	**57.5%**

Analysing level of education by marital status in Figure 79, the survey results indicate there are far more clients with secondary and higher level of education (80.4 per cent) seeking FP services that are unmarried (never married/in union) as against currently married (38.2 per cent) and formerly married (32.0 per cent). For clients with primary level of education seeking FP services, formerly married couples top with 28.0 per cent, followed by currently married with 21.0 per cent and unmarried (10.8 per cent).

Figure 79: Education level of FP clients by marital status



5.1.4 Frequency of visit to SDPs for family planning services

Figure 80 presents the percentage distribution of clients by frequency of visit to SDPs for FP services. Survey results revealed that most clients (56.3 per cent) are visiting SDPs for FP services quarterly (once every three months), 24.1 per cent are visiting monthly (once a month) and 4.4 per cent bimonthly (once every two months). Clients' preference for relatively long-term modern contraceptive methods such as injectables, IUDs and implants could possibly explain the higher percentage visiting SDPs on quarterly basis.

Figure 80: Percentage of clients by frequency of visit to SDPs for FP services

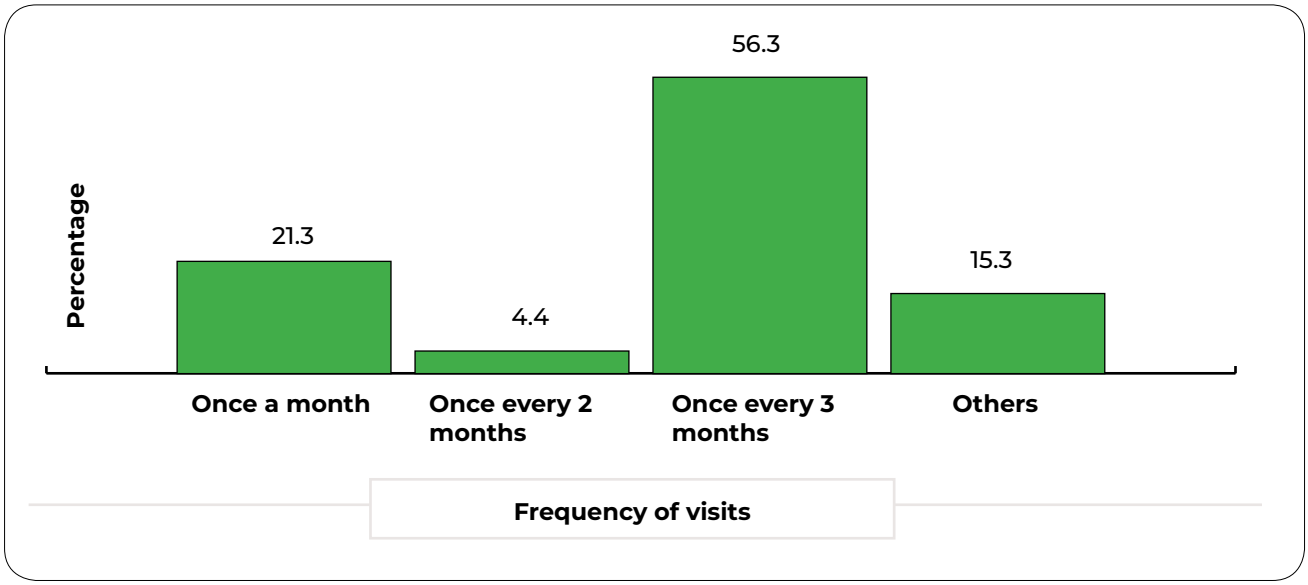


Table 41 presents the percentage of clients by frequency of visit to SDPs for FP services by type of SDP, region, residence and management type. Survey results indicate that quarterly visits are higher at secondary SDPs (62.6 per cent), low at tertiary SDPs (57.9 per cent) and lower at primary SDPs (53.0 per cent). More than half of clients in all regions, except Southern region, are visiting SDPs quarterly. More clients in urban areas (57.6 per cent) than rural areas (55.4 per cent) are demanding FP services quarterly. Although quarterly visits a popular with SDPs of all management types, monthly visits are significantly happening slightly more at government SDPs according to survey results.

Table 41: Percentage of clients by frequency of visit to SDPs for FP services by type of SDP, region, residence and management type

Background characteristics	Percentage			
	Once a month	Once every 2 months	Once every 3 months	Others
Type of facility				
Primary level care	27.2%	4.7%	53.0%	15.1%
Secondary level care	19.2%	4.0%	62.6%	14.1%
Tertiary level care	15.8%	2.6%	57.9%	23.7%
Region				
Eastern	31.9%	5.0%	58.0%	5.0%
Northern	19.7%	5.1%	64.3%	10.8%
North-Western	18.6%	3.4%	54.2%	23.7%
Southern	29.7%	3.8%	49.1%	17.5%
Western Area	11.8%	4.3%	58.1%	25.8%
Residence				
Rural	25.7%	4.8%	55.4%	14.1%
Urban	21.4%	3.7%	57.6%	17.3%
Management				
Government	26.7%	4.8%	52.8%	15.8%
Private	4.8%	1.6%	85.5%	8.1%
NGO	12.0%	4.0%	60.0%	24.0%
Faith-based	33.3%	0.0%	55.6%	11.1%
Total	**24.1%**	**4.4%**	**56.3%**	**15.3%**

5.2 CLIENTS' PERCEPTION OF FAMILY PLANNING SERVICE PROVISION

Perception of clients about FP services provision was investigated in four areas: technical aspects of service providers, organizational aspects at the health facilities, interpersonal aspects of service providers and outcome.

5.2.1 Adherence to technical aspects

Clients were asked about their perception of FP service providers' adherence to technical aspects which range from providing modern contraceptive methods of the clients' choice to scheduling dates for check-ups and/or additional supplies as displayed in Figure 81 below. If demand for and use of modern contraceptive methods are to be improved across the country, it is important that FP service providers adhere to such technical aspects.

For instance, a client may stop seeking FP services if he or she is denied his or 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 the client approval generally rated very high for the various technical aspects; at least 92 per cent.

Figure 81: Percentage of clients' perspective of FP service provider's adherence to technical aspects

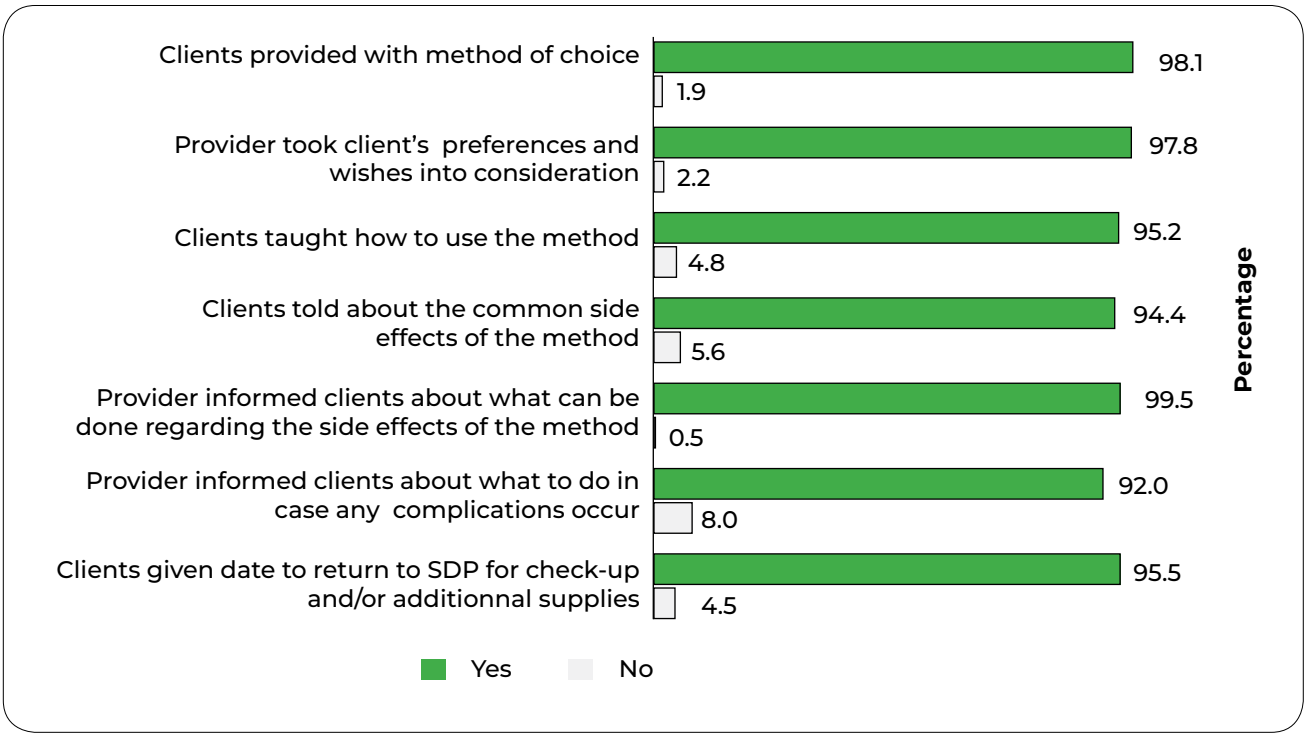


Table 42 presents percentage of clients' perspective of FP service provider adherence to technical aspects by type of facility, region, residence and management type. According to survey results, clients' perceptive of FP service providers' adherence to all technical aspects was generally rated high (at least 92 per cent) at all levels of SDPs. Perception rates were high in all regions, in both rural and urban areas as well as for SDPs of all entities.

Table 42: Percentage of clients' perspective of FP service provider adherence to technical aspects by type of facility, region, residence and management type

Background characteristics	Percentage						
	Clients provided with method of choice	Provider took clients' preferences 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	98.5%	97.3%	93.6%	92.8%	99.5%	90.6%	95.0%
Secondary level care	97.5%	100.0%	97.5%	96.5%	100.0%	94.9%	95.5%
Tertiary level care	97.4%	92.1%	100.0%	100.0%	97.4%	92.1%	100.0%

Table 42: Percentage of clients' perspective of FP service provider adherence to technical aspects by type of facility, region, residence and management type (continued)

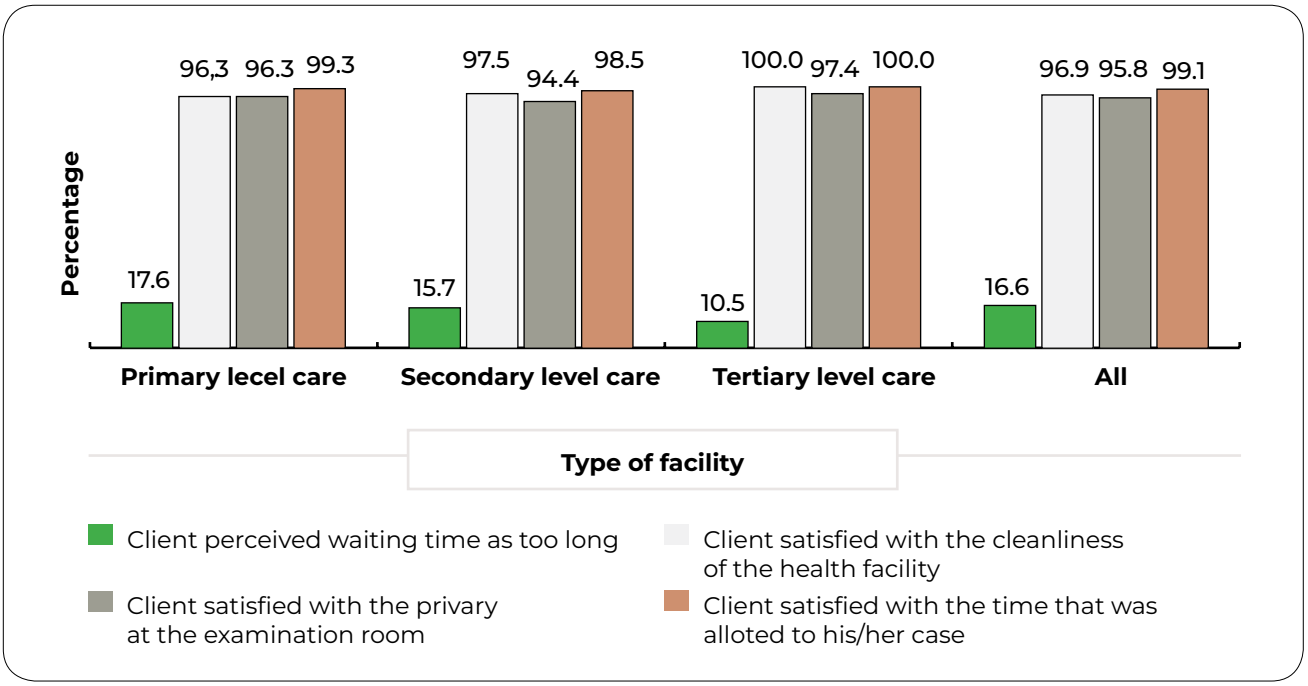
Background characteristics	Percentage						
	Clients provided with method of choice	Provider took clients' preferences and wishes into consideration	Clients taught how to use the method	Clients told about the common side effects of the method	Provider informed clients about what can be done regarding 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
Region							
Eastern	99.2%	99.2%	98.3%	98.3%	100.0%	97.5%	97.5%
Northern	98.7%	96.2%	98.7%	97.5%	100.0%	97.5%	98.1%
North-Western	98.3%	98.3%	98.3%	93.2%	100.0%	89.8%	86.4%
Southern	98.6%	98.6%	89.6%	92.0%	99.5%	89.2%	97.6%
Western Area	94.6%	96.8%	95.7%	90.3%	97.6%	83.9%	89.2%
Residence							
Rural	98.2%	98.0%	94.0%	94.2%	100.0%	92.2%	96.2%
Urban	97.9%	97.5%	97.1%	94.7%	98.7%	91.8%	94.2%
Management							
Government	98.3%	97.6%	95.2%	94.1%	99.4%	91.2%	95.2%
Private	98.4%	100.0%	95.2%	96.8%	100.0%	96.8%	98.4%
NGO	96.0%	96.0%	92.0%	92.0%	100.0%	96.0%	92.0%
Faith-based	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	**98.1%**	**97.8%**	**95.2%**	**94.4%**	**99.5%**	**92.0%**	**95.5%**

5.2.2 Organizational aspects

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.

Figure 82 shows percentage of clients' perception of FP service organizational aspects by SDP type. Overall, 16.6 per cent of clients perceived the waiting time as too long, indicating that the majority of clients (83.4 per cent) did not find the waiting time long. Those who felt the waiting time was too long were more at primary SDPs (17.6 per cent), followed by secondary SDPs (15.7 per cent) and tertiary SDPs (10.5) per cent. The relatively low number of clients with view of waiting time as too long at all SDP levels is an indication that clients are generally spending a short time to receive FP services, which could imply there is effective FP service delivery. Client satisfaction with health facility cleanliness, privacy in the examination room and allotted time for FP services was generally rated very high, at least 95 per cent, and at all SDP levels.

Figure 82: Percentage of clients' perspective of FP service organizational aspects by SDP type



Information on clients' perception of waiting time as too long was especially rated higher (above national average) in Eastern region (38.7 per cent), in urban SDPs (19.3 per cent) and in NGO operated SDPs (32.0 per cent) as seen in Table 43. High rates of client satisfactions with health facility cleanliness, privacy in the examination room and allotted time for FP services were generally reported at all SDP levels, in all regions, in both urban/rural residences and at all management types.

Table 43: Percentage of clients' perception of FP service organizational aspects by region, residence and management type aspects

Background characteristics	Percentage			
	Client perceived waiting time as too long	Client satisfied with the cleanliness of the health facility	Client satisfied with the privacy at the examination room	Client satisfied with the time that was allotted to his/her case
Region				
Eastern	38.7%	99.2%	95.0%	100.0%
Northern	11.5%	96.2%	98.7%	100.0%
North-Western	10.2%	94.9%	78.0%	96.6%
Southern	10.4%	97.6%	98.6%	100.0%
Western Area	15.1%	94.6%	96.8%	95.7%
Residence				
Rural	14.9%	96.7%	96.7%	100.0%
Urban	19.3%	97.1%	94.2%	97.5%
Management				
Government	16.5%	96.9%	95.2%	99.1%
Private	12.9%	95.2%	98.4%	100.0%
NGO	32.0%	100.0%	100.0%	96.0%
Faith-based	0.0%	100.0%	100.0%	100.0%
Total	**16.6%**	**96.9%**	**95.8%**	**99.1%**

5.2.3 Interpersonal aspects

Interpersonal aspects investigated included courteous treatment of clients by staff at health facilities, clients' acceptance of FP methods and satisfaction with the attitude of FP providers towards clients. Table 44 outlines percentage of clients' perspective of FP service interpersonal aspects by type of SDP, region, residence and management type. Findings from the survey rated the treatment of clients as well as the attitude of FP service providers very high. Almost all clients confirmed that FP service providers do treat them with courtesy and respect (99.1 per cent) and that they are generally satisfied with the attitudes of the FP service providers (99.7 per cent). Clients' perception of FP service providers treating them (clients) with courtesy and respect as well as their satisfaction with the attitude of FP service provider was rated high at all levels of SDPs, in all regions, in both urban/rural areas and for all management types of SDPs

Client perception that FP service providers compel them to accept a modern contraceptive method was low as evidence among one-quarter of clients (25.3 per cent). This is somewhat inconsistent with clients' very high approval of FP service providers providing them with the modern contraceptive method of choice (98.1 per cent) as well as taking clients' preferences and wishes into consideration (97.8 per cent) for the method, as discussed in section 5.2.1, 'Adherence to technical aspects'.

Although only a few clients felt that FP service providers forced them to accept, or insisted they accept, a modern contraceptive method, the number is reasonably high (above national average) in some domains. In particular, 31.3 per cent of clients at secondary SDPs, 44.6 per cent in Northern region, 29.0 per cent in Western region, and 36.0 per cent at NGO SDPs indicated FP service providers forced them to accept or insisted they should accept an FP method. Only 5.3 per cent of clients at tertiary SDPs, 5.0 per cent in Eastern region and no faith-based SDP cited they are being forced to accept an FP method.

Table 44: Percentage distribution of clients' perception of FP service interpersonal aspects by type of SDP, region, residence and management type

Background characteristics	Percentage		
	Client indicated he/she was treated with courtesy and respect by staff at the SDP	Client indicated FP service providers forced 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 overall
Type of facility			
Primary level care	98.5%	24.3%	99.8%
Secondary level care	100.0%	31.3%	99.5%
Tertiary level care	100.0%	5.3%	100.0%
Region			
Eastern	96.6%	5.0%	100.0%
Northern	100.0%	44.6%	100.0%
North-Western	100.0%	33.9%	100.0%
Southern	99.5%	18.4%	99.1%
Western Area	98.9%	29.0%	100.0%
Residence			
Rural	99.0%	25.7%	99.7%
Urban	99.2%	24.7%	99.6%

Table 44: Percentage distribution of clients' perception of FP service interpersonal aspects by type of SDP, region, residence and management type (continued)

Background characteristics	Percentage		
	Client indicated he/she was treated with courtesy and respect by staff at the SDP	Client indicated FP service providers forced 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 overall
Management			
Government	98.9%	25.4%	99.8%
Private	100.0%	24.2%	98.4%
NGO	100.0%	36.0%	100.0%
Faith-based	100.0%	0.0%	100.0%
Total	**99.1%**	**25.3%**	**99.7%**

5.2.4 Outcome aspects

Here three outcome aspects were investigated; which include clients' satisfaction with the service received, intention of clients to continue visiting SDPs and intention of clients to recommend SDPs to relatives or friends. Survey results indicated that almost all clients generally manifested satisfaction with the FP service they received (98.6 per cent), agreed to continue visiting SDPs (98.9 per cent) and recommending SDPs to relatives or friends (100.0 per cent) as seen in Figure 83. Clients' perceptions on the three outcome aspects were remarkably high for all levels of SDPs, ranging from 98-100 per cent.

Figure 83: Percentage of clients' perception of FP service outcome aspects by type of SDPs

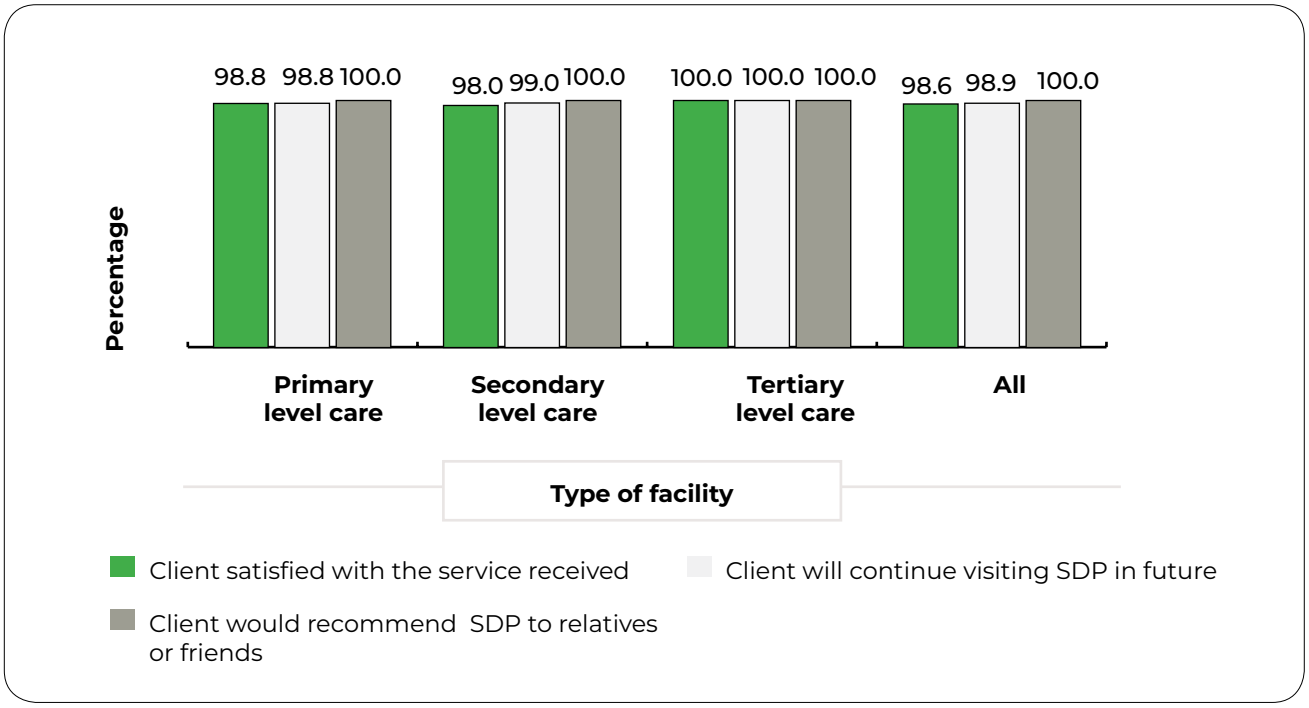
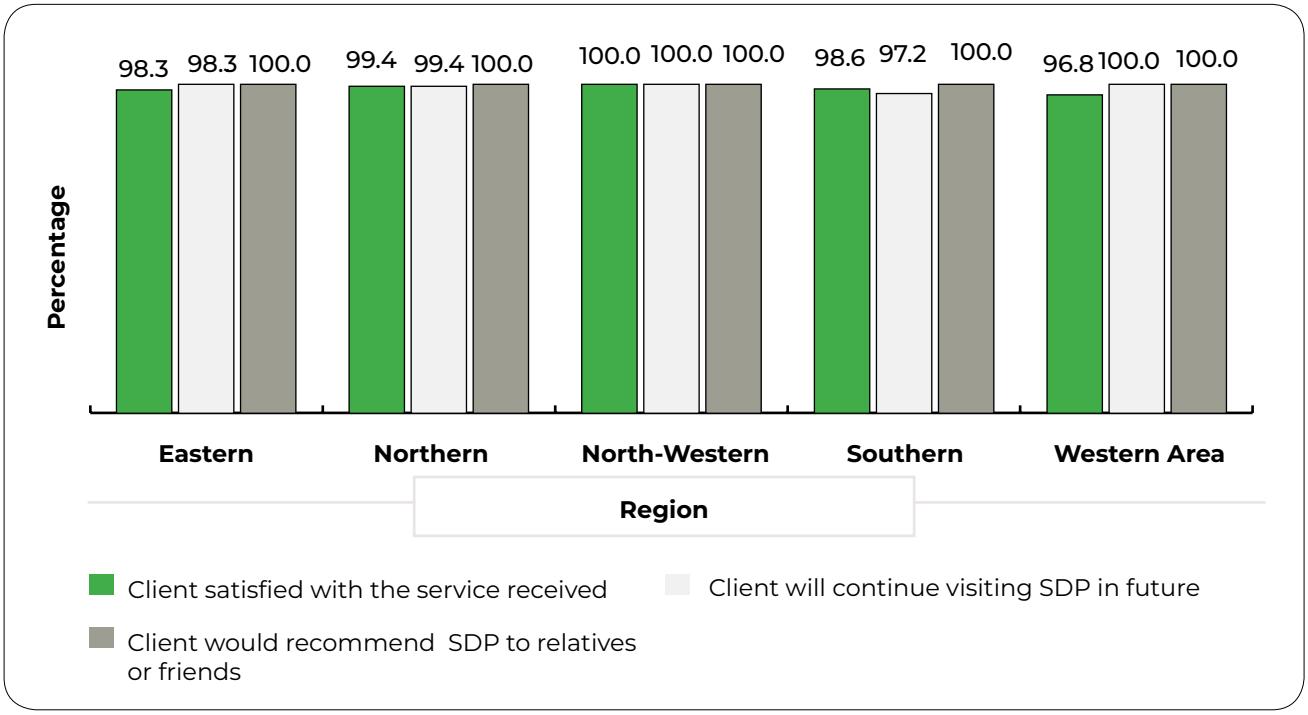


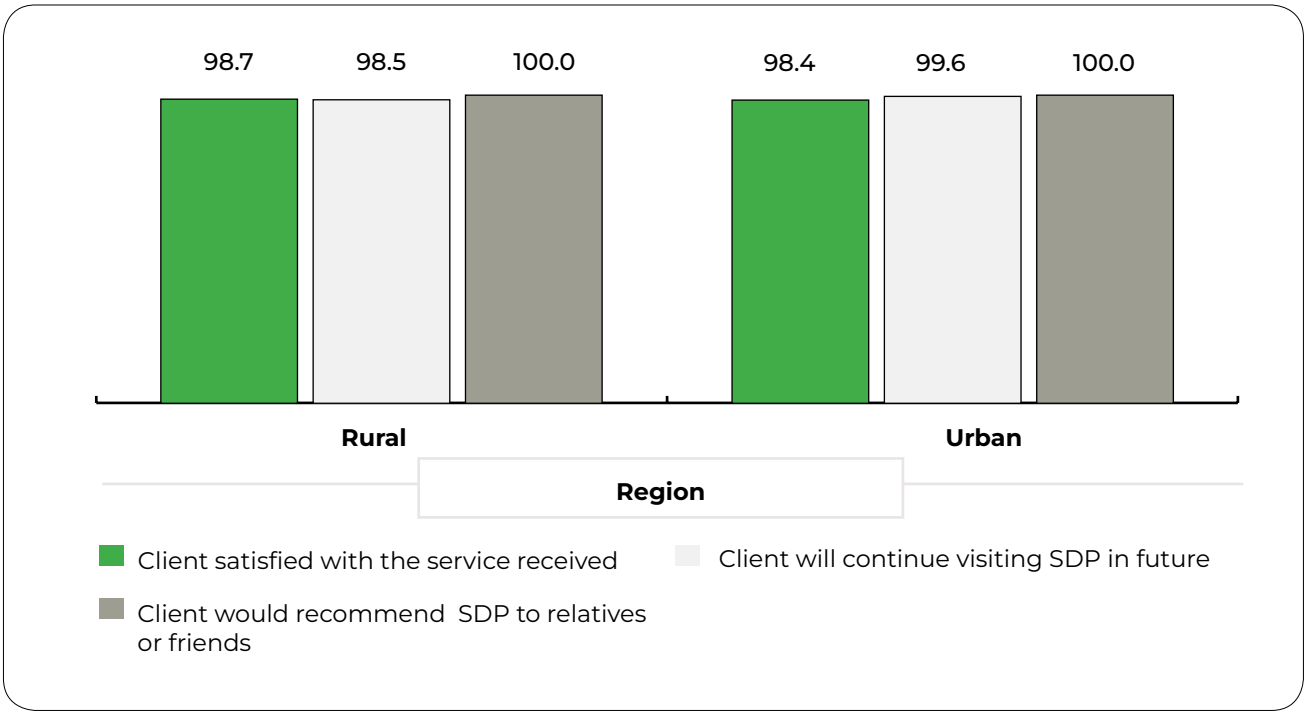
Figure 84 presents the percentage of clients' perspective of FP service outcome aspects by region. Results also indicated clients' perspectives of the FP service outcome aspects were high across all regions.

Figure 84: Percentage of clients' perspective of FP service outcome aspects by region



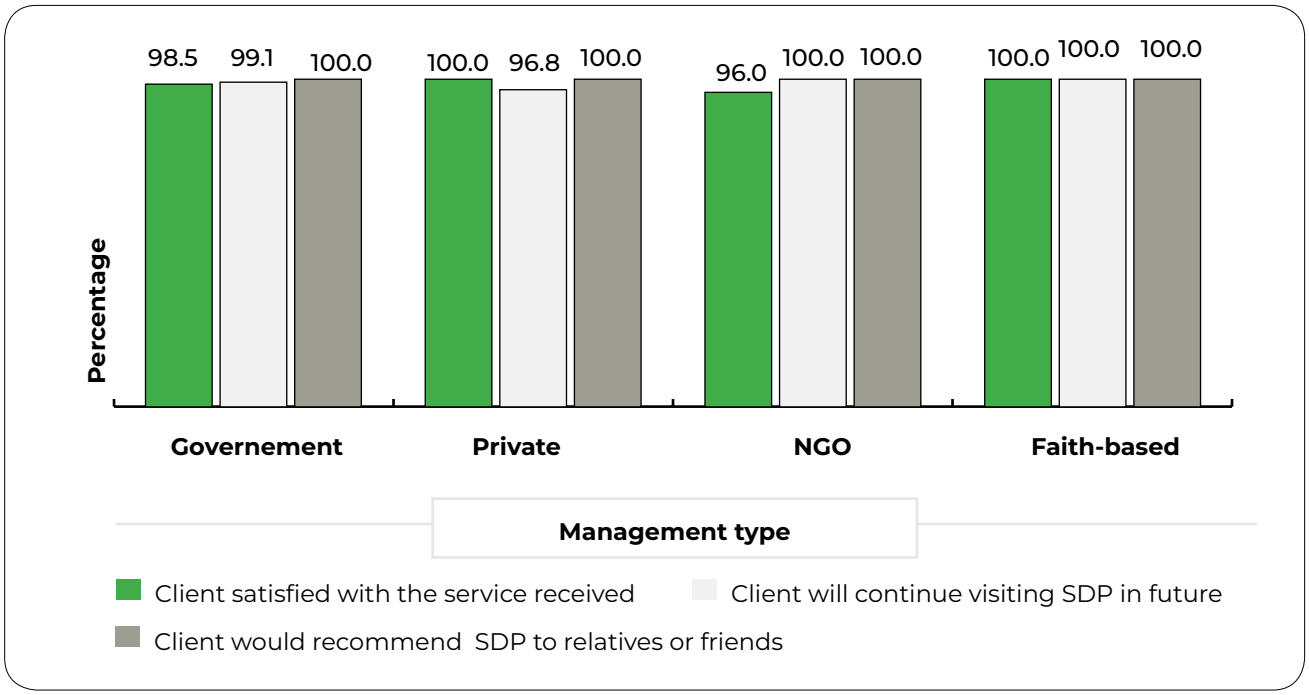
Information on clients' perspectives of FP service outcome aspects by residence were equal high for both urban and rural SDPs, as seen in Figure 85.

Figure 85: Percentage of clients' perspective of FP service outcome aspects by residence



Information on clients' perspectives of FP service outcome aspects by residence in Figure 86 were equally high for both urban and rural SDPs as well as management types of the SDPs.

Figure 86: Percentage of clients' perspective of FP service outcome aspects by management type



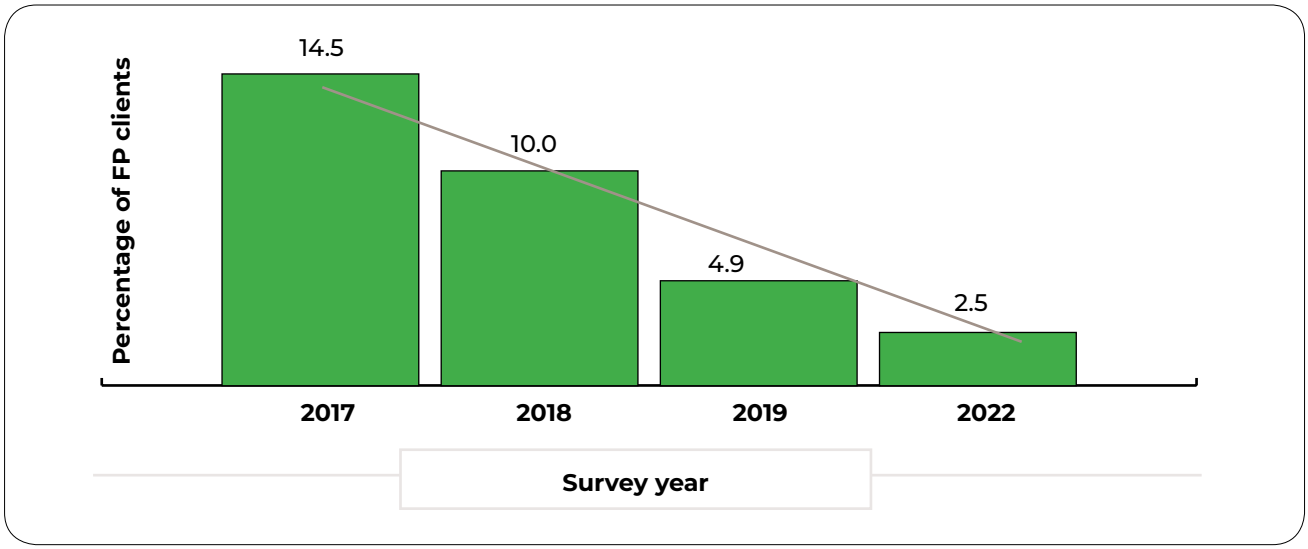
5.3 CLIENTS' APPRAISAL OF COST OF FAMILY PLANNING SERVICES

Clients' appraisal of cost of FP services was interpreted as the percentage of clients that reported paying for FP services and the average amount paid for the various issues.

5.3.1 Payment for family planning services

Clients were asked to indicate whether they paid for FP services that they received from respective SDPs on the day of the survey, and if they did pay, how much did they pay for the different service components. According to survey results, 2.5 per cent of clients surveyed admitted to have paid for FP services that they received from the SDPs on the day of the survey. Figure 77 below indicates that the proportion of clients paying for FP services in the country has continued to decline from 14.5 per cent in 2017, to 10.0 per cent in 2018, to 4.9 per cent in 2019 and then to 2.5 per cent in 2022. The trend indicates that FP services in Sierra Leone are becoming free.

Figure 87: Percentage of clients reporting paying for FP services in 2017-2022



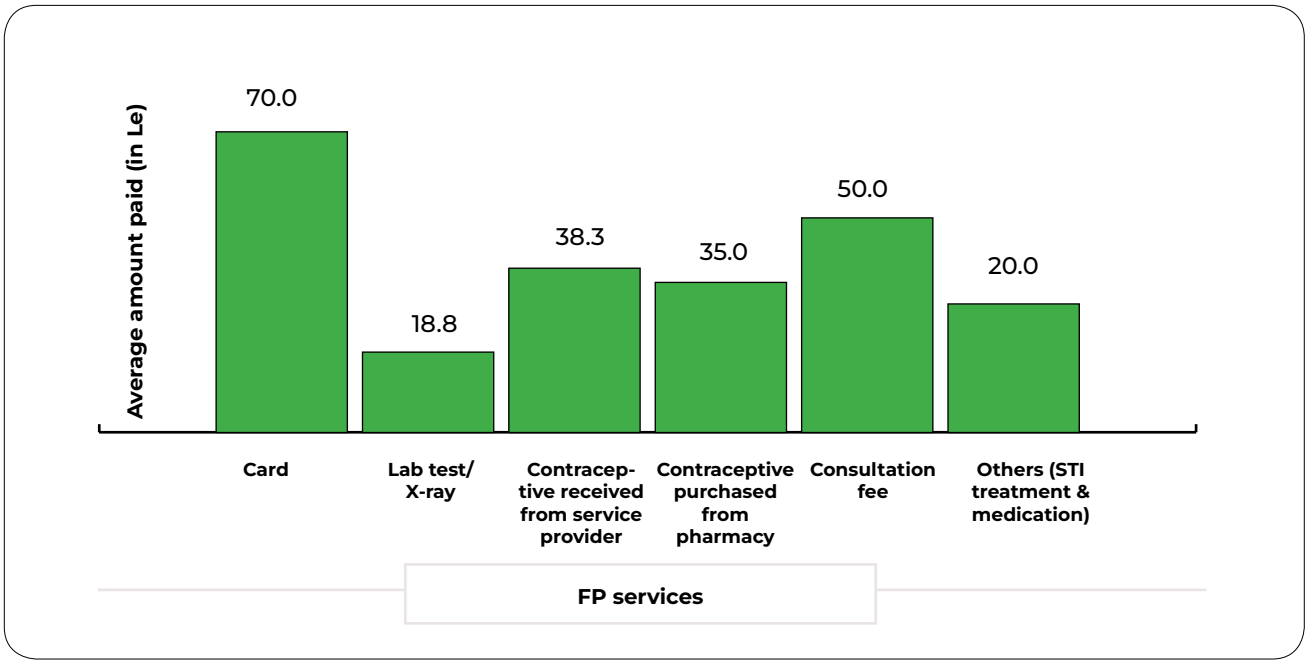
Analysis at the various characteristics indicates that payment for FP services was reported at primary and secondary SDPs only; the incidence of payment was a bit higher at secondary SDPs (1.88 per cent) and much lower at primary SDPs (0.63 per cent). Paying for FP service was reportedly high in two regions: Western Area (1.25 per cent) and Southern region (0.78 per cent); but lower in Northern region (0.31 per cent) and Eastern region (0.16 per cent). There was no payment reported for FP services in North-Western region. Clients in urban areas were found to be paying for FP services at almost thrice the rate as in rural areas (1.88 per cent compared to 0.63 per cent). Around 1.25 per cent of clients at government SDPs reported paying for FP services, followed by clients who visited private SDPs (0.94 per cent) and NGO SDPs (0.3 per cent). No payment was reported at faith-based SDPs for any FP service. Table 45 shows the percentage of clients reporting paying for the FP services and average amount paid by type of SDPs, region, residence and management type.

Table 45: Percentage of clients reporting paying for FP services and average amount paid by type of SDPs, region, residence and management type

Background characteristics	Percentage of clients reporting paying for FP services	Average amount paid (in national currency-Leones)						Number of clients reporting paying for FP services
		Card	Lab test/ X-ray	Contraceptive received from service provider	Contraceptive purchased from pharmacy	Consul-tation fee	Others (STI treatment & medication)	
Type of facility								
Primary level care	0.63%	20.00	-	15.00	-	-	20.00	4
Secondary level care	1.88%	50.00	18.75	23.33	35.00	50.00	-	12
Tertiary level care	-	-	-	-	-	-	-	0
Region								
Eastern	0.16%	-	-	15.00	-	-	-	1
Northern	0.31%	-	-	-	-	-	20.00	2
North-Western	-	-	-	-	-	-	-	0
Southern	0.78%	20.00	-	23.33	50.00	-	-	5
Western Area	1.25%	50.00	18.75	-	27.50	50.00	-	8
Residence								
Rural	0.63%	20.00	-	15.00	-	-	20.00	4
Urban	1.88%	50.00	18.75	23.33	35.00	50.00	-	12
Management type								
Government	1.25%	20.00	18.75	15.00	-	-	20.00	8
Private	0.94%	50.00	-	25.00	27.50	50.00	-	6
NGO	0.31%	-	-	20.00	50.00	-	-	2
Faith-Based	-	-	-	-	-	-	-	0
Total	**2.50%**	**70.00**	**18.75**	**38.33**	**35.00**	**50.00**	**20.00**	**16**

Survey results on the various FP services paid for in Figure 88 reveals that card had the highest average amount paid for by clients (Le 70.00), followed by consultation fees (Le 50.00). The lowest average payment (Le 18.75) was for laboratory tests/X-rays.

Figure 88: Average amount paid by clients for FP services (in Leones)



5.3.2 Travel costs

The distribution of clients by mode of transportation reveals that the majority of clients (65.3 per cent) reported to have walked to and from SDPs for FP services on the day of survey as Figure 89 shows. A little over one fifth of clients (22.8 per cent) indicated having used a motorcycle, 6.9 per cent had used a bus/taxi, 2.0 per cent had used a bicycle and 0.9 per cent had used a private vehicle.

Figure 89: Percentage distribution of clients by mode of transportation

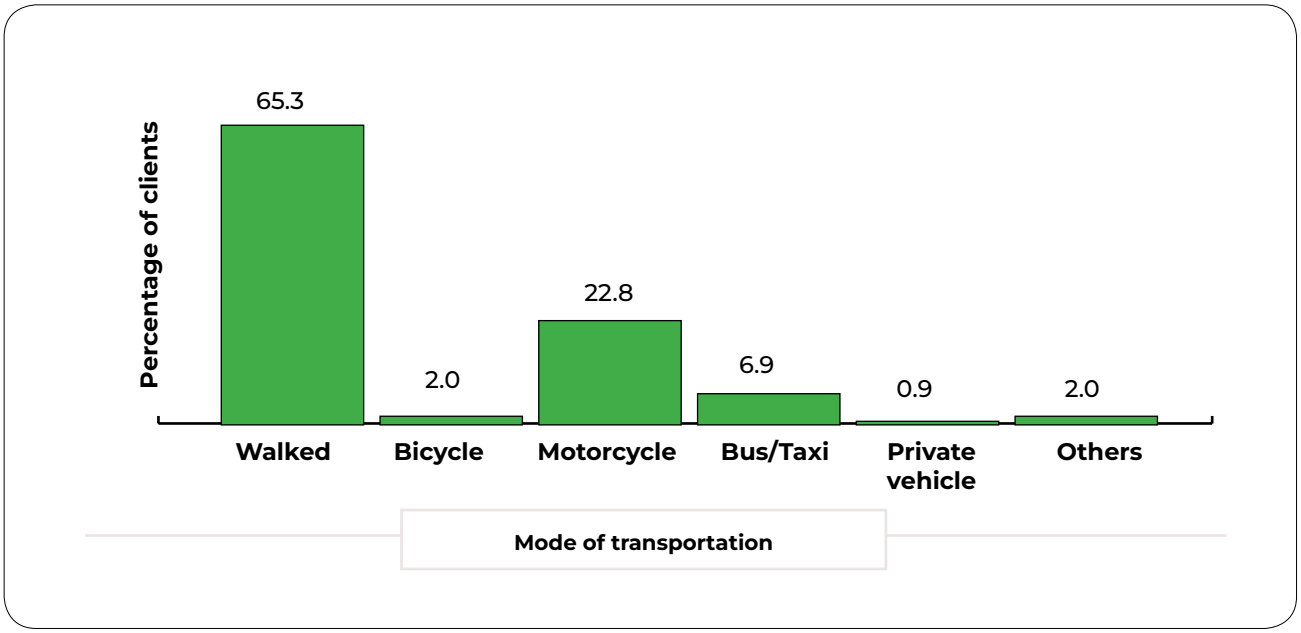


Table 46 presents the percentage distribution of clients by mode of transportation, distance travelled and cost of transportation. The average distance travelled by clients to and from SDPs for FP services was estimated at 8.14 kilometres; which is especially higher for NGO SDPs (13.37 kilometres) and in North-Western region (11.66 kilometres). In particular, the average travel cost was higher for clients who were formally married, estimated at SSL 19.78. The average travel cost (to and from SDPs) was estimated at SLE13.70 nationwide. The average travel cost for clients going to primary SDPs, SDPs in Northern region, rural SDPs and SDPs managed by NGOs was found to be comparably higher estimated at SLE 16.58, SLE 17.04, SLE 15.71 and SLE 17.08. In terms of average distance from nearest SDPs, it is higher for clients going to tertiary SDPs (11.00 km), SDPs in North-Western region (11.66 km), urban SDPs (9.39 km) and NGO-owned SDPs (13.37 km).

With regard to mode of transportation, most clients reported walking to SDPs at all levels, in all regions except Western Area where transportation by bus/taxi was highest (44.1 per cent), rural areas and SDPs of all entities.

Table 46: Percentage distribution of clients by mode of transportation, distance travelled and cost of transportation

Background characteristics	Mode of transportation (Percentage)						Average distance travelled (km)	Average travel cost (to and from SDP) – in Leones	Number of clients
	Walked	Bicycle	Motorcycle	Bus/Taxi	Private vehicle	Other			
Type of facility									
Primary level care	76.0%	1.0%	19.8%	2.7%	0.0%	0.5%	7.06	16.58	89
Secondary level care	49.5%	4.5%	27.3%	10.6%	3.0%	5.1%	8.53	11.44	100
Tertiary level care	34.2%	0.0%	31.6%	31.6%	0.0%	2.6%	11.00	16.1	20
Region									
Eastern	73.1%	.8%	25.2%	0.8%	0.0%	0.0%	8.82	15.27	31
Northern	54.1%	1.9%	38.2%	1.3%	0.0%	4.5%	7.75	17.04	69
North-Western	84.7%	1.7%	11.9%	0.0%	1.7%	0.0%	11.66	10.67	9
Southern	77.8%	2.8%	17.9%	0.0%	0.5%	.9%	4.19	8.86	38
Western Area	33.3%	2.2%	11.8%	44.1%	4.3%	4.3%	10.15	13.58	62
Residence									
Rural	75.6%	1.0%	22.7%	0.5%	0.0%	.3%	6.52	15.71	91
Urban	48.6%	3.7%	23.0%	17.3%	2.5%	4.9%	9.39	12.72	118
Management type									
Government	68.2%	2.4%	20.6%	7.2%	0.9%	0.7%	8.82	14.5	160
Private	46.8%	0.0%	40.3%	1.6%	1.6%	9.7%	3.45	11.27	33
NGO	48.0%	0.0%	24.0%	16.0%	0.0%	12.0%	13.37	17.08	13
Faith-Based	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.8	7.33	3
Sex									
Female	64.7%	1.7%	23.0%	7.5%	1.0%	2.1%	8.48	14.74	193
Male	70.8%	4.6%	21.5%	1.5%	0.0%	1.5%	4.04	4.57	16
Marital status									
Never married or in union	70.9%	1.7%	17.6%	7.8%	0.0%	2.0%	7.68	13.81	82
Currently married or in union	60.5%	2.5%	27.3%	6.3%	1.9%	1.6%	8.19	13.75	118
Formerly married (divorced/separated/ widowed)	60.0%	0.0%	28.0%	4.0%	0.0%	8.0%	11.71	19.78	9

Table 46: Percentage distribution of clients by mode of transportation, distance travelled and cost of transportation (continued)

Background characteristics	Mode of transportation (Percentage)						Average distance travelled (km)	Average travel cost (to and from SDP) – in Leones	Number of clients
	Walked	Bicycle	Motorcycle	Bus/Taxi	Private vehicle	Other			
Education									
No education	64.2%	1.8%	26.7%	4.2%	1.2%	1.8%	10.58	17.08	53
Primary	72.9%	1.9%	22.4%	1.9%	0.9%	0.0%	8.52	16.22	28
Secondary & higher level	63.6%	2.2%	21.2%	9.5%	.8%	2.7%	7.05	12.34	128
Total	**65.3%**	**2.0%**	**22.8%**	**6.9%**	**.9%**	**2.0%**	**8.14**	**13.70**	**209**

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 FP services on the day of the survey. The average time spent by clients for travelling, waiting and receiving FP services is given in Table 53 . Survey results suggest clients reported to have spent an average time of 134.64 minutes (2 hours 15 minutes) for travelling, waiting and receiving FP services together. It was discovered that clients tend to spend less time waiting and receiving FP services than travelling to and from SDPs on the average. According to survey results, clients spend about 35.07 minutes, on average, waiting and receiving FP services at SDPs while they spend a total time of 99.62 minutes (1 hour 40 minutes) travelling to and from SDPs.

Table 47: Average time spent by clients for FP services

Background characteristics	Average time spent (in minutes)				Number of clients
	Travelling from place of residence to SDPs	Waiting for and receiving services	Travelling from SDPs to place of residence	Total	
Type of facility					
Primary level care	62.02	39.78	64.04	165.84	89
Secondary level care	39.9	31.5	41.1	112.5	100
Tertiary level care	37.5	31.5	37.5	106.5	20
Region					
Eastern	37.74	30.97	37.74	106.45	31
Northern	75.65	34.78	76.09	186.52	69
North-Western	33.33	36.67	33.33	103.33	9
Southern	38.68	43.42	41.84	123.95	38
Western Area	33.87	31.94	36.29	102.1	62
Residence					
Rural	65.27	37.25	65.6	168.13	91
Urban	36.61	33.31	38.9	108.81	118
Management					
Government	50.44	36.19	52.31	138.94	160
Private	49.09	31.82	49.09	130	33
NGO	36.92	30	36.92	103.85	13
Faith-based	30	30	30	90	3
Total	**49.09**	**35.02**	**50.53**	**134.64**	**209**

Clients were asked to state activities that they would have engaged in doing during the time they spent visiting the SDPs for FP services. Survey results indicated that the majority of clients (51.5 per cent) reported being engaged in household chores as Figure 77 presents. As expected more females than males were engaged in household chores (54.9 per cent and 21.5 per cent respectively). A greater proportion of males were engaged in unskilled or skilled or clerical/professional work (35.4 per cent) as opposed to females (3.8 per cent).

Figure 90: Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services by sex

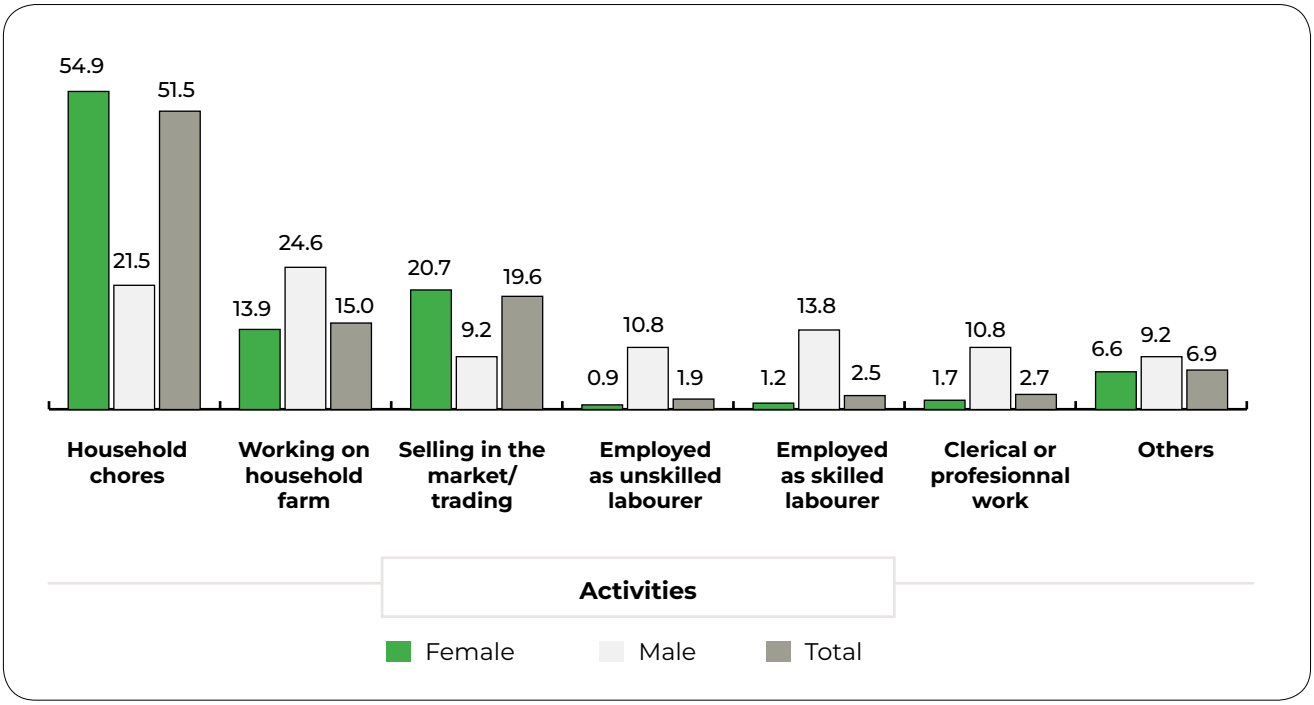


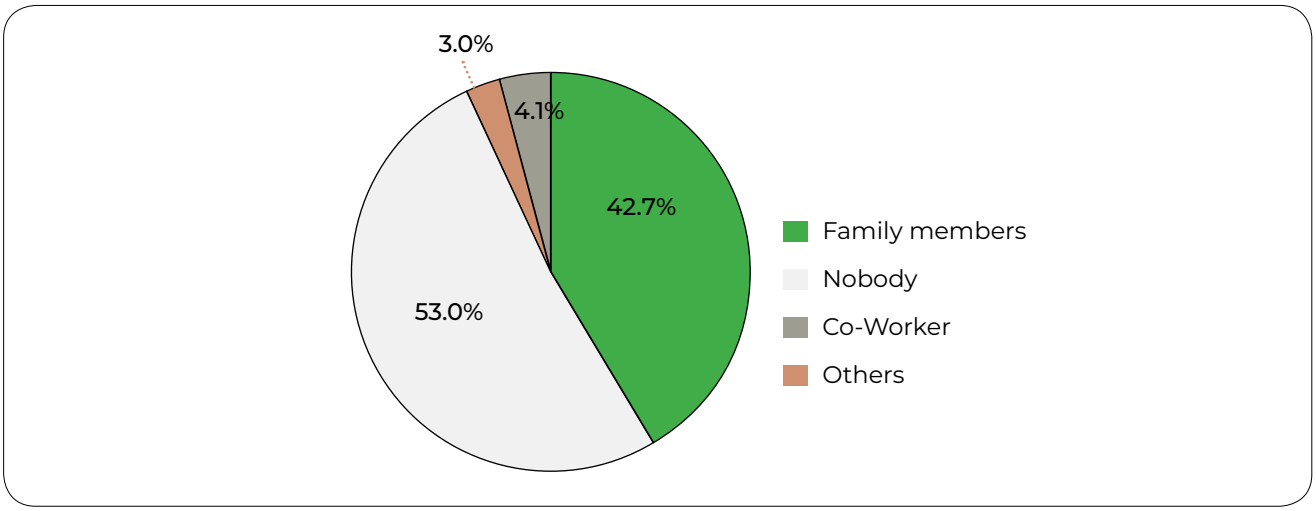
Table 48 shows the percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services with regard to sex, age, marital status and level of education of clients. According to survey results, slightly over half of clients (51.5 per cent) would have engaged in clerical or professional work were they not going to the SDPs for FP services, on the day of the survey. While most female clients (54.9 per cent) are clerical or professional workers, more male clients (46.1%) are either skilled workers or clerical or professional workers. In particular, all clients aged 45-49 years would have been engaged in clerical or professional work. The majority of married or unmarried clients and those with or without education would have been engaged in clerical or professional work.

Table 48: Percentage distribution of clients by activities they would have engaged in during the time spent receiving FP services

Respondents' background characteristics	Percentage							Total	Number of clients
	Clerical or professional work	Employed as skilled labourer	Employed as unskilled labourer	House-hold chores	Others	Selling in market or trading	Working on household farm		
Sex									
Female	54.9%	13.9%	20.7%	0.9%	1.2%	1.7%	6.6%	100.0%	575
Male	21.5%	24.6%	9.2%	10.8%	13.8%	10.8%	9.2%	100.0%	65
Age (years)									
15-19	61.9%	7.9%	11.9%	1.6%	0.8%		15.9%	100.0%	126
20-24	54.3%	16.0%	17.3%	1.2%	2.5%	0.6%	8.0%	100.0%	163
25-29	52.0%	17.1%	21.1%	1.3%	2.6%	2.6%	3.3%	100.0%	152
30-34	45.2%	12.5%	26.0%	1.0%	5.8%	3.8%	5.8%	100.0%	104
35-39	44.3%	24.6%	21.3%	1.6%	1.6%	6.6%	0.0%	100.0%	61
40-44	24.1%	17.2%	34.5%	10.3%	0.0%	13.8%	0.0%	100.0%	29
45-49	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	2
50+	33.3%	33.3%	0.0%	33.3%	0.0%	0.0%	0.0%	100.0%	3
Marital status									
Never married or in union	59.1%	6.4%	18.2%	1.4%	3.0%	1.4%	10.5%	100.0%	296
Currently married or in union	45.0%	22.6%	20.4%	2.5%	2.2%	3.8%	3.5%	100.0%	319
Formerly married (divorced/ separated/ widowed)	44.0%	20.0%	24.0%	0.0%	0.0%	4.0%	8.0%	100.0%	25
Education									
No education	44.2%	26.1%	22.4%	3.0%	2.4%	0.0%	1.8%	100.0%	165
Primary	48.6%	22.4%	26.2%	.9%	0.0%	0.0%	1.9%	100.0%	107
Secondary and higher level	55.6%	7.9%	16.3%	1.6%	3.3%	4.6%	10.6%	100.0%	368
Total	**51.5%**	**15.0%**	**19.6%**	**1.9%**	**2.5%**	**2.7%**	**6.9%**	**100.0%**	**640**

Clients were also asked to indicate persons that had performed indicated activities on their behalf while they were away for FP services at SDPs. For more than half of clients (53.0 per cent), nobody performed their activities while they were away for FP services according to survey results in Figure 91. Around 42.7 per cent of clients said family members performed their activities; barely 4.1 per cent identified coworkers to be performing their activities as Figure 91 shows. From the survey results, clients reported no payment was made to those who performed their activities while they were away for FP services.

Figure 91: Percentage distribution of clients by other persons indicated to have performed activities on their behalf whilst clients were away receiving FP services



For the majority of clients – at all SDP levels, at almost all ages, married or formerly married and with a formal education – nobody had performed activities on their behalf while they were away receiving FP services, according to survey results in Table 49.

Table 49: Percentage distribution of clients by other persons indicated to have performed activities on their behalf while clients were away receiving FP services

Respondents' background characteristics	Person who performed activities on behalf of client				
	Family member	Co-worker	Nobody	Others	Total
Sex					
Female	44.0%	3.7%	52.0%	0.3%	100.0%
Male	30.8%	7.7%	61.5%	0.0%	100.0%
Age (years)					
15-19	38.1%	1.6%	59.5%	0.8%	100.0%
20-24	41.7%	2.5%	55.2%	0.6%	100.0%
25-29	41.4%	6.6%	52.0%	0.0%	100.0%
30-34	51.0%	2.9%	46.2%	0.0%	100.0%
35-39	49.2%	4.9%	45.9%	0.0%	100.0%
40-44	34.5%	10.3%	55.2%	0.0%	100.0%
45-49	50.0%	0.0%	50.0%	0.0%	100.0%
50+	0.0%	33.3%	66.7%	0.0%	100.0%
Marital status					
Never married or in union	38.2%	3.0%	58.4%	0.3%	100.0%
Currently married or in union	47.6%	5.3%	46.7%	0.3%	100.0%
Formerly married (divorced/ separated/ widowed)	32.0%	0.0%	68.0%	0.0%	100.0%
Education					
No education	59.4%	1.8%	38.8%	0.0%	100.0%
Primary	37.4%	7.5%	55.1%	0.0%	100.0%
Secondary and higher level	36.7%	4.1%	58.7%	0.5%	100.0%
Total	**42.7%**	**4.1%**	**53.0%**	**0.3%**	**100.0%**

5.3.4 Source of funds for family planning

Table 50 presents percentage distribution of clients by source of funds used to pay for FP services. Up to 80.0 per cent of clients (mainly females) reported to have paid themselves for FP services they received on the day of survey. Furthermore, payments for FP services for 6.7 per cent of clients were made by others including friends and relatives while around 6.7 per cent of clients have their payments fulfilled by their spouses and family members, each. In particular, all clients with no education have paid themselves.

Table 50: 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				
	Paid by self (clients)	Spouse (husband or wife)	Family members other than spouse	Others (friends and relatives)	Total
Sex					
Female	80.0%	6.7%	6.7%	6.7%	100.0%
Male	-	-	-	-	-
Age (years)					
15-19	75.0%	0.0%	25.0%	0.0%	100.0%
20-24	100.0%	0.0%	0.0%	0.0%	100.0%
25-29	50.0%	0.0%	0.0%	50.0%	100.0%
30-34	66.7%	33.3%	0.0%	0.0%	100.0%
35-39	100.0%	0.0%	0.0%	0.0%	100.0%
40-44	-	-	-	-	-
45-49	-	-	-	-	-
50+	-	-	-	-	-
Marital status					
Never married or in union	88.9%	0.0%	11.1%	0.0%	100.0%
Currently married or in union	66.7%	16.7%	0.0%	16.7%	100.0%
Formerly married (divorced/ separated/ widowed)	-	-	-	-	-
Education					
No education	100.0%	0.0%	0.0%	0.0%	100.0%
Primary	75.0%	0.0%	0.0%	25.0%	100.0%
Secondary and higher level	80.0%	10.0%	10.0%		100.0%
Total	**80.0%**	**6.7%**	**6.7%**	**6.7%**	**100.0%**

Table 51 shows the average amount paid from each source by background characteristics of clients. The survey suggests the spouse (mainly husbands) is the main source of funds, estimated at SLE 112.50 on average, for FP services received on the day of survey. Family members other than provided SLE 30.00 on average whilst clients provided themselves SLE 26.75 on average for the FP services.

Table 51: Average amount paid from each source by background characteristics of clients

Respondents' background characteristics	Source of funds used to pay for FP services				
	Paid by self (clients)	Spouse (husband or wife)	Family members other than spouse	Others (friends and relatives)	Total
Sex					
Female	26.85	100.00	50.00	-	33.27
Male	-	-	-	-	-
Age (years)					
15-19	20.00	-	0.00	-	27.50
20-24	24.80	-	-	-	24.80
25-29	50.00	-	-	-	50.00
30-34	40.00	-	20.00	-	50.00
35-39	17.50	-	-	-	17.50
40-44	-	-	-	-	-
45-49	-	-	-	-	-
50+	-	-	-	-	-
Marital status					
Never married or in union	-	-	50.00	-	50.00
Currently married or in union	26.00	100.00	20.00	-	35.71
Formerly married (divorced/ separated/ widowed)	-	-	-	-	-
Education					
No education	25.00	-	-	-	25.00
Primary	30.00	-	-	-	30.00
Secondary and higher level	26.00	100.00	35.00	-	33.67
Total	**26.75**	**112.5**	**30.00**	**-**	**33.40**

PART 6
CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The majority of sample SDPs (68.1 per cent) were primary level care facilities, located in the five regions. Primary level care accounted for a high proportion of sample SDPs in all regions (68.2–78.6 per cent), except Western Area where secondary level care SDPs are in majority (524 per cent). Around four-fifths of the surveyed SDPs are managed by the Government. The bulk of secondary (63.4 per cent) and tertiary (50.0 per cent) SDPs but fewer primary health facilities (28.8 per cent) are located closer (within 10 km) to the nearest warehouse/source of supplies.

All short-term modern contraceptives and implants are offered in almost all SDPs, except female condoms. IUDs and sterilization for females were offered by just over 50 per cent of SDPs that are expected to offer these methods, whilst sterilization for male are offered by fewer than 50 per cent of the facilities.

Nearly all SDPs offered at least three modern contraceptives (99.3 per cent) and nine-tenths of SDPs offered at least five modern contraceptives in line with the national protocol and guidelines. The survey the provision of modern contraceptives was found to have little or no association with distance of the SDPs from the nearest warehouse/source of supplies. Among the five regions, Southern region recorded the lowest percentage of SDPs (97.6 per cent) providing at least three modern contraceptives whilst North-Western region registered the fewest proportion of SDPs (85.7 per cent) offering five contraceptive options. SDPs managed by private entities are less likely to provide at least five contraceptive methods in line with the national protocol and guidelines (70.0 per cent). Low/no demand was cited as the main reason for SDPs not providing most modern contraceptives especially female condoms (81.7 per cent), sterilization for males (84.2 per cent) and females (73.3 per cent), emergency contraception (66.7 per cent) and IUDs (60.7 per cent). The main reason for not providing male condoms regularly was delay on the part of institutions/warehouses to resupply the contraceptive (66.7 per cent). Oral contraception and injectables were not regularly offered partly because of delays on the part of institutions/warehouses to resupply (50.0 per cent) and non-availability of commodity in market (50.0 per cent). Implants were not provided partially due to delays on part of institutions/warehouses to resupply it, low/no demand for the commodity and lack of trained personnel to provide it.

On the availability of the life-saving maternal health medicines, 11 out of the 17 assessed medicines were reported to be available in the majority of surveyed SDPs (90 per cent and above). The remaining medicines were less available, evidently seen in 44-55 per cent of SDPs. In particular, the two mandatory life-saving medicines (oxytocin and magnesium sulphate) found in more than 97 per cent of the facilities. For those life-saving medicines not available, the most popular reason cited was delay on the part of warehouse/institution to resupply medicines.

According to the survey protocol, the incidence of 'no stock-out' of modern contraceptive methods as a situation where an SDP does not run out of supplies of any one or more modern contraceptive methods at any point in time and therefore the facility has supplies available to serve clients at all times. The incidence of 'no stock-out' of 'any contraceptive method', 'at least three' and 'at least five' contraceptive methods offered in line with national protocol and guidelines in the last three months prior to the survey has improved in 2022 as compared to results reported in 2019 and 2018.

The incidence of 'no stock-out' of 'any contraceptive method' in the last three months prior to the survey nearly doubled in 2022 (39.3 per cent) compared with result in 2019 (22.9 per cent) and more than tripled against 2018 result (10.8 per cent). Results of 'no stock-out' of at least three contraceptive methods and at least five contraceptive methods in the last three months are highest in 2022 compared to the previous years (2018 and 2019).

Pharmacists are exclusively responsible for ordering medical supplies at tertiary SDPs (100 per cent) and are more likely to order medical supplies at secondary SDPs (50.0 per cent). At primary SDPs, the role of ordering medical supplies is mainly assumed by nurses (55.8 per cent) and clinical officers (31.6 per cent).

Staff members of SDPs are reportedly mainly responsible for quantifying resupply for modern contraceptives in primary (71.6 per cent) and secondary (65.0 per cent) SDPs. Whereas quantification for resupply of modern contraceptives at tertiary SDPs are partly determined by staff members of SDPs (50.0 per cent) and institutions/warehouses responsible for resupply (50.0 per cent). Findings further revealed that staff members of SDPs are generally responsible for quantifying resupply for modern contraceptives in all regions, for both rural and urban SDPs as well as SDPs for all entities.

With regard to the fulfilment of modern contraceptives, 42.1 per cent of SDPs which ordered/ requested resupplies of modern contraceptives in the last three months before the survey have quantities fully fulfilled while 57.9 per cent of SDPs have quantities not fully fulfilled. Fulfilment of modern contraceptives ordered or requested in the last three months before the survey vary across facility level. Results indicated tertiary SDPs are better off with 75.0 per cent of them having quantities ordered/requested in the last three months fully fulfilled. Fulfilment of quantities of modern contraceptives ordered/requested was comparably low at primary and secondary SDPs, recording 38.5 per cent and 48.4 per cent, respectively.

Incomplete fulfilment of quantities of contraceptives ordered was mainly associated to the role of institutions/warehouses responsible for resupplying in determining actual quantities of modern contraceptives being supplied. Although staff members make requests for resupply through 'request report and issue voucher', quantities of the commodities are often determined by the source of resupplies based on utilization and availability of the commodities which illustrates the popular 'push and pull' method that leads to resupply of the commodities.

Although more than half of SDPs (55.5 per cent) are receiving medical supplies within one month after ordering, a significant proportion (44.5 per cent) admitted receiving the supplies more than one month after ordering. Secondary (66.7 per cent) and tertiary (75.0 per cent) SDPs are more likely to receive medical supplies in the short period (within one month) after ordering than primary SDPs (50.0 per cent).

The district medical stores are the primary source of medical supplies for the majority of facilities (70.5 per cent) and for nearly all primary level care facilities (90.5 per cent), indicating their significant role in the country's health supply chain system. The central medical store is involved in direct deliveries to 35.0 per cent of secondary and 50 per cent of tertiary level care facilities. More than one quarter of secondary level care facilities (27.5 per cent) also receive supplies from private sources.

Local/district administration is largely responsible for transporting medical supplies to primary care level facilities, government facilities, rural facilities and facilities in all regions, except Western Area.

More than 80 per cent of the SDPs reportedly have staff trained in the various aspects of the LMIS including assessing stock status, ordering for restocking, record keeping and appropriate storage of products. Around 81 per cent of SDPs are using logistics forms, whilst 14 per cent claimed to use them but failed to get them verified at the time of the survey and 5 per cent admitted not using any logistics form at all.

Around 87.0 per cent of surveyed SDPs have a (functioning) cold chain equipment and 13.0 per cent have no cold chain equipment. The majority of SDPs with cold chain possess an electric fridge (52.5 per cent), 30.2 per cent have a solar fridge and 4.3 per cent have an ice box.

More than 90 per cent of SDPs reported to have staff trained in both comprehensive FP service provision as well as in insertion and removal of implants. In addition, majority of SDPs (86.3 per cent) reported staff training that was based on a comprehensive training model where FP training included insertion and removal of implants.

More than three-quarter of SDPs reported to have been supervised monthly or quarterly in the past 12 months before the survey. Supervisory visits were equally inclined towards staff clinical practices; data completeness, quality and timely reporting; drug stock-out and expiry; and staff availability and training. Issues on management of medical supplies (stock-out and expiry) are seldom part of the issues supervised. Reviewing use of specific guidelines or job aids for reproductive health was less likely supervised.

At least six in ten of SDPs do have FP, ANC and disposal guidelines and associated checklists. However, the majority of SDPs (68.1 per cent) are disposing their medical waste with regular garbage or burning it on their grounds. Barely, 19.1 per cent are reportedly using an incinerator, the recommended method of disposing medical waste. The use of an incinerator was more likely visible at tertiary SDPs (50.0 per cent) than at primary (13.5 per cent) and secondary (29.3 per cent) SDPs.

Up to 76.1 per cent of SDPs accounted for availability and use of at least one form of an ICT item. Observably, all tertiary SDPs but 78.7 per cent of primary SDPs and 67.5 per cent of secondary SDPs are using an ICT item. The popular ICT items used at SDPs were tablets/laptop computers (79.8 per cent) and mobile phones (60.5 per cent).

SDPs are mainly using ICT systems for facility record keeping (60.5 per cent), health worker training (50.4 per cent) and routine communication (46.2 per cent). Other significant uses of ICT items included supply chain management/stock control (30.3 per cent), integrated disease surveillance reporting (27.7 per cent), clinical consultation (26.9 per cent), individual patient records taking (24.4 per cent), patient registration (23.5 per cent) and awareness and demand creation activities (21.0 per cent).

SDPs were less likely to charge fees for FP commodities, child and maternal medications in 2022 (16-20 per cent) compared to results in 2019 (20-22 per cent). Fewer SDPs were also reported to have charged fees for child and maternal health services including FP provided by a qualified health care provider in 2022 as compared to survey results in 2019. In particular, more SDPs (66.7 per cent) had charged fees for caesarean section provided by a qualified health care provider in 2022 than in 2019 (61.2 per cent).

Nearly all clients acknowledged that FP service providers do adhere to all technical aspects in providing FP services ranging from providing modern contraceptive methods of their choice to scheduling dates for check-ups and/or additional supplies. They are generally satisfied with the privacy in providing FP services (95.8 per cent) and the time allotted to them (99.1 per cent), though a few clients (16.6 per cent) perceived the waiting time as too long. They also generally admitted that the service providers treat them with courtesy and respect (99.1 per cent) and that they are generally satisfied with the attitudes of the service providers (99.7 per cent). They expressed their intention to visit the SDPs again (98.9 per cent) and recommend the SDPs to relatives or friends (100 per cent).

The survey indicated a sharp decline in the proportion of clients paying for FP services, at 2.5 per cent in 2022, down from 4.9 per cent in 2019. Payment for FP services was reported at primary and secondary level care SDPs only.

6.2 RECOMMENDATIONS

Based on the survey results and findings, the following key interventions and areas of focus for the health sector in general and community involved in health supply chain management of RH supplies and other health commodities are recommended:

Policy

- Despite the existence of the FHCI, the survey discovered that clients continue paying for health services that they are eligible to get free of charge including FP services. The MoHS should develop a mechanism to investigate the continued payment for such services and ensure vulnerable groups are not faced with financial barriers to access essential health services.

- Slightly more SDPs reported providing many modern contraceptives to clients as part of their normal and regular service delivery process, per the BPEHS. In addition, stock-out rates of modern contraceptives are higher based on BPEHS when measured against what the SDPs offer based on their normal and regular service delivery process. This suggests that SDPs have limitations in offering FP services per the BPEHS, hence more effort is needed to implement the BPEHS protocol in all SDPs.

Institutional capacity-building

The survey identified district medical stores as key players in the supply of reproductive health supplies. This result may also apply to all the free health care commodities. Over 80 per cent of SDPs were observed to have trained staff members on various aspects of the LMIS and also use logistics forms for reporting and ordering medical supplies. However, the incidence of 'no stock-out', for any contraceptive method in the three months prior to the survey offered in line with national protocol and guidelines, continues to be low at 39.3 per cent. In addition, more than half of SDPs (57.9 per cent) did not have all their orders fully fulfilled in the three months prior to the survey. Following these and other findings, there is need to:

- strengthen the logistics management capacity at the district level particularly in areas of human resource capacity in logistics management, storage capacity, management commitment and administrative support, etc;

- further investigate the underlying causes of the low level of order fulfilment and 'no stock-out' rates.

Human resources

Logistics activities (e.g., ordering resupply) at SDPs are largely assumed by health professionals such as nurses, clinical officers and pharmacists and not by cadres specifically trained in logistics and supply chain management. This implies logistics roles are secondary to the primary clinical care practices of these professionals. As it is true in many developing countries, the production of tailored cadres for management of health logistics activities at the level of SDPs may not be feasible. Nevertheless, it is imperative to ensure that personnel assuming logistics roles have the capacity to execute the responsibility at the required standard. This could be done through, but not limited to, instituting formally defined logistics and supply chain roles and responsibilities in the health system; ensuring access to training opportunities for such personnel, education and continued professional development linked to logistics and supply chain competencies; ensuring access to on-the-job training and experience sharing among staff; and ensuring performance management practices include key indicators on logistics management.

Routine monitoring and supervision

Supervisory visits were found to be infrequently in a few SDPs (13.5 per cent) and around 7.1 per cent of SDPs admitted not having received any supervisory visit in the past 12 months before the survey. Furthermore, issues of supply chain management and logistics were hardly covered during supervisory visits. There is need for logistics and supply chain management issues to be systematically integrated in order to maximize existing monitoring and supervision activities. This can provide regular feedback that will lead to timely remedial actions.

Technology

Though the survey did not specifically assess the use of an eLMIS, it confirmed a high level of ICT use for regular communication as well as for reporting purposes. The indication is that there is significant potential to digitize paper-based logistics tools to the last mile and further expand the implementation of eLMIS and electronic warehouse management systems (eWMIs).

Service delivery

Although clients are generally satisfied with the FP services, a few of them (25.3 per cent) reported FP service providers forced them to accept or had insisted they should accept an FP method. FP service providers need to avoid exerting undue pressure on clients to accept an FP method and allow them to have the FP methods of their choice as much as possible.

BIBLIOGRAPHY

Government of Sierra Leone. (2012). Commitment of Sierra Leone for Family Planning 2020, London Summit.

Government of Sierra Leone and United Nations Population Fund. (2015). 'Survey of Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points in Sierra Leone'.

Government of Sierra Leone and United Nations Population Fund. (2014). 2013 Survey of Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points in Sierra Leone.

Government of Sierra Leone and United Nations Population Fund. (2013). 2012 Survey of Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points in Sierra Leone.

Ministry of Health and Sanitation. Government of Sierra Leone. (2022). Essential Health Services Package for UHC.

United Nations. (2020). Maternal Mortality Estimates 2000-2020.

Ministry of Health and Sanitation. Government of Sierra Leone. (2013). Unsafe Abortion in Sierra Leone: A Report of Community and Health System Assessment.

Ministry of Health and Sanitation. Government of Sierra Leone. (2009). 'National Health Sector Strategic Plan 2010-2015'.

RH/FP Programme/Ministry of Health and Sanitation. (2013). National Family Planning Manual for Service providers.

Statistics Sierra Leone and Ministry of Health and Sanitation. (2020). 2019 Sierra Leone Demographic and Health Survey.

Statistics Sierra Leone and Ministry of Health and Sanitation. (2013). 2008 Sierra Leone Demographic and Health Survey.

United Nations Population Fund. (Revised 2016). 'Annotated Outline for UNFPA SUPPLIES Survey Report'.

ANNEXES

ANNEX 1: SURVEY QUESTIONNAIRE

2022 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)

SNO	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 WARE HOUSE OR STORE OR FACILITY WHICH THIS SDP RECEIVES ITS REGULAR SUPPLIES? □_____□ B) PLEASE INDICATE DISTANCE IS IN KILOMETER OR MILE. 1= KILOMETER 2= MILE
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) SHOULD NOT BE ADMINISTERED)
009	DOES THIS FACILITY PROVIDE MATERNAL HEALTH INCLUDING DELIVERY SERVICES (E. G. FACILITY HAS A MA TERNITY 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

Item	SECTION 3.1 MODERN CONTRACEPTIVE METHODS OFFERED BY SDPs IN LINE WITH THE CURRENT NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS SPECIFIC FOR LEVELS OF SERVICE DELIVERY POINTS 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								
	(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, please state whether the SDP is supposed/ expected to offer it, 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 If 'Yes' in item 011 (i.e., this SDP is supposed/ expected to offer this method), please state whether the SDP actually offer it to clients on a regular basis	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 OFFERS 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 SDPs Providing Three (3) Methods in line with the current national protocols, guidelines and/or laws From responses provided to Item 012, discuss with the respondent and record the conclusion by ticking one of the following statements	1= This SDP offers at least three modern contraceptive methods (SDP offers three or more contraceptive methods) 2= This SDP does not offer at least three modern contraceptive methods [SDP offers less than three methods]								

Item	SECTION 3.1 MODERN CONTRACEPTIVE METHODS OFFERED BY SDPs IN LINE WITH THE CURRENT NATIONAL PROTOCOLS, GUIDELINES AND/OR LAWS SPECIFIC FOR LEVELS OF SERVICE DELIVERY POINTS 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								
	(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
014 SDPs Providing Five (5) Methods in line with the current national protocols, guidelines and/or laws From responses provided to Item 012, discuss with the respondent and record the conclusion by ticking one of the following statements	1= This SDP offers at least five (5) modern contraceptive methods (SDP offers five or more contraceptive methods) 2= This SDP does not offer at least five (5) modern contraceptive methods [SDP offers less than five methods]								
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", please indicate the main reason why the SDP does not offer the method to clients on a regular basis (Tick only one option [as the main reason] for each contraceptive)	1= Delays on the part of main source institution/ warehouse to resupply 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	1= Delays on the part of main source institution/ warehouse to resupply 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	1= Delays on the part of main source institution/ warehouse to resupply 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	1= Delays on the part of main source institution/ warehouse to resupply 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	1= Delays on the part of main source institution/ warehouse to resupply 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	1= Delays on the part of main source institution/ warehouse to resupply 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 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 resupply 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 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 resupply 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 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 resupply 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 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)

Item	SECTION 3.2: MODERN CONTRACEPTIVE METHODS NORMALLY OFFERED BY SDPs ON A REGULAR BASIS AS PART OF ITS 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								
	(1) Male condoms	**(2) Female Condoms**	**(3) Oral ontraception**	**(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, please state whether the SDP provides it on a regular basis to clients	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)	1= Yes, this SDP provides this method on a regular basis to clients 2= No, this SDP does not provide this method on a regular basis to clients (Tick only one option)
017 **<u>SDPs Providing 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= This SDP offers at least THREE (three or more) modern contraceptive methods on regular basis 2= This SDP does not offer at least THREE [less than three] modern contraceptive methods on regular basis								
018 **<u>SDPs Providing 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= This SDP offers at least FIVE (five or more) modern contraceptive methods on regular basis 2= This SDP does not offer at least FIVE (less than five) modern contraceptive methods on regular basis								

Item	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								
	(1) Ampicillin	**(2) Azithromycin**	**(3) Benzathine benzylpenicillin**	**(4) Either Betamethasone Or Dexamethasone Or Both of these medicines**	**(5) Calcium gluconate**	**(6) Cefixime**	**(7) Gentamicin**	**(8) Hydralazine**	**(9) 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	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	1= Yes, this SDP is expected /supposed to have available this Maternal /RH Medicine 0 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 0 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 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019) (Tick only one option)

Item	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								
	(1) Ampicillin	(2) Azithromycin	(3) Benzathine benzylpenicillin	(4) Either Betamethasone Or Dexamethasone Or Both of these medicines	(5) Calcium gluconate	(6) Cefixime	(7) Gentamicin	(8) Hydralazine	(9) Magnesium sulfate
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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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 resupply this SDP with this medicine 2= Delays by this SDP to request for supply of the medicine 0 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)

SECTION 4 (CONTINUED)

Medicines	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							
	(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 toxoide**
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	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	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	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	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	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	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	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
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 0 2= No 0 3= Not Applicable (because "No" to item 019)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item (19)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item 019)	1= Yes 0 2= No 0 3= Not Applicable (because "No" to item (19)	1= Yes (for any or both) 2= No (for any or both) 3= Not Applicable (because "No" to item 019)	1 Yes 2 No 3= Not Applicable (because "No" to item 019)

Medicines	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							
	(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 toxoide**
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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 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) life-saving 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) life-saving 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		

Medicines	INTERVIEWER VERIFICATION for ITEM 020							
	(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 toxoide**
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, 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

Item	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								
	(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)

Item	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								
	(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
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] 0**			
026 **NO STOCK-OUT OF FIVE 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 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 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] 0**			

Item	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								
	(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
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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply this SDP with this contraceptive 0 2 Delays by this SDP to request for supply of the contraceptive 0 3 The contraceptive is not available in the market for the SDP to procure 0 4 Low or no client demand for the contraceptive 0 5 No train staff to provide this contraceptive at the SDP 0 6. Lack of equipment for the provision of this contraceptive 0 7= Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive 0 2 Delays by this SDP to request for supply of the contraceptive 0 3 The contraceptive is not available in the market for the SDP to procure 0 4 Low or no client demand for the contraceptive 0 5 No train staff to provide this contraceptive at the SDP 0 6. Lack of equipment for the provision of this contraceptive 0 7= Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive 0 2 Delays by this SDP to request for supply of the contraceptive 0 3 The contraceptive is not available in the market for the SDP to procure 0 4 Low or no client demand for the contraceptive 0 5 No train staff to provide this contraceptive at the SDP 0 6. Lack of equipment for the provision of this contraceptive 0 7= Any other Reason (please specify) ________	1 Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive 0 2 Delays by this SDP to request for supply of the contraceptive 0 3 The contraceptive is not available in the market for the SDP to procure 0 4 Low or no client demand for the contraceptive 0 5 No train staff to provide this contraceptive at the SDP 0 6. Lack of equipment for the provision of this contraceptive 0 7= Any other Reason (please specify) ________

Item	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								
	(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]								
	(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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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 0 2= No; this method is currently not out-of-stock (NO STOCK-OUT) at this SDP 0 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)

Item	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								
	(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]								
	(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
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 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 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 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	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								
	(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]								
	(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
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 resupply this SDP with this contraceptive 0 2= Delays by this SDP to request for supply of the contraceptive 0 3= The contraceptive is not available in the market for the SDP to procure 4= Low or no client demand for the contraceptive 0	1 = Delays on the part of main source institution/ warehouse to resupply this SDP with this contraceptive 0 2= Delays by this SDP to request for supply of the contraceptive 0 3= The contraceptive is not available in the market for the SDP to procure 4= Low or no client demand for the contraceptive 0	1 = Delays on the part of main source institution/ warehouse to resupply this SDP with this contraceptive 0 2= Delays by this SDP to request for supply of the contraceptive 0 3= The contraceptive is not available in the market for the SDP to procure 4= Low or no client demand for the contraceptive 0	1 = Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive 0 2= Delays by this SDP to request for supply of the contraceptive 0 3= The contraceptive is not available in the market for the SDP to procure 4= Low or no client demand for the contraceptive 0	1 = Delays on the part of main source institution/warehouse to resupply this SDP with this contraceptive 0 2= Delays by this SDP to request for supply of the contraceptive 0 3= The contraceptive is not available in the market for the SDP to procure 4= Low or no client demand for the contraceptive 0	1=Delays on the part of main source institution/warehouse to resupply 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 0 5 =No train staff to provide this contraceptive at the SDP 0 6= Lack of equipment for the provision of this contraceptive 0 7=Any other Reason (please specify).......	1=Delays on the part of main source institution/warehouse to resupply 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 0 5 =No train staff to provide this contraceptive at the SDP 0 6= Lack of equipment for the provision of this contraceptive 0 7=Any other Reason (please specify).......	1=Delays on the part of main source institution/warehouse to resupply 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 0 5 =No train staff to provide this contraceptive at the SDP 0 6= Lack of equipment for the provision of this contraceptive 0 7=Any other Reason (please specify).......	1=Delays on the part of main source institution/warehouse to resupply 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 0 5 =No train staff to provide this contraceptive at the SDP 0 6= Lack of equipment for the provision of this contraceptive 0 7=Any other Reason (please specify).......

Item	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								
	INTERVIEWER VERIFICATION for ITEM 028								
	(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
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

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)

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									
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**
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 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 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 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]**			

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

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
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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 0 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) Injectables (Depo)**	**(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 in-stock or issued/ dispensed 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]**			

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
(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]									
041 **NO STOCK-OUT OF FIVE 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 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 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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 resupply 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)

MODULE 2: HEALYH FACILITY RESOURCES

SECTION 6: SUPPLY CHAIN				
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 formula 1 Quantity is determined by the institution/warehouse responsible for supplying this SDP 2 Any other method used (please specify) .....3 SDP not providing 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)	2. Making request or ordering for restocking	3. Record keeping (including the use of logistics forms and maintaining dispensing and client registers)	4) Ensuring appropriate physical storage of products
	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	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) 6
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 PLANNIN [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, CHECKLISTS 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 checklists 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 checklists 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)	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	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	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 Antenatal care services 2 Delivery services 3 Post-natal care services 4 Newborn care services 5 Care of sick children under 5 years 6 HIV care 7 Caesarean Section 8 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 providing FP services (indicating 'Yes' to Item 008 above)]

14.1 Respondents Background	
086 Age (in completed years as last birthday)	Yes 1 No 2 >>>> 082
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

SECTION 14: EXIT INTERVIEW - CLIENTS' PERCEPTION [To be administered to clients at SDPs providing FP services (indicating 'Yes' to Item 008 above)]	
14.2 Provider adherence to technical aspects (continued)	
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

SECTION 1: FACILITY IDENTIFICATION (Name, Location and Distance)		
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	

SECTION 14: EXIT INTERVIEW - CLIENTS' PERCEPTION [To be administered to clients at SDPs providing FP services (indicating 'Yes' to Item 008 above)]	
14.4 Interpersonal aspect	
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 providing 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 /_____/ Contraceptive purchased from pharmacy 4 /_____/ Consultation fee 5 /_____/ Others (please specify) 6 /_____/	
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 ..... /_____/	

SECTION 15: EXIT INTERVIEW – CLIENTS' APPRAISAL OF COST FOR FP SERVICES [To be administered to clients at SDPs providing FP services (indicating 'Yes' to Item 008 above)]
15.2 Travel cost
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)
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 /_____/ Contraceptive purchased from pharmacy 4 /_____/ Consultation fee 5 /_____/ Others (please specify) 6 /_____/
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

SECTION 15: EXIT INTERVIEW – CLIENTS' APPRAISAL OF COST FOR FP SERVICES
[To be administered to clients at SDPs providing FP services (indicating 'Yes' to Item 008 above)]

15.2 Travel cost

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