

## Research Instrument Cover Sheet

**Title of the research instrument:** Facility Audit (FAU)

**Setting and population where the instrument will be used:** This instrument will be used in health facilities in both the intervention and control sites. The form can be completed over more than one visit or call and by consulting more than one staff member from the facility. The staff members who may be consulted include: Manager, Person in-charge of the facility and/or most senior health worker responsible for outpatient services who is present at the facility. The audit will be conducted every 12 months during the study period to capture any changes at baseline, endline and at mid-point.

**Objective of the instrument – what data should this instrument provide:** This instrument collects data from the facility to provide a detailed mapping of the facilities selected to be a study site or a control site. The audit will capture number of new users in the facility (monthly statistics). The audit will cover the family planning services available and their quality, as well as how well they are integrated into the other services provided by the facility. The audit will also map the community structures working with the facility or active within the facility catchment area.

### **Sources and citations/ previous history of instrument use:**

This facility audit form has been developed based on the following documents:

- World Health Organization, 2013. Service availability and readiness assessment (SARA): an annual monitoring system for service delivery: reference manual.
- Steyn, P.S., Cordero, J.P., Gichangi, P., Smit, J.A., Nkole, T., Kiarie, J. and Temmerman, M., 2016. Participatory approaches involving community and healthcare providers in family planning/contraceptive information and service provision: a scoping review. *Reproductive Health*, 13(1), p.88.
- MEASURE Evaluation, 2016. Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in Family Planning (2<sup>nd</sup> ed.) Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.

This instrument was developed using sections of WHO's Service availability and readiness assessment (SARA) tool specific to family planning services (Sections 2-5). SARA is designed as a systematic survey to generate a set of tracer indicators of service availability and readiness. The SARA tool's overall objective is to generate reliable and regular information on service delivery, on the availability of basic equipment, basic amenities, essential medicines, and diagnostic capacities, and on the readiness of health facilities to provide basic health-care interventions relating to family planning, child health services, basic and comprehensive emergency obstetric care, HIV, TB, malaria, and non-communicable diseases. We included a question to capture new users of contraceptives in the questionnaire. Additional questions were included in Sections 6 to capture quality of conditions/environment where family planning services are provided. We used questions

from the facility audit included in MEASURE's Quick Investigation of Quality (QIQ). The facility audit is used to determine the readiness of the facility to deliver services. The facility's community outreach and engagement activities are important for the project, however, we were not able to identify a tool that can be used to map these activities. We used the findings from a scoping review conducted during the formative phase research of UPTAKE Project to develop questions included in Section 7. The facility audit will be supplemented with context mapping (key stakeholder interviews), which will also be conducted in both control and intervention sites and which aims to identify other social accountability and reproductive interventions taking place in the intervention sites so as to better be able to account for intervention effects.

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SECTION 1 - COVER PAGE

INTERVIEWER VISIT/CALL

1. Type of interview:   
 1 = Baseline  
 2 = Mid-point  
 3 = Endline

2. Date at the start of interview:   
 (dd/mmm/yyyy)

Day	Month	Year

3. Method of interview:   
 1 = By phone  
 2 = In person  
 3 = Both methods

FACILITY IDENTIFICATION

4. Type of facility:   
 1 = Regional/Provincial Hospital  
 2 = District Hospital  
 3 = Health Centre /Clinic  
 4 = Health Post (Community-based Health Planning Services, Ghana)  
 5 = Maternal/Child Health Clinic  
 6 = Dispensary (Tanzania)  
 7 = Other

4a) If "Other", specify: \_\_\_\_\_

5. Managing Authority:   
 1 = Government /Public  
 2 = NGO /Not-For-Profit  
 3 = Private-For-Profit  
 4 = Mission /Faith-Based  
 5 = Other

5a) If "Other", specify: \_\_\_\_\_

6. Urban /Rural:   
 1 = Urban  
 2 = Rural

7. Outpatient only:   
 1 = Yes  
 2 = No

8. Catchment area (*per calendar year*)  
 8a) Population:

8b) Women from 15-49 years old:

8c) Number of family planning clients:

8cs) Does the number of family planning clients include clients from outreach activities:   
 1 = Yes  
 2 = No

NUMBER OF NEW USERS

*New users are defined as:*

1. Never used a family planning method (new acceptors)
2. Are switching from a traditional to a modern family planning method (additional users)
3. Are re-starting a family planning method after a period of not using it for at least 6 months (additional users)

9. Number of new users of family planning services per month in the last 6 months: **(for the Baseline interview only)**

	9a) Month (MMM)	9b) Year (YYYY)	9c) New users (Women 15-49 years of age)
i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv)	<input type="text"/>	<input type="text"/>	<input type="text"/>
v)	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi)	<input type="text"/>	<input type="text"/>	<input type="text"/>

9d) Do the numbers of new users in the last six months include new users from outreach activities?   
 1 = Yes  
 2 = No

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10. Number of new users per month since the last interview:  
*(only for Mid-point and Endline Interview)*

	10a) Month (MMM)	10b) Year (YYYY)	10c) New users (Women 15-49 years of age)
i)			
ii)			
iii)			
iv)			
v)			
vi)			
vii)			
viii)			
ix)			
x)			
xi)			
xii)			
xiii)			
xiv)			

10d) Do the numbers of new users since the last interview include new users from outreach activities?   
1 = Yes  
2 = No

**REFERRAL STRUCTURE**

11. Do other facilities refer to your facility?   
1 = Yes  
2 = No

12. Does your facility refer to other facilities?   
1 = Yes  
2 = No

12a) If "Yes", which one: \_\_\_\_\_  
\_\_\_\_\_

13. What is the distance from your facility to the facility you refer to? (km)

**SECTION 2 - BASIC INFORMATION**

**STAFFING**

*Please tell me how many staff with each of the following qualifications are currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, on the basis of the highest technical or professional qualification. For doctors, I would also like to know, of the total number, how many are part-time in this facility.*

14. Generalist (non-specialist) medical doctors:

14a) Part time:

15. Specialist medical doctors:

15a) Part time:

16. Non-physician clinicians /paramedical professionals:

16a) Medical/Physician assistant

17. Nursing professionals:

18. Midwifery professionals:

19. Pharmacists:

20. Laboratory technicians (medical and pathology):

21. Community health workers:

22. Number of staff with experience in family planning service delivery

**OPENING HOURS**

23. On average, how many hours per day is this facility open?

- 1 = 4 hours or less
- 2 = > 4 hours - 8 hours
- 3 = > 8 hours - 16 hours
- 4 = > 16 hours - 23 hours
- 5 = > 23 hours - 24 hours

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**SUPERVISION**

24. When was the last time this facility received a supervision visit from the higher level (district or county-level health management or other) to check the provision of family planning service in this facility?

1 = This month  
2 = In the last 3 months  
3 = More than 3 months ago  
4 = Don't know

**SECTION 3 - AVAILABLE FAMILY PLANNING SERVICES**

25. Does this facility offer specialised family planning services?

1 = Yes  
2 = No

26. On average, how often is the family planning service open?

1 = Once a week  
2 = Twice a week  
3 = 2-4 Hours per day  
4 = 8 or more hours per day  
5 = Irregular periods

27. Was the family planning service open during the time of visit/interview?

1 = Yes  
2 = No

28. Does the facility provide family planning methods for free?

1 = Yes  
2 = No

29. Does this facility provide /prescribe or make referrals for any of the following modern methods of family planning:  
**(Ask for each of below)**  
1 = Yes      2 = No      3 = Refer

29a) Combined estrogen progesterone oral contraceptive pills

29b) Progestin-only contraceptive pills

29c) Combined estrogen progesterone injectable contraceptives

1 = Yes      2 = No      3 = Refer

29d) Progestin-only injectable contraceptives

29e) Male condoms

29f) Female condoms

29g) Intrauterine contraceptive device (IUCD)

29h) Implants

29i) Cycle beads for standard days method

29j) Emergency contraceptive pills

29k) Male sterilization

29l) Female sterilization

30. Does this facility provide /prescribe or make referrals for any of the following modern methods of family planning for unmarried adolescents (defined by WHO as 10 to 19 years old):  
**(Ask for each of below)**

1 = Yes      2 = No      3 = Refer

30a) Combined estrogen progesterone oral contraceptive pills

30b) Male condoms

30c) Emergency contraceptive pills

30d) Intrauterine contraceptive device (IUCD)

31. Please tell me if the following documents are available in the facility today:

**If available, ask to see the document**

**(Ask for each of below)**

1 = Yes, observed  
2 = Yes, reported not seen  
3 = No

31a) National family planning guidelines

31b) Any family planning check-lists and /or job-aids

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32. Have you or any provider(s) of family planning services:

**(Ask for each of below)**

1 = Yes            2 = No

32a) Received any family planning training in the last two years?

32b) Received any training in adolescent sexual and reproductive health in the last two years?

33. Does this facility stock contraceptive commodities at this service site?

1 = Yes            2 = No

**If "No", skip to Question 36**

34. Are any of the following reproductive health medicines and commodities available in this service site today?

**(Ask for each of below)**

1 = Observed, at least one valid  
2 = Observed, available non valid  
3 = Reported available but not seen  
4 = Not available today  
5 = Never available

34a) Combined estrogen progesterone oral contraceptive pills

34b) Progestin-only contraceptive pills

34c) Combined estrogen progesterone injectable contraceptives

34d) Progestin-only injectable contraceptives

34e) Male condoms

34f) Female condoms

34g) Intrauterine contraceptive device (IUCD)

34h) Implant (e.g. levonorgestrel, etonogestrel)

34i) Cycle beads for standard days method

34j) Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)

35. For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:

**(Ask for each of below)**

1 = Stock-out in the past 3 months  
2 = No stock-out in the past 3 months  
3 = Not indicated  
4 = Product not offered  
5 = Facility record not available

35a) Female condoms

35b) Implant (e.g.levonorgestrel, etonogestrel)

35c) Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)

**SECTION 4 - INTEGRATION OF FAMILY PLANNING SERVICES**

36. Does this facility integrate family planning services in other health services?

1 = Yes  
2 = No

**If "No", skip to Question 63**

**ANTENATAL CARE SERVICES**

37. Does this facility offer antenatal care (ANC) services?

1 = Yes  
2 = No

**If "No", skip to Question 39**

38. Does this facility provide the following services during antenatal visits?

**(Ask for each of below)**

1 = Yes            2 = No

38a) Family planning counselling

38b) Referral to family planning services

38c) Provide family planning services directly

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**PREVENTION OF MOTHER-TO-CHILD TRANSMISSION**

39. Does this facility offer services for the prevention of mother-to-child transmission (PMTCT) of HIV?   
1 = Yes  
2 = No  
**If "No", skip to Question 41**

40. As part of the facility PMTCT services, do you provide the following services to HIV positive pregnant women for PMTCT? **(Ask for each of below)**  
1 = Yes  
2 = No

40a) Family planning counselling

40b) Referral to family planning services

40c) Provide family planning services directly

**OBSTETRIC AND NEWBORN CARE SERVICES**

41. Does this facility offer delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services?   
1 = Yes  
2 = No  
**If "No", skip to Question 43**

42. Are the following interventions carried out by providers of delivery services in this facility? **Ask for each of below.**  
1 = Yes  
2 = No

42a) Post-placental insertion of IUD

42b) Immediate breastfeeding

42c) Exclusive breastfeeding

42d) Counselling breastfeeding or post-partum mothers about their contraceptive options

**CHILD HEALTH VISITS AND IMMUNIZATION**

43. Does this facility offer child health visits?   
1 = Yes  
2 = No  
**If "No", skip to Question 46**

44. Does this facility provide immunization services?   
1 = Yes  
2 = No

45. Does the facility offer the following services to postpartum women during infants' health visit? **(Ask for each of below)**  
1 = Yes                      2 = No

45a) Family planning counselling

45b) Referral to family planning services

45c) Provide family planning services directly

**ADOLESCENT-FRIENDLY HEALTH SERVICES**

46. Does this facility offer adolescent-friendly health services?   
1 = Yes  
2 = No  
**If "No", skip to Question 48**

47. Does the facility offer the following services to adolescents during their visit to the facility? **(Ask for each of below)**  
1 = Yes                      2 = No

47a) Family planning counselling  i) girls    ii) boys

47b) Referral to family planning services

47c) Provide family planning services directly

**HIV COUNSELLING AND TESTING**

48. Does this facility offer HIV counselling and testing services?   
1 = Yes  
2 = No  
**If "No", skip to Question 50**

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70. For the most recent order, how long did it take between ordering and receiving products?
- 1 = Less than 2 weeks  
2 = 2 weeks to 1 month  
3 = Between 1 and 2 months  
4 = More than 2 months

**SECTION 6 - CONDITIONS OF FACILITY/ENVIRONMENT FOR CONTRACEPTIVE SERVICE PROVISION**

71. Does the facility have a client waiting area?
- 1 = Yes  
2 = No

*If "No", skip to Question 74*

72. Is the waiting area sheltered from sun and rain?
- 1 = Yes  
2 = No

73. Is there some form of seating in the waiting area?
- 1 = Yes  
2 = No

74. Offers privacy for pelvic exam/IUD insertion (no one can see)
- 1 = Yes  
2 = No

75. Is there a sign on the street or on the exterior of the building announcing that family planning services are available?
- 1 = Yes  
2 = No

76. Are family planning information, education and communications (IEC) materials available?
- (Ask for each of below)**  
1 = Observed and available  
2 = Reported available but not seen  
3 = Not observed  
4 = Not available

76a) Posters

76b) Flip Chart

76c) Brochure/Pamphlet (at least 10)

76d) Information Sheet (at least 10)

76e) Job Aids

76f) Counselling cards

76g) Other

76gs) If "Other" = "Observed and available", specify:

\_\_\_\_\_

\_\_\_\_\_

77. How long on average do clients have to wait for services (in minutes)?

**SECTION 7 - COMMUNITY OUTREACH**

78. Does the facility have an outreach programme?
- 1 = Yes  
2 = No

*If "No", skip to Question 82*

79. What type of outreach programmes exist? **(Ask for each of below)**
- 1 = Yes  
2 = No

79a) Mobile clinics

79b) Community outreach workers (employed by the facility)

79c) Community-based distributors (employed by the facility whose tasks are limited to distributing family planning methods)

79d) Community health volunteers (community member not officially employed by the facility)

79e) Other

79es) If "Other" = "Yes", specify \_\_\_\_\_

\_\_\_\_\_



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49. Does the facility offer the following services to patients coming to the facility to get tested for HIV during their counselling and testing visit?

**(Ask for each of below)**

1 = Yes                      2 = No

49a) Family planning counselling

49b) Referral to family planning services

49c) Provide family planning services directly

**HIV TREATMENT, CARE AND SUPPORT**

50. Does this facility offer HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services?

1 = Yes                      2 = No

**If "No", skip to Question 52**

51. Does the facility offer the following services to HIV positive patients during treatment and follow-up visits?

**(Ask for each of below)**

1 = Yes                      2 = No

51a) Family planning counselling

51b) Referral to family planning services

51c) Provide family planning services directly, including condoms to prevent further HIV transmission

**SEXUALLY TRANSMITTED INFECTIONS (STI)**

52. Does this facility offer diagnosis or treatment of STIs other than HIV?

1 = Yes                      2 = No

**If "No", skip to Question 55**

53. Does this facility conduct Pap smears?

1 = Yes                      2 = No

54. Does the facility offer the following services to patients who come to get tested or treated for an STI?

**(Ask for each of below)**

1 = Yes                      2 = No

54a) Family planning counselling

1 = Yes                      2 = No

54b) Referral to family planning services

54c) Provide family planning services directly

**TUBERCULOSIS**

55. Does this facility offer diagnosis, treatment, prescription, or treatment follow-up of tuberculosis?

1 = Yes                      2 = No

**If "No", skip to Question 57**

56. Does the facility offer the following services to tuberculosis patients?

**(Ask for each of below)**

1 = Yes                      2 = No

56a) Family planning counselling

56b) Referral to family planning services

56c) Provide family planning services directly

**NON-COMMUNICABLE DISEASES**

57. Does this facility offer diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, chronic respiratory disease, or cervical cancer?

1 = Yes                      2 = No

**If "No", skip to Question 59**

58. Does the facility offer the following services to patients being treated for a non-communicable disease?

**(Ask for each of below)**

1 = Yes                      2 = No

58a) Family planning counselling

58b) Referral to family planning services

58c) Provide family planning services directly

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**SURGICAL SERVICES**

59. Does this facility offer any surgical services (including minor surgery such as suturing, circumcision, wound debridement, etc), or caesarean section?

1 = Yes 2 = No

**If "No", skip to Question 61**

60. Please tell me if this facility provides the following services or referrals for them:

**(Ask for each of below)**

1 = Yes 2 = No 3 = Referral

60a) Tubal ligation

60b) Vasectomy

**DIAGNOSTICS**

61. Does this facility conduct any diagnostic testing including any rapid diagnostic testing?

1 = Yes 2 = No

**If "No", skip to Question 63**

62. Does this facility offer urine rapid tests for pregnancy?

1 = Yes 2 = No

**SECTION 5 - STOCK MANAGEMENT POLICY AND SUPPLY CHAIN FOR FAMILY PLANNING PRODUCTS**

63. Does the facility stock any of the following reproductive health medicines and commodities?

**(Ask for each of below)**

1 = 1 month 2 = 2 months 3 = 3 months 4 = Other 5 = No

63a) Combined estrogen progesterone oral contraceptive pills

63as) If "Other", specify: \_\_\_\_\_

63b) Progestin-only contraceptive pills

63bs) If "Other", specify: \_\_\_\_\_

63c) Combined estrogen progesterone injectable contraceptives

63cs) If "Other", specify: \_\_\_\_\_

63d) Progestin-only injectable contraceptives

63ds) If "Other", specify: \_\_\_\_\_

63e) Male condoms

63es) If "Other", specify: \_\_\_\_\_

63f) Female condoms

63fs) If "Other", specify: \_\_\_\_\_

63g) Implant (e.g. levonorgestrel, etonogestrel)

63gs) If "Other", specify: \_\_\_\_\_

63h) Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)

63hs) If "Other", specify: \_\_\_\_\_

63i) Intrauterine contraceptive device (IUCD)

63is) If "Other", specify: \_\_\_\_\_

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64. Who is the principal person responsible for managing the ordering of medical supplies at this facility?

1 = Nurse  
2 = Clinical Officer/Physician  
3 = Pharmacy Technician  
4 = Pharmacy Assistant  
5 = Pharmacist  
6 = Medical Assistant /Physician assistant  
7 = Other  
64a) If "Other", specify: \_\_\_\_\_

65. Which of the following mechanisms is used to determine this facility's resupply quantities? **(Ask for each of below)**  
1 = Yes      2 = No      3 = Don't know

65a) The facility itself (pull distribution system)

65b) A higher level facility (push distribution system)

65c) Other   
65cs) If "Other"= "Yes", specify: \_\_\_\_\_

66. How are the facility's resupply quantities determined?

1 = Formula (any calculation)  
2 = Don't know  
3 = Other means  
66a) If "Other means", specify: \_\_\_\_\_

67a. What is the main source of your routine pharmaceutical commodity supplies?

By this I mean who is the direct supplier to your facility?

1 = National medical stores  
2 = Joint medical stores  
3 = NGO/Donors  
4 = Private sources  
5 = Other  
67as) If "Other", specify: \_\_\_\_\_

67b) What are the main sources of your family planning commodity supplies?  
By this I mean who are the direct supplier to your facility?  
1 = Yes      2 = No

67bi) National medical stores

67bii) Joint medical stores

67biii) NGO/Donors

67biv) Private sources

67bv) Other

67bvs) If "Other"= "Yes", specify: \_\_\_\_\_

68. How are your pharmaceutical commodity supplies from the main supplier of your routine pharmaceuticals delivered to this facility?

1 = Supplier delivers to facility  
2 = Facility must arrange delivery to facility  
3 = Other

68a) If "Other", specify: \_\_\_\_\_

69. Who is responsible for transporting products from central medical stores to your facility? **(Ask for each of below)**  
1 = Yes      2 = No

69a) Local supplier delivers

69b) Higher level delivers

69c) This facility collects

69d) Other

69ds) If "Other"= "Yes", specify: \_\_\_\_\_

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80. What type of services are provided through community outreach programme?

**(Ask for each of below)**

1 = Yes, exclusively                      3 = No  
2 = Yes, with others                      4 = Don't know

80a) Family planning promotion

80b) Family planning counselling

80c) Family planning distribution

80d) Family planning referral

80e) Antenatal care services

80f) Newborn and child preventative and curative care

80g) Adolescent health services

80h) HIV prevention, treatment and care

80i) STI prevention, treatment and care

81. What family planning methods are distributed through outreach programmes?

**(Ask for each of below)**

1 = Yes  
2 = No  
3 = Referral only

81a) Combined estrogen progesterone oral contraceptive pills

81b) Progestin-only contraceptive pills

81c) Combined estrogen progesterone injectable contraceptives

81d) Progestin-only injectable contraceptives

81e) Male condoms

81f) Female condoms

81g) Implant (e.g. levonorgestrel, etonogestrel)

81h) Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)

81i) Intrauterine contraceptive device (IUCD)

81j) Permanent methods (vasectomy, tubal ligation)

82. Does this facility make efforts to engage and or work with the community?

1 = Yes  
2 = No

**If "No", skip to Question 85**

83. What type of community engagement activities are conducted?

**(Ask for each of below)**

1 = Yes  
2 = No  
3 = Yes, but not anymore

83a) Suggestion box

83b) Regular client exit interviews

83c) Regular client satisfaction survey

83d) Collaboration with formal community structures?

83e) Other Feedback mechanisms

83es) If "Other feedback mechanisms" = "Yes", specify: \_\_\_\_\_

84. How many community structures does /did this facility work with?

85. What types of approaches to community participation exist?

**(Ask for each of below)**

1 = Yes                      2 = No

85a) Health committee

85b) Client provider dialogue

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1 = Yes                      2 = No

85c) Community monitoring and social accountability

85d) Inter-sectoral collaboration

85e) Other

85es) If "Other"= "Yes", specify: \_\_\_\_\_

\_\_\_\_\_

86. Which of the following services was the community structure involved in?

**(Ask for each of below)**

1 = Yes, exclusively                      3 = No  
2 = Yes, with others                      4 = Don't know

86a) Family planning promotion

86b) Family planning counselling

86c) Family planning distribution

86d) Family planning referral

86e) Antenatal care services

86f) Newborn and child preventative and curative care

86g) Adolescent health services

86h) HIV prevention, treatment and care

86i) STI prevention, treatment and care

86j) Other

86js) If "Other"= "Yes, exclusively" or "Yes, with others", specify: \_\_\_\_\_

\_\_\_\_\_

**END THE INTERVIEW. THANK THE PARTICIPANT FOR THEIR TIME.**

COMMENTS ABOUT THE RESPONDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS ON SPECIFIC QUESTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY OTHER COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S OBSERVATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interviewer's name:**

**Signature:**

Date when form was completed:

Day	Month	Year

**Data Entry Operator's signature and date:**

1st DE: \_\_\_\_\_

2nd DE: \_\_\_\_\_