

Instrument 9: Guide for Client Exit Interview

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METHODOLOGY: To identify clients, either ask a staff person for contact information for youth (ages 10–24 years) who have used the facility, or simply wait at the facility and ask youth clients for an interview after they have finished seeing a provider. Select a private place away from the facility and explain to clients that their names will not be recorded and that all the information they provide will be completely confidential. You should also explain why you need the information from them (see “Greeting” below for further details). Finally, tell them the interview should only take about 30–45 minutes of their time.

Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban

Name of interviewer: _____

INSTRUCTIONS TO INTERVIEWER: When a youth client (i.e., between the ages of 10 and 24) has finished his or her consultation with the clinic staff, ask the client if he or she is willing to answer a few questions about the service the client received. It is essential that you gain the client's informed consent before beginning the interview, so the following introduction should be given.

GREETING

“Hello, my name is _____. I am from _____ (name of organization). We are interested in what youth clients think about the reproductive health services provided at this facility and would like to find out your feelings about the service you received. I would like to ask you a few questions about the meeting you just had with the clinic staff and would be very grateful if you would spend a little time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any questions you do not want to answer. Do I have your permission to continue?”

If yes, continue; if no, stop and wait for another client.

If client refuses to be interviewed, please check this box:

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Section 1: Basic Features

1	Sex of client (<i>do not ask</i>):	1 Female 2 Male
2	How old were you at your last birthday?	Age in years: _____
3	Are you currently going to school?	1 Yes 2 No
4	What was your last year of completed studies?	1 None/preschool 2 Primary 3 Secondary 4 Higher/university 98 Don't know
5	Are you currently married or living with a boyfriend/girlfriend?	1 Married 2 Living with boyfriend/girlfriend 3 Neither
6	Have you ever had a child?	1 Yes 2 No

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Section 2: Information About Services

20	Why did you come to this health facility today? (Circle all that apply.)	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Counseling about nutrition 6 Pregnancy test 7 STI screening 8 STI treatment 9 HIV/AIDS test 10 Gynecological exam 11 Peer counseling 12 Abortion-related services 13 Infertility consultation 14 General health service (non-RH oriented) 15 Other: _____
21	How did you hear about this facility?	1 Radio 2 Television 3 Newspaper 4 Friend 5 Relative 6 Poster 7 Pamphlet/brochure 8 Other: _____
22	Did the health service provider physically examine you during your visit?	1 Yes 2 No <i>Skip to Q. 25</i>
23	Did the service provider take you to a private examination room?	1 Yes 2 No
24	Did the service provider explain the results of the health exam?	1 Yes 2 No
25	Did you receive or did you take any brochure(s) or educational material to read at home?	1 Yes 2 No <i>Skip to Q. 27</i>
26	What subject(s) is/are covered in this material? (Circle all that apply.)	1 Maternal health 2 Contraception 3 STIs 4 HIV/AIDS 5 Abortion 6 Drugs/alcohol 7 Other: _____

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Section 2: Information About Services (continued)

27	Did any service provider tell you when you should return for another visit?	1 Yes 2 No 98 Don't know	<i>Skip to Q. 29</i> <i>Skip to Q. 29</i>
28	Did the service provider tell you where you should return for another visit?	1 Yes 2 No	
29	Is this your first visit for reproductive health services?	1 Yes 2 No	<i>Skip to Q. 31</i>
30	Are you here today for a follow-up?	1 Yes 2 No	
31	Overall, would you say you were satisfied with your visit to the facility today, or were you dissatisfied with your visit today?	1 Satisfied 2 Dissatisfied 3 Other: _____	<i>Skip to Q. 33</i> <i>Skip to Q. 33</i>
32	Why were you dissatisfied with your visit today?		
33	If you could suggest one improvement to the services provided, what would it be?		
34	Did you receive the information and services that you wanted today?	1 Yes 2 No 3 Partially 98 Don't know	
35	Was your consultation with the health providers too short, too long or about the right amount of time?	1 Too short 2 Too long 3 About right 98 Don't know	
36	During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?	1 Yes 2 No	<i>Skip to Q. 38</i>
37	If yes, did the provider listen to your concerns to your satisfaction?	1 Yes 2 No	
38	During this visit, did you have any questions you wanted to ask?	1 Yes 2 No	<i>Skip to Q. 41</i>
39	If yes, did the provider let you ask the questions?	1 Yes 2 No	<i>Skip to Q. 41</i>
40	If yes, did the provider respond to your questions to your satisfaction?	1 Yes 2 No	
41	In your opinion, did you have enough privacy during your consultation with the service provider?	1 Yes 2 No	
42	Do you believe that the information you shared about yourself with the provider will be kept confidential?	1 Yes 2 No 98 Don't know	

Instrument 9: Guide for Client Exit Interview

Section 2: Information About Services (continued)

43	During your visit, how were you treated by the provider?	1 Very well 2 Well 3 Not very well/poorly
44	During your visit, how were you treated by the other staff?	1 Very well 2 Well 3 Not very well/poorly
45	During your visit, was the provider easy to understand when explaining things to you, or was the provider difficult to understand?	1 Easy to understand 2 Difficult to understand 98 Don't know
46	About how long did you wait between the time you first arrived at this facility and the time you saw a staff person for a consultation? (Record exactly what client says.)	98 Don't know
47	In your opinion, was waiting time reasonable or too long?	1 No waiting time 2 Reasonable/short 3 Too long 98 Don't know
48	Did you attend a group talk(s) at this facility today?	1 Yes 2 No <i>Skip to Q. 50</i>
49	If yes, what topics were covered in the group talk(s)? (Do not read list, but probe by asking, "Any other topics?" Then, circle all that apply.)	1 Contraception 2 Antenatal care 3 Maternity care/delivery services 4 Postnatal care 5 HIV/AIDS 6 Other STIs 7 Infertility 8 Treatment of incomplete abortions 9 Nutrition counseling 10 Drugs/alcohol 11 Risk reduction 12 Other: _____ 98 Don't know
50	Are the hours this facility is open convenient for you?	1 Yes <i>Skip to Q. 52</i> 2 No 98 Don't know <i>Skip to Q. 52</i>

Instrument 9: Guide for Client Exit Interview

Section 2: Information About Services (continued)

51	If no, what time would be the most convenient for you? (<i>Circle one.</i>)	1 Earlier in the morning 2 Over lunch hour 3 Afternoon 4 Evening/night 5 Weekends 6 Holidays 7 Other: _____ 98 Don't know
52	Have you ever been turned away from this facility during official working hours?	1 Yes 2 No 3 No previous experience with facility 98 Don't know
53	How long did it take you to come here today?	_____ minutes 98 Don't know
54	What was the main means of transport you used to get here? (<i>Circle one.</i>)	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walked 6 Other: _____
55	As far as you know, what types of services are provided at this facility for youth clients? (<i>Circle all that apply.</i>)	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Nutrition counseling 6 Pregnancy testing 7 STI screening 8 STI treatment 9 HIV/AIDS testing 10 Gynecological exams 11 Abortion-related services 12 Peer counseling 13 Infertility consultation 14 Other: _____
56	Apart from this facility, is there any other place in your neighborhood/community where you can go for reproductive health services?	1 Yes 2 No <i>Skip to Q. 58</i> 98 Don't know <i>Skip to Q. 58</i>

Instrument 9: Guide for Client Exit Interview

Section 2: Information About Services (continued)

57	If yes, what type of facility is it? (If more than one, choose the one closest to home.)	1 CBD 2 Pharmacy/chemist shop 3 Health post 4 Health center 5 Hospital 6 Private service provider, such as doctor, nurse or midwife 7 Traditional healer 8 Other: _____ 98 Don't know
58	What would you say is the main reason you did not go there today for reproductive health services? (Circle one.)	1 Inconvenient opening times 2 Takes too long to get there 3 Poor-quality services 4 Fewer services available 5 Want to be anonymous 6 Have other reasons to come here (e.g., immunizations, health talks) 7 More expensive there 8 Prefer provider here 9 Other: _____ 98 Don't know
59	Now I would like to ask you about the cost of travel and the services you received from this facility. How much did you pay for your consultation?	_____ (local currency units) 1 No costs 98 Don't know
60	How much did you pay for contraceptives?	_____ (local currency units)/unit of contraceptive 1 Did not buy contraceptives 98 Don't know
61	How much did you pay for registration card/membership?	_____(local currency units) 1 Did not buy card/membership 98 Don't know
62	How much did you pay for travel?	_____(local currency units) 1 Did not pay for transport 98 Don't know
63	How much did you pay for any other services or fees?	_____ (local currency units) 1 Did not pay for other fees or services 98 Don't know
64	Overall, do you think that the total cost of obtaining services is much too expensive, a little too expensive or acceptable to you?	1 Much too expensive 2 A little too expensive 3 Acceptable 98 Don't know

Instrument 9: Guide for Client Exit Interview

Section 2: Information About Services (continued)

65	To end this interview, I would like to ask you some questions about reproductive health. I would like to remind you that the information you provide will remain strictly confidential, and that you do not have to answer any question you do not want to answer. Do you know people your age who are not married and are sexually active?	1 Yes 2 No 98 Don't know
66	What are the ways you know of to prevent pregnancy? (Circle all that apply.)	1 Contraceptives Which contraceptives?: _____ 2 Withdrawal 3 Rhythm 4 Traditional methods 5 Abstinence 6 Other: _____ 98 Don't know
67	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	1 Yes 2 No <i>Skip to Q. 69</i> 98 Don't know <i>Skip to Q. 69</i>
68	From what you've heard or read, what are some common signs and symptoms of sexually transmitted infections? (Do not read list, but probe by asking, "Any other ways?" Then, check all that apply.)	1 Abnormal vaginal discharge 2 Abnormal vaginal bleeding 3 Genital itching 4 Lesions/sores 5 Lower abdominal pain 6 Pain during intercourse 7 Painful urination 8 Abnormal growth in genital area (i.e., warts) 9 Penile/urethral discharge 10 Loss of weight 11 Diarrhea of long duration 12 Other: _____ 98 Don't know
69	Have you heard of HIV or AIDS?	1 Yes 2 No <i>Skip to Q. 71</i> 98 Don't know <i>Skip to Q. 71</i>
70	As far as you know, what are the ways to get HIV/AIDS? (Do not read list, but probe by asking, "Any other ways?" Then, circle all that apply.)	1 Sexual intercourse 2 Blood transfusion 3 Sharing items like razor blades or needles 4 Mother to baby 5 Other: _____ 98 Don't know

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Section 2: Information About Services (continued)

71	Do you know of any ways you can protect yourself from sexually transmitted infections, including HIV/AIDS?	1 Yes 2 No <i>Skip to end</i>
72	If yes, what are the ways of protecting yourself? (<i>Do not read list, but probe by asking, "Any other ways?" Then, circle all that apply.</i>)	1 Stay faithful to one partner 2 Encourage partner to remain faithful 3 Use condoms 4 Avoid sharing needles, razors, etc. 5 Other: _____

Thank you very much for your time and help!



Instrument 10: Questionnaire for Debriefing Mystery Clients

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Interviewer code: _____

Mystery client code: _____

Scenario enacted: _____

A Unwanted pregnancy

B Information regarding contraceptives

C Information regarding STIs

D Counseling regarding premarital intercourse

E Other (please specify): _____

Background Characteristics		
1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	Date: ____ / ____ / ____
5	Level of facility where mystery client went:	1 Referral hospital 2 Hospital 3 Pharmacy 4 Health center 5 Health post 6 Mobile health clinic 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers, etc.) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
9	Age of mystery client:	_____ years
10	Sex of mystery client:	1 Male 2 Female
11	Name of interviewer:	
12	Time client arrived at clinic:	

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	Date: ____ / ____ / ____
5	Level of facility where mystery client went:	1 Referral hospital 2 Hospital 3 Pharmacy 4 Health center 5 Health post 6 Mobile health clinic 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers, etc.) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
9	Age of mystery client:	_____ years
10	Sex of mystery client:	1 Male 2 Female
11	Name of interviewer:	
12	Time client arrived at clinic:	

Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client		
20	Were you able to speak to a counselor?	1 Yes <i>Skip to Q. 23</i> 2 No
21	If no, why not:	1 Clinic was closed 2 Provider was not at clinic 3 Provider had no available appointments 4 Provider refused to see client 5 Other: _____ 98 Don't know
22	If you were not able to see counselor, were you given an appointment for a later date?	1 Yes 2 No 98 Don't know
<i>(If unable to see a counselor, end interview here.)</i>		
23	What formalities did you have to go through before seeing a provider?	
24	A About how long did you wait between the time you first arrived at this facility and the time you saw a provider?	
24	B Do you think that your waiting time was reasonable, or too long?	1 No waiting time 2 Reasonable/short 3 Too long 4 Don't know
25	Time counseling session started (approximately): Time counseling session ended (approximately):	____:____ ____:____
26	Length of counseling session:	_____ hours
27	Sex of provider visited:	1 Woman 2 Man
28	Was the person who counseled you a:	1 Doctor 2 Nurse 3 Midwife 4 Health aide 5 Peer educator 6 Pharmacist 7 Other: _____ 98 Don't know
29	Did the provider greet you in a friendly fashion?	1 Yes 2 No

Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client (continued)				
30	Did the provider ask you the reason for your visit?	1 Yes 2 No 98 Don't know		
31	How did the provider react (i.e., what did he or she say) when you told the provider the reason for your visit? (<i>Probe for more information.</i>)	RESPONSE CODES: (Coded by analyst) 1 Reaction acceptable/appropriate 2 Reaction was unacceptable/inappropriate		
32	What advice did the provider give you?	RESPONSE CODES: (Rated by analyst on following) 1 Provider tells client what to do 2 Provider helps client identify options 3 Provider allows client to determine own course of action		
33	Could anyone overhear the conversation you had with the provider?	1 Yes 2 No 98 Don't know		
34	Did you discuss any of the following topics with the provider? (<i>Circle all that apply.</i>)	1 Your sexual history 2 Your current sexual status 3 The nature of your relationship with your current partner 4 Your current and/or past contraceptive use		
35	Do you feel like the provider took your concerns seriously?	1 Yes 2 No 3 Not sure		
36	Did anything occur to interrupt your discussion with the provider?	1 Yes 2 No If yes, what?		
37	Did the provider ask you questions about yourself?	1 Yes 2 No If yes, what kinds of questions did the provider ask?		
38	Did the provider give you information about any of the following:		0 None	1 Minimum
	A Contraceptive methods			2 Moderate
	B HIV/AIDS			3 Extensive
	C Other STIs			
	D Treatment of unwanted pregnancies			

Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client (continued)				
39	Did the provider ask if you knew about these topics before giving you information?	1 Yes 2 No 98 Don't know		
40	Did the provider:	Yes	No	
	A Require you to get parental consent for any service			
	B Require you to get spousal consent for any service			
	C Inform you that you were too young to receive any of the services			
	D Require you to have a blood test before giving you contraceptives			
	E Require you to have a pelvic exam before giving you contraceptives			
	F Require you to make another appointment before receiving a service			
41	Did the provider use any of the following visual aids during the session?	1 Yes	2 No	3 Don't Know
	A Posters			
	B Drawings			
	C Booklets			
	D Videos			
42	Did the provider give you his or her personal opinion on what you should do?	1 Yes 2 No If yes, what was his or her opinion regarding your situation?		
43	Did you discuss with the provider how your life would be affected by your behaviors?	1 Yes 2 No		
44	Did you discuss how your life would be affected if you were to:	1 Yes	2 No	
	A Become sexually active			
	B Become pregnant			
	C Continue a pregnancy			
	D Become infected with HIV			
	E Become infected with an STI			

Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client (continued)

45	Did the provider ask you if you had any questions?	1 Yes 2 No
46	Did the provider respond to your questions?	1 Yes 2 No 3 Partially
47	Did you feel comfortable asking the provider questions?	1 Yes 2 No If no, why not?
48	Was the information given by the provider clear and simple?	1 Yes 2 No
49	Was anything the provider said confusing or unclear?	1 Yes 2 No 98 Don't know
50	Did the provider check to make sure you understood the information properly?	1 Yes 2 No 98 Don't know
51	When you pretended not to understand, did the provider make an effort to explain the matter in a clearer fashion?	1 Yes 2 No 98 Don't know
52	Do you feel like enough time was spent with the provider?	1 Yes 2 No If no, why not?
53	Did the provider do or say anything that made you feel uncomfortable?	1 Yes 2 No 98 Don't know If yes, what?
54	Did the provider do or say anything during your visit that led you to believe he or she did not approve of something you said?	1 Yes 2 No 98 Don't know
55	Did the provider ask you to return for another visit?	1 Yes 2 No
56	Did you set a date for your next appointment?	1 Yes 2 No

Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client (continued)		
57	Overall, were you satisfied with the counseling session?	1 Yes 2 No
58	Would you recommend this provider to a friend?	1 Yes 2 No
59	Is there anything else you would like to add regarding your visit?	

Thank you very much for your time and help!

Instrument 11: Community Questionnaire

DIRECTIONS: Complete this questionnaire by using a panel of key informants (e.g., health care providers, managers of health facilities, teachers). Instruct them to guess or approximate the distance of the various types of health facilities to the best of their knowledge.

1	District (name and number):													
2	Location (name and number):													
3	Name of place:													
4	Cluster number:													
5	Urban/rural:	1 Urban 2 Rural 3 Peri-urban												
6	Date of visit:	___ / ___ / ___												
7	Name of interviewer:													
8	Name and job or position of persons interviewed:	<table border="1"> <thead> <tr> <th>Name</th> <th>Job or Position</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Job or Position										
		Name	Job or Position											
9	Beginning time:	___:___												

Instrument 11: Community Questionnaire

Section 1: Community Information

1	Type of locality:	1 Large city (500,000 or more people) <i>Skip to Q. 9</i> 2 Small city <i>Skip to Q. 9</i> 3 Town <i>Skip to Q. 6</i> 4 Rural
2	Cluster description:	1 Compact 2 Dispersed
3	What is the name of the closest town?	
4	How far (in minutes) is the nearest town?	_____ minutes
5	Which is the most common type of transportation used to go to the nearest town?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
6	What is the main access route to this community?	1 All-year road 2 Seasonal road 3 Waterway 4 Path 5 Other: (specify) _____
7	What are the main economic activities in this community? (Circle all that apply.)	1 Agriculture 2 Livestock 3 Fishing 4 Commerce 5 Manufacturing 6 Other: (specify) _____
8	Is telephone service available here?	1 Yes 2 No
9	What is the primary source of water for this community?	1 Piped 2 Public tap 3 Well 4 River/stream/lake 5 Rainwater 6 Other: (specify) _____
10	Is this water supply maintained by the community?	1 Yes 2 No

Instrument 11: Community Questionnaire

Section 1: Community Information (continued)

11	How long (in minutes) does it take to travel from (name of community) to the closest area listed below? (If not available in the cluster, write 00. If not known, write 98.)		Minutes:	
		A	Elementary/primary school	
		B	Secondary/high school	
		C	University/technical school	
		D	Local market	
		E	Post office	
		F	Recreation center	
		G	Public transportation	
		H	Movie theater/video center	
		I	Health center	
		J	Hospital	
		K	Youth center	
		L	Sports playing field	

Instrument 11: Community Questionnaire

Section 2: Reproductive Health Services in the Community			
20	Is there at least one traditional healer in (name of community)?	1 Yes 2 No	
21	How many traditional healers are there in this area?	Number: _____ 98 Don't know	
22	Why do the people in this community go to traditional healers? (Circle all that apply.)	1 Illness 2 Trust 3 They are inexpensive 4 They understand better 5 Acceptable 6 Other: (specify) _____ 98 Don't know	
23	Does this community have a health promoter/outreach worker?	1 Yes 2 No	<i>Skip to Q. 26</i>
24	How often does this health promoter/outreach worker have contact in this community, either through visits to a central point or to households?	1 Weekly 2 Monthly 3 Quarterly 4 Semi-annually 5 Annually 6 Other: (specify) _____ 98 Don't know	
25	Does this health promoter/outreach worker provide:		
	Type of service	Yes	No
	A Basic medications		
	B Vitamins		
	C Counseling		
	D Contraceptives		
	E Pregnancy testing		
	F STI screening		
	G STI treatment		
	H Education classes on reproductive health issues		
26	Does this community have a community-based distributor (CBD)?	1 Yes 2 No	<i>Skip to Q. 31</i>
27	How many CBDs work in this community?	Number: _____ 98 Don't know	

Instrument 11: Community Questionnaire

Section 2: Reproductive Health Services in the Community (continued)

28	How often does a CBD visit households in the community?	1 Weekly 2 Monthly 3 Quarterly 4 Semi-annually 5 Annually 6 Other: (specify) _____ 98 Don't know																		
29	What is (are) the name(s) of the CBD(s) that work in this community?	1: _____ 2: _____ 3: _____ 98 Don't know																		
30	Do the CBDs working in this community provide:	<table border="1"> <thead> <tr> <th data-bbox="781 852 906 894">Type of service</th> <th data-bbox="906 852 1027 894">Yes</th> <th data-bbox="1027 852 1524 894">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="781 894 906 936">A Birth control pills</td> <td data-bbox="906 894 1027 936"></td> <td data-bbox="1027 894 1524 936"></td> </tr> <tr> <td data-bbox="781 936 906 978">B Condoms</td> <td data-bbox="906 936 1027 978"></td> <td data-bbox="1027 936 1524 978"></td> </tr> <tr> <td data-bbox="781 978 906 1052">C Other modern contraceptive methods (e.g., foaming tablets, spermicide)</td> <td data-bbox="906 978 1027 1052"></td> <td data-bbox="1027 978 1524 1052"></td> </tr> <tr> <td data-bbox="781 1052 906 1094">D Contraceptive counseling</td> <td data-bbox="906 1052 1027 1094"></td> <td data-bbox="1027 1052 1524 1094"></td> </tr> <tr> <td data-bbox="781 1094 906 1163">E Counseling on other reproductive health issues</td> <td data-bbox="906 1094 1027 1163"></td> <td data-bbox="1027 1094 1524 1163"></td> </tr> </tbody> </table>	Type of service	Yes	No	A Birth control pills			B Condoms			C Other modern contraceptive methods (e.g., foaming tablets, spermicide)			D Contraceptive counseling			E Counseling on other reproductive health issues		
Type of service	Yes	No																		
A Birth control pills																				
B Condoms																				
C Other modern contraceptive methods (e.g., foaming tablets, spermicide)																				
D Contraceptive counseling																				
E Counseling on other reproductive health issues																				

Instrument 11: Community Questionnaire

Section 3: Identification of the Facility

31	What is the name of the hospital nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 35</i>
32	What is the distance between here and (name of hospital)?	Kilometers: _____ 98 Don't know
33	What type of transportation is most commonly used to go from here to (name of hospital)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
34	How many minutes does it take to go from here to (name of hospital), using the most common form of transport?	Minutes: _____ 98 Don't know
35	What is the name of the health center nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 39</i>
36	What is the distance between here and (name of health center)?	Kilometers: _____ 98 Don't know
37	What type of transportation is most commonly used to go from here to (name of health center)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
38	How many minutes does it take to go from here to (name of health center), using the most common form of transport?	Minutes: _____ 98 Don't know
39	What is the name of the dispensary nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 43</i>
40	What is the distance from here to (name of dispensary)?	Kilometers: _____ 98 Don't know
41	What type of transportation is most commonly used to go from here to (name of dispensary)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
42	How many minutes does it take to go from here to (name of dispensary), using the most common form of transport?	Minutes: _____ 98 Don't know
43	What is the name of the clinic nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 47</i>

Instrument 11: Community Questionnaire

Section 3: Identification of the Facility (continued)

44	What is the distance from here to (name of clinic)?	Kilometers: _____ 98 Don't know
45	What type of transportation is most commonly used to go from here to (name of clinic)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
46	How many minutes does it take to go from here to (name of clinic), using the most common form of transport?	Minutes: _____ 98 Don't know
47	What is the name of the pharmacy nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 51</i>
48	What is the distance from here to (name of pharmacy)?	Kilometers: _____ 98 Don't know
49	What type of transportation is most commonly used to go from here to (name of pharmacy)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
50	How many minutes does it take to go from here to (name of pharmacy), using the most common form of transport?	Minutes: _____ 98 Don't know
For health facilities that were not yet mentioned, ask key informants the following questions about other facilities in the district or community:		
51	Have you ever heard of (Facility 1 in district)?	1 Yes 2 No <i>Skip to Q. 56</i>
52	How have you heard of (Facility 1 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
53	How far is it from here?	Kilometers: _____ 98 Don't know
54	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 56</i>

Instrument 11: Community Questionnaire

Section 3: Identification of the Facility (continued)

55	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care OR ANTENATAL? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
56	Have you ever heard of (Facility 2 in district)?	1 Yes 2 No <i>Skip to Q. 61</i>
57	How have you heard of (Facility 2 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
58	How far is it from here?	Kilometers: _____ 98 Don't know
59	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 61</i>
60	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
61	Have you ever heard of (Facility 3 in district)?	1 Yes 2 No <i>Skip to Q. 66</i>

Instrument 11: Community Questionnaire

Section 3: Identification of the Facility (continued)

62	How have you heard of (Facility 3 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
63	How far is it from here?	Kilometers: _____ 98 Don't know
64	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 66</i>
65	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
66	Have you ever heard of (Facility 4 in district)?	1 Yes 2 No <i>Skip to Q. 71</i>
67	How have you heard of (Facility 4 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
68	How far is it from here?	Kilometers: _____ 98 Don't know
69	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 71</i>

Instrument 11: Community Questionnaire

Section 3: Identification of the Facility (continued)

70	For what services? <i>(Circle all that apply.)</i>	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: <i>(specify)</i> _____
71	How far is it from here to the nearest place that provides:	
	Type of service	Kilometers Don't know
	A Prenatal care	
	B Delivery care	
	C Pregnancy testing	
	D Parenting classes	
	E Child immunizations	
	F Nutrition counseling	
	G Condoms	
	H Birth control pills	
	I IUDs	
	J Injectables	
	K STI screening	
	L STI treatment	
	M HIV/AIDS testing	
	N Contraceptive counseling	
	O Abortion-related services	
72	Register the time:	___ __: ___ __

Comments: