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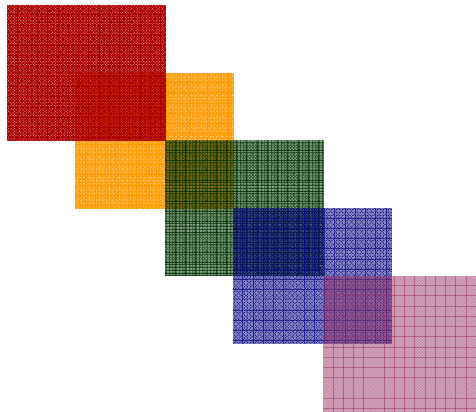
中国疾病预防控制中心 妇幼保健中心
National Center For Women And Children Health, Chinese CDC



CHINA/UNFPA

Reproductive Health/Family Planning CPR/03/P01

Baseline Survey, 2003



TECHNICAL REPORT

China Population and Development Research Centre
National Centre for Women & Children Health, Chinese Centre for Disease Control and
Prevention
&
Southampton Statistical Sciences Research Institute, University of Southampton, UK

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Summary of Selected Project Indicators

Description of Indicator	%
Women who had completed junior high school and above.....	62.6
Heard of any modern reversible methods	
<i>Never-married women</i>	57.0
<i>Currently married women</i>	93.8
<i>Currently married husbands</i>	89.5
Currently married women who knew 5 or more methods.....	31.2
Knew at least three possible routes of HIV/AIDS transmission	
<i>Never-married women</i>	74.9
<i>Currently married women</i>	78.9
<i>Currently married husbands</i>	80.3
Knew condom prevents HIV/AIDS transmission	
<i>Never-married women</i>	38.0
<i>Currently married women</i>	55.0
<i>Currently married husbands</i>	60.0
Knew at least three danger signs of (high risk) pregnancy	
<i>Never-married women</i>	18.3
<i>Currently married women</i>	35.8
<i>Currently married husbands</i>	26.1
Currently married women who have not heard of sexually transmitted infections.....	71.5
Contraceptive prevalence among currently married women.....	89.8
Contraceptive prevalence among currently married aged 20-24.....	66.5
Share of IUD use among methods.....	50.5
Share of female sterilisation among method users.....	32.9
Use of any modern reversible methods among currently married.....	63.0
IEC as source of current contraceptive method.....	15.9
Women who made contraceptive decision by themselves.....	37.6
Women unaware of side effects / disadvantages of current method.....	47.1
Service providers frequently discussed clients' preferences before providing methods.....	72.1
Induced abortion ratio (July 2000 – June 2003).....	0.35
Follow-up services received after induced abortion.....	36.7
Women not satisfied with abortion services.....	23.5
Mothers who received antenatal care in the first trimester.....	70.9
Mothers in the western provinces who had at least 3 antenatal visits.....	35.2
Mothers who gave births at home in the western region.....	26.4
Women with at least one RH problem.....	42.1
FP service providers who maintained adequate treatment standards for STI clients.....	45.9
MOH service providers who maintained adequate treatment standards for STI clients.....	36.7

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Introduction

Since 1998, the UNFPA has been instrumental in assisting the Government of People's Republic of China in implementing the ICPD¹ (International Conference on Population and Development) Plan of Action (PoA) in the areas of Reproductive Health (RH) and Family Planning (FP) and women's empowerment, specifically gender equality in access to information, education, health and social support resources, through a comprehensive and integrated client-oriented reproductive health services. In general, the ICPD agenda focuses on the well-being of individuals and their reproductive health and reproductive rights; i.e. to enable women and couples to decide the number, timing and spacing of children, to have the information and means to access a wide range of method options and personal choices without any form of discrimination.

The first initiative in this direction was the implementation of the 4th Country Programme (CP4) of China/UNFPA RH/FP project [CPR/98/01] in 32 counties of 22 provinces in China. The baseline and endline surveys, conducted as a part of monitoring and evaluation of the UNFPA efforts in China under the CP4, provided positive evidence of changes in individual RH/FP knowledge and behaviour along with improvements in the provision and utilisation of RH/FP services. Building on the success of the CP4 project, the new CP5 RH/FP project (CPR/03/P01) was launched in June 2003, and has been implemented in 30 different project counties in China. The

¹ The ICPD PoA was adopted by consensus by 179 states in 1994, and reviewed and updated in 1999. It reflects the accumulated ethical consensus and technical best practice evidenced in the field of population and development. The ICPD recommendations have in turn been followed up in other international agreements, including earlier population conferences and human rights conventions, the Millennium Development Goals (MDG) and the UNGASS on AIDS (2001).

impact of the overall project intervention will be assessed through large-scale surveys conducted in 2003 (baseline survey) and 2005 (endline survey) respectively. This report addresses the technical aspects of the survey design, including questionnaire design, testing, survey execution, data collection and data processing methods. The preliminary findings from the CP5 baseline survey have been published elsewhere (Bohua et al, 2004²).

The baseline survey was conducted in September 2003 in all the selected 30 counties (selected townships, 11 each from the eastern and western regions and 8 from the central region). The counties in the CP5 were selected on the basis of their willingness and leadership commitment to move towards the ICPD principles, on the agreement of removal of quotas and targets and those with a strong track record of experimentation towards the execution of ICPD agenda. The survey was executed roughly less than 2 months later than the proposed date because of SARS (Sudden Acute Respiratory Syndrome) disease that affected some regions of China during 2003, including some of the project counties. Also, it has to be noted that the intervention preparations commenced already in the project counties by the end of July 2003 but effectively from October 2003 onwards. The baseline survey was coordinated jointly by the NPFPC, the MOH and the UNFPA. The survey used three types of questionnaires; individual (women and husbands, service provider and facility).

The individual survey collected information from 8,400 women aged 15-49 years from 8,383 households (never-married and married) of their background characteristics, RH/FP knowledge and about RH services in general. The data on contraceptive use were collected only from currently married women. In addition, the survey gathered detailed birth history information including antenatal care behaviour and quality of MCH care from all married women. The survey initially targeted both married and unmarried men. Later, it was decided to exclude unmarried men in the sample because of the difficulties confronted in tracing young men and also accounting for high non-response reasons. Married men were asked only of their RH/FP knowledge and their background characteristics were collected from their spouses. Although women response rates in the

² <http://www.s3ri.soton.ac.uk/projects/proj-unfpa.php>

survey were nearly 99-100%, the men response rates were only about 60%. The non-response rates were adjusted using appropriate weights based on the coverage of women sample and response rates. The details of the survey design and implementation are documented in the baseline survey technical report.

The service provider survey collected data from both the FP (doctors) and the MOH (doctors, Maternal and Child Health [MCH] workers and mid-wives) systems. The providers were interviewed of their knowledge regarding RH/FP/MCH and STI (Sexually Transmitted Infections) services, training, counselling and referral services. A total number of 956 interviews were gathered from the service provider survey (341 from the FP system and 615 from the MOH system). The facility survey collected data from 296 facilities in the project counties. The survey gathered specific information on staffing, infrastructure conditions, record keeping systems, IEC materials, and number of clients attending clinics and RH/FP/STI service provisions from both the FP and the MOH systems.

This report is organised as follows. Section 2 explains the stages of questionnaire design and field testing measures. Section 3 provides an overview of the sample design. Data collection, processing and weighting are discussed in Sections 4 and 5. An assessment of the sample design by estimating the confidence intervals of selected indicators (measures) are reported in Section 6. The final section addresses the issues regarding the quality of data including reporting problems, external consistency and non-response bias. The questionnaires used to interview individual women and service providers as well as a facility questionnaire are appended at the end of this report.



Questionnaire Design and Testing

The first stage of the questionnaire design took place in June 2003 during a visit to the University of Southampton by Prof Li Bohua from the National Population and Family Planning Commission (NPFPC) and Dr Guo Sufang from the National Centre for Women and Children's Health (NCWCH), China Centre for Disease Control (part of the Ministry of Health). The initial design of the questionnaire built on the field experience of the CP4 end-line survey³ and targeted collecting the data required for the 'key' indicators on the CP5 log framework. This first draft of each questionnaire (in English) was then subject to 'expert review' by senior colleagues at the University of Southampton who had not been involved in the design process.

At the next stage, the questionnaires were translated into Chinese which involved some editing to ensure the questions were appropriate for the specific context of China. In August a small pilot was carried out in Henei Province which involved interviewing 20 women, 10 husbands, seven facilities, and nine service providers. These interviews were carried out by the China research team and followed a semi-structured nature. This allowed the team to assess whether the respondents were answering questions as expected. As a result of this process, further editing of the questionnaires took place⁴. A second pilot study was undertaken in Beijing during early September, just prior to the fieldwork period. The interviews were conducted by standard interviewers and collected information from 20 women, 10 husbands, four facilities, and 10 service providers. At

³ See www.s3ri.soton.ac.uk/projects/proj-unfpa.php for the end-line survey report.

⁴ The pilot study informed the information that needed to be given to the interviewers during training.

this stage there were no further changes to the questionnaire as the pilot confirmed that the questionnaire was adequately balanced and properly sequenced and interviewers reported no problems with specific questions.

A copy of the final questionnaire, translated into English, for women (and husbands) can be found in Annex I. A copy of the final questionnaire, translated into English, for facilities can be found in Annex II. A copy of the final questionnaire, translated into English, for service providers can be found in Annex III.



Sample Design

The basic design is a stratified multi-stage sample of women aged 15 to 49 years. The 30 project counties define a ‘population’ of townships. These are stratified into the three regions of China (Eastern, Central, Western) and then by urban rural. The sample size for each region is equal as comparisons between regions is considered just as important as statements for the whole population of project counties. However, counties are not explicitly controlled for in the design as comparisons between counties are not of direct relevance. Within a region 35 townships are selected and this sample is split between the urban and rural strata proportional to the population of women aged 15 to 49 years subject to a minimum urban sample of seven townships.

To select the townships within a strata they are ordered by county and GDP. Selection is then by systematic random sampling with probabilities proportional to the population of women aged 15 to 49 years within each township. Within a township four communities are selected from a list ordered by urban rural⁵ and GDP again using systematic random sampling with probabilities proportional to the population of women aged 15 to 49 years within each community. At the final stage a systematic random sample of 20 women is selected from a list ordered by age of all women aged 15 to 49 years within each selected community. This leads to a sample of 8,400 women (2,800 women per region and 80 women from each of the 105 sampled townships).

⁵ An urban township can contain rural communities on its edge while a rural township may have some urban communities.

The original plan was to sample households and then all adults (men and women) within the selected households. This would have ensured both married and un-married men were in the sample. Unfortunately, information on households is not available for selection purposes. Therefore, for all married women in the sample we also attempt to interview their husbands.

An important aspect of the intervention is the training of service providers and the improvement of the facilities within the counties. Therefore, within each selected township all relevant facilities are audited as part of the facility survey. In general, we expect each township to have one family planning station (FPS) under the control of the National Population and Family Planning Commission (NPFPC) and one general hospital under the control of the Ministry of Health (MOH). Within the *County Townships*⁶ we still expect one FPS but the MOH will usually have at least one general hospital, one health clinic, and one clinic offering traditional Chinese medical treatments. Some hospitals are excluded as they are primarily for military personnel or associated with a single employer such as a large factory and only used by the employees.

Within the selected facilities service providers are sampled. A service provider is either a 'doctor' within a FPS or a 'doctor', 'MCH worker', or 'mid-wife' within a MOH facility. In small facilities with less than five service providers, all service providers are selected. In larger facilities a sampled of five service providers is selected randomly from a list.

⁶ A County Township is the administrative centre of the County and generally has the more advanced medical facilities referred to as county level facilities.

IV

Data Collection and Processing

The data collection in the sample areas took place during September 2003 after the second pilot. At that stage some preparation for the intervention had taken place in each of the project counties, such as formal meetings to announce the intervention, but the formal elements of the intervention did not start until October 2003. (For a formal description of the elements of the intervention see the CP5 base-line report at www.s3ri.soton.ac.uk/projects/proj-unfpa.php).

Interviewer Training

The training was undertaken in two stages. At the first stage 20 fieldwork managers (10 from the MOH and 10 from the Family Planning Commission) attended three days of training, which was run centrally by senior members of the China research team. This training was integrated with the second pilot run in an area of Beijing. These people were then organised into 10 pairs with each pair responsible for three counties. Each pair then recruited and trained the local interviewers.

Data Collection (Women and Husbands)

In the field, the local interviewers were organised into 10 teams with each team covering three counties. Each team was led by two managers who had been trained centrally for the task. The fieldwork teams were then responsible to Prof Li Bohua from the China research team.

In the field, replacement sampling was used when an interviewer was unable to make contact with the selected woman after two attempts. The replacements were selected at random from the frame and matched to the original woman with respect to marital status and age. Across the whole sample approximately five percent of the original women were replaced, these were predominantly amongst never married women. This replacement sampling assumes that, after controlling for women's age and marital status, non-response was random and therefore no additional adjustments are made to correct for non-response bias. In addition, the questions on contraceptive use and fertility are only asked of married women for whom replacements were negligible.

When a married woman was interviewed, the interviewer also attempted to gain an interview with the husband. This was not always possible and therefore the husband data has been weighted to adjust for non-response (see section 5.2).

Data Collection (Facilities and Service Providers)

The 10 teams were also responsible for the collection of data from the facilities and service providers in the sampled townships. In addition, any 'county level' facilities that were not in the sampled townships were also included. This was done as these facilities, usually located in the 'county township' provide specialist care for the whole of the county, not just the township where they are located.

Within the selected townships, all⁷ the facilities were sampled and the interviewer completed a facility questionnaire in each case with the head of the facility. In addition, up to five service providers interviews were conducted. (A service provider is defined as someone who is professionally qualified to give family planning advice such as a doctor or mid-wife.) In the smaller clinics, this was a census of all service providers. For the larger clinics the respondents were selected from centrally held registers.

⁷ In some townships there are MOH facilities that are attached to the military or a large factory. These are not included as they are not standard MOH facilities and are only used by specific groups of the population in those townships.

In the field, interviewing the MOH facilities was more problematic as there are often multiple facilities within a township to be visited. In the Eastern region, one county had combined its MOH and Family Planning clinics. The result was multiple interviews from the same facilities and service providers. This was spotted at data processing and only one set of questionnaires was processed. Each facility was treated as part of the system that was responsible for the salaries of the service providers within that facility.

Data Processing

All data processing was done centrally by staff from the NPFPC and the NCWCH. All data was keyed twice independently and any differences were reconciled by the senior researchers from the China research team.



Data Weighting

The sample design outlined in Section 3 cannot be thought of as a simple random sample and therefore weights are necessary to give ‘unbiased’ estimates of means / proportions and ratios at both the population and sub-population level. (Within a sub-population defined by urban / rural and region the sample of women (and husbands) is designed to be self-weighting.) There is also the additional complexity of data collection at the different stages of the design. Facility and service provider information is collected at the township level while women and husband data are collected at the community level.

Women Data

Let M represent the number of women aged 15 to 49 years. We add the superscript U for those living in urban townships and R for rural. We add the subscript r for region, i for township, j community, and k for woman. Within a region we selected

$$t_r^U = \max\left(7 \text{ or } 35 \times \frac{M_r^U}{M_r^U + M_r^R}\right) \quad (5.1)$$

townships from the urban townships and $t_r^R = 35 - t_r^U$ from the rural townships.

Within each stratum we selected townships with probabilities

$$\pi_{ri}^U = t_r^U \times \frac{M_{ri}^U}{M_r^U} \text{ or } \pi_{ri}^R = t_r^R \times \frac{M_{ri}^R}{M_r^R} \quad (5.2)$$

from an ordered list. Next we selected four communities from each selected township with overall selection probabilities given by

$$\begin{aligned} \pi_{rij}^U &= 4 \times \frac{M_{rij}^U}{M_{ri}^U} \times t_r^U \times \frac{M_{ri}^U}{M_r^U} = 4 \times t_r^U \times \frac{M_{rij}^U}{M_r^U} \\ \text{or} \\ \pi_{rij}^R &= 4 \times \frac{M_{rij}^R}{M_{ri}^R} \times t_r^R \times \frac{M_{ri}^R}{M_r^R} = 4 \times t_r^R \times \frac{M_{rij}^R}{M_r^R} \end{aligned} \quad (5.3)$$

Finally we selected 20 women from the list for the community so that the final selection probabilities are given by

$$\begin{aligned} \pi_{rij}^U &= \frac{20}{M_{rij}^U} \times 4 \times t_r^U \times \frac{M_{rij}^U}{M_r^U} = \frac{80 \times t_r^U}{M_r^U} \\ \text{or} \\ \pi_{rij}^R &= \frac{20}{M_{rij}^R} \times 4 \times t_r^R \times \frac{M_{rij}^R}{M_r^R} = \frac{80 \times t_r^R}{M_r^R} \end{aligned} \quad (5.4)$$

Given the selection probability for women, the raw weight w_{ijk} for each woman is calculated as the inverse of the selection probability. There is no adjustment for non-response as the achieved sample size is the same as the target sample size due to the replacement of non-contacts. No adjustment is therefore based on the assumption that the replacement of non-contacts is essentially random after controlling for age. (*The replacement is the next woman on the list and the list is ordered by age.*)

From the raw weight, a scaled weight is calculated as

$$\tilde{w}_{ijk} = 8,400 \times \frac{w_{ijk}}{W} \quad \text{where} \quad W = \sum_{r=1}^3 \sum_{i=1}^{35} \sum_{j=1}^4 \sum_{k=1}^{20} w_{ijk} \quad (5.5)$$

There is no variation in the weights across women within the urban and rural strata of each region. However, there is some variation between urban and rural in the central province as urban townships have been over-sampled relative to the population and variation between regions as the size of the populations in each region are slightly different.

Table 5.1 Selection probability of women sample in each region and the scaled weights

Region	Stratum	Population	Sample Size	Scaled Weight
Eastern	Urban	661,563	1,200	1.1275
	Rural	883,663	1,600	1.1295
Central	Urban	173,355	560	0.6331
	Rural	1,074,180	2,240	0.9807
Western	Urban	338,212	720	0.9606
	Rural	976,468	2,080	0.9601

Husband Data

If a selected woman is married, we also attempted an interview with her husband. Therefore, the initial selection probability for the husbands is also

$$\pi_{rijk}^U = \frac{80 \times t_r^U}{M_r^U} \text{ or } \pi_{rijk}^R = \frac{80 \times t_r^R}{M_r^R}. \quad (5.6)$$

However, the overall response rate for husbands is only 59.8% (4,362 out of a possible 7,299) and this varies considerably across the basic characteristics such as age and education (we have this information on non-responding husbands as it is reported by the women). Therefore, we re-weight for the non-response within the strata defined by region and urban rural using ‘weighting classes’ defined by age (20-39, 40+) and education (illiterate⁸, primary, junior high school, senior high school +).

If N_{rac}^U is the number of husbands of age a with education e we should have interviewed within the urban areas of region r and n_{rac}^U is the achieved number of interviews, our starting weight for husbands in urban townships is

$$w_{ijk}^h = \tilde{w}_{ijk} \times \frac{N_{rac}^U}{n_{rac}^U}. \quad (5.7)$$

⁸ In the urban areas there are very small numbers of illiterate husbands (both selected and responding) so within a region these are collapsed with those achieving primary education for the purpose of non-response adjustment.

The equivalent for rural townships is

$$w_{ijk}^h = \tilde{w}_{ijk} \times \frac{N_{rae}^R}{n_{rae}^R}. \quad (5.8)$$

This defines 48 unique weights for the responding husbands which are re-scaled to sum to 4,362 (the achieved sample of husbands).

Facility Data

Within the townships selected for the women’s survey the plan was that all FP and MOH facilities be interviewed. Therefore, the weight for facilities should be defined as

$$w_{ri}^U = \frac{M_r^U}{M_{ri}^U \times t_r^U} \text{ or } w_{ri}^R = \frac{M_r^R}{M_{ri}^R \times t_r^R}. \quad (5.9)$$

However, as reported in Section 4.2, additional facilities were included at the data collection stage so that ‘all’ county level facilities were sampled. This is because the county level facilities do not just serve the township where they are located (usually but not always the County Town) but also provide specialist services for all the townships within the County.

Table 5.2 Selection probability of county level facilities in each region and the scaled weights			
		Number of County Level Facilities	
Region	Stratum	Original Sample	Added At Data Collection
Eastern	Urban	11	30
	Rural	<i>None</i>	<i>None</i>
Central	Urban	12	14
	Rural	3	<i>None</i>
Western	Urban	20	21
	Rural	<i>None</i>	<i>None</i>

Therefore, let us assume that within the urban area of region r, all the county level facilities (both systems) are in the sample with probability 1. In addition, we have selected $n_r^{U,FP}$ FP township facilities from a possible $N_r^{U,FP}$ and we have selected $n_r^{U,MOH}$

MOH township facilities from a possible $N_r^{U,MOH}$. Therefore, within the urban area we get weights $w_{rif}^U = 1$ for facility f if it is the county level facility (regardless of type of facility and the township) and

$$w_{rif}^{U,FP} = \frac{N_r^{U,FP}}{n_r^{U,FP}} \text{ or } w_{rif}^{U,MOH} = \frac{N_r^{U,MOH}}{n_r^{U,MOH}} \quad (5.10)$$

for facility f if it is not a county level facility.

These revised facility weights ignore the fact that townships (and therefore the facilities within townships) are selected proportional to population size as all non-county level facilities within townships are considered equal within the either the FP system or the MOH system. These facilities are only there to provide basic care; more extensive care is available at the county level facilities.

As it is possible for county level facilities to be in rural townships (particularly as there are two rural County Townships) a similar adjustment is also necessary in the rural samples.

These weights are re-scaled to sum to the achieved sample of facilities. This re-scaling is across ‘all’ facilities and not separate for FP and MOH or separate for the county level facilities.

Service Provider Data

Within a selected facility we have talked to a sample of five service providers. In small facilities we have a ‘census’ and this is usually five or less although in some cases a census was done when there were six or seven service providers rather than taking a sample. Therefore, if facility f from township i has SP_{rif} service providers and we have sampled sp_{rif} service providers, the weight for service provider p from a county level facility f will be $w_{rifp}^U = 1 \times \frac{SP_{rif}}{sp_{rif}}$. For the remaining facilities at the township level it will be

$$w_{rif}^{U,FP} = \frac{N_r^{U,FP}}{n_r^{U,FP}} \times \frac{SP_{rif}}{sp_{rif}} \quad \text{or} \quad w_{rif}^{U,MOH} = \frac{N_r^{U,MOH}}{n_r^{U,MOH}} \times \frac{SP_{rif}}{sp_{rif}} \quad (5.11)$$

depending on whether it is a FP or MOH facility. Weights for the rural areas follow the same approach.

We have made no adjustment for the two facilities with no service provider interviews which represents a loss of five respondents. The failure to achieve interviews was a fieldwork management issue as reported in Section 4.2. This was not related to the characteristics of the service providers in the two facilities and therefore making no adjustment should not bias the results.

Once the initial weights are calculated, they are re-scaled to sum to the achieved sample of service providers across all facilities.

Estimation of Standard Errors

When calculating standard errors on estimates of population means / proportions and ratios we need to consider the impact the sample design may have on standard errors. Typically, we would expect stratification to reduce standard errors (relative to a simple random sample) while clustering and weighting will increase them. Overall, we would expect all four components of the sample (women, husbands, facilities, and service providers) to have increased standard errors as a result of the complex design.

To capture the impact, analysis has been run using the svy commands in STATA⁹. If we consider wanting to estimate a simple population total for women with

$$\hat{Y} = \sum_{r=1}^3 \sum_{i=1}^{35} \sum_{j=1}^4 \sum_{k=1}^{20} \tilde{w}_{rijk} y_{rijk} \quad (6.1)$$

STATA approximates the variance using an ‘ultimate cluster’ approach such that

$$\hat{V}(\hat{Y}) = \sum_{r=1}^3 \frac{t_r^U}{t_r^U - 1} \sum_{i=1}^{t_r^U} (z_{yri} - \bar{z}_{yr}^U)^2 + \sum_{r=1}^3 \frac{t_r^R}{t_r^R - 1} \sum_{i=1}^{t_r^R} (z_{yri} - \bar{z}_{yr}^R)^2 \quad (6.2)$$

where $z_{yri} = \sum_{j=1}^4 \sum_{k=1}^{20} \tilde{w}_{rijk} y_{rijk}$ and $\bar{z}_{yr}^U = \frac{1}{t_r^U} \sum_{i=1}^{t_r^U} z_{yri}$ or $\bar{z}_{yr}^R = \frac{1}{t_r^R} \sum_{i=1}^{t_r^R} z_{yri}$.

This ignores the fact that we have sampled from a finite population and therefore should multiply each stratum variance by a finite population correction factor so equation 6.2 represents a conservative estimate of the variance.

⁹ StataCorp. 2001. Stata Statistical Software: Release 7.0. College Station, TX: Stata Corporation.

To extend this to a population ratio $R = Y/X$, STATA uses the standard first order Taylor Series linearization as in Cochran (1977) to approximate the variance of the ratio.

$$\text{Var}(\hat{R}) = \text{Var}\left(\frac{\hat{Y}}{\hat{X}}\right) \cong \frac{1}{X^2} \left(\text{Var}(\hat{Y}) - 2 \times R \times \text{Cov}(\hat{Y}, \hat{X}) + R^2 \times \text{Var}(\hat{X}) \right) \quad (6.3)$$

If we define a ‘ratio residual’ as

$$\varepsilon_{rijk} = \frac{1}{\hat{X}} (y_{rijk} - \hat{R}x_{rijk}) \quad (6.4)$$

and combine this with equation 6.2 by replacing y with the ratio residual we get

$$\hat{V}(\hat{R}) = \sum_{r=1}^3 \frac{t_r^U}{t_r^U - 1} \sum_{i=1}^{t_r^U} (z_{eri} - \bar{z}_{er}^U)^2 + \sum_{r=1}^3 \frac{t_r^R}{t_r^R - 1} \sum_{i=1}^{t_r^R} (z_{eri} - \bar{z}_{er}^R)^2 \quad (6.5)$$

which is equivalent to 6.3. From equation 6.5 we can get the variance for a mean by setting x_{rijk} equal to one for all women in the sample and a proportion is simply the mean of an indicator random variable.

To summarize the impact of the complex design Kish (1965) suggested using deff’s (design effects) which are the inflation in the variance due to the complex design. For example, if \hat{Y} is a sample proportion then

$$\text{deff} = \frac{\hat{V}(\hat{Y})}{\frac{\hat{Y}(1-\hat{Y})}{n}} \quad (6.6)$$

As we are ignoring finite population corrections, Kish (1995) defines the deff (design factor) as

$$\text{deft} = \sqrt{\text{deff}} \quad (6.7)$$

and this then gives the factor by which standard errors (and confidence intervals) are inflated as a result of the complex design. Specifically, the deff can be used to correct the standard error of a weighted mean calculated by SPSS (*provided the weights have been scaled to sum to the sample size*).

In the following tables we give the point estimates, standard errors (SEs), 95% confidence intervals, and deff’s for a range of key indicators calculated from each of the four components of the survey (Tables 6.1-6.4). The deff’s for the women’s data are relatively high for some indicators and this is due to the impact of clustering within

townships, the impact from stratification and weighting is minimal. The husbands' data has required more differential weighting to correct for the non-response but again the main impact is coming from the clustering of the sample within the townships.

The clustering of the design is not fully efficient. The design effects suggest there would be gains from spreading the sample more thinly across townships and communities within townships. However, the level of clustering chosen does make it possible to link with the facility and service provider data. This would not be possible if more townships were selected as it would not be practical to sample more facilities and service providers.

Table 6.1 Measures of selected indicators from the women's data and their 95% CIs					
			95% Confidence Interval		
Indicator	Estimate	SE	Lower	Upper	Deft
Knowledge of five methods of contraception:					
a) never married women	8.97%	1.20%	6.58%	11.36%	1.31
b) currently married women	31.21%	1.74%	27.75%	34.67%	3.21
Knowledge of proper routes for HIV AIDS transmission (<i>among those who have heard of AIDS</i>):					
a) never married women	74.87%	2.34%	70.23%	79.52%	1.55
b) currently married women	78.93%	1.46%	76.04%	81.83%	2.74
% of current users reporting female sterilization as method	32.94%	2.22%	28.53%	37.35%	3.83
% of current users reporting condom as method	9.66%	0.85%	7.97%	11.35%	2.33

CI – Confidence Interval; SE – Standard Errors

Table 6.2 Measures of selected indicators from husbands' data and their 95% CIs

Indicator	Estimate	SE	95% Confidence Interval		Deft
			Lower	Upper	
Knowledge of five methods of contraception	25.21%	1.65%	21.94%	28.49%	2.51
Knowledge of 3+ proper routes for HIV AIDS transmission (among those who have heard of AIDS)	80.31%	1.46%	77.40%	83.21%	2.26

CI – Confidence Interval; SE – Standard Errors

Table 6.3 Measures of selected indicators from facilities' data and their 95% CIs

Indicator	Estimate	SE	95% Confidence Interval		Deft
			Lower	Upper	
Separate counselling room (FP)	41.75%	0.57%	40.63%	42.88%	0.14
Separate counselling room (MOH)	8.89%	0.69%	7.53%	10.26%	0.31

CI – Confidence Interval; SE – Standard Errors

Table 6.4 Measures of selected indicators from service providers within facilities' data and their 95% CIs

Indicator	Estimate	SE	95% Confidence Interval		Deft
			Lower	Upper	
Prenatal care counselling in previous six months (FP)	90.06%	1.90%	86.30%	93.83%	1.18
Prenatal care counselling in previous six months (MOH)	96.70%	0.95%	94.82%	98.58%	1.31

CI – Confidence Interval; SE – Standard Errors

The effects of the design on the health facility data suggest the design is highly efficient (defts much less than one). This is due to the fact that within the 'population' of counties all county level facilities were sampled and therefore the finite population correction for that stratum is zero. For analytic work this can be ignored as the fixed population values are treated as realizations from the underlying super-population model, and in that case the design has little impact.

For service providers, we can see the design also has little impact. Although certain institutions, *the county level facilities*, are included with probability one the service providers are then selected at random from a large pool of possible respondents. This compares to the smaller facilities that are selected with small probability but *all* service providers within the facility were interviewed.

Data Quality

We consider the overall quality of the data, particularly from the women and husbands to be high. This assertion is partially based on the fact that the pilot studies did not reveal any major issues with the questionnaires. In addition, feedback from the interviewers on the main survey was very positive. There is also little item non-response and unit non-response for women is not an issue. As further evidence, in this section we consider briefly the quality of the data under the three headings of reporting quality, external consistency, and non-response bias.

Reporting Quality

To assess the quality of reporting, we consider whether there is evidence of age heaping. The chart below shows the unweighted age distribution for women in single years (Fig 7.1). From the chart we can see there is no evidence of age heaping by the respondents.

External Consistency

This is always difficult to assess as there are usually little alternative sources. However, from administrative sources the contraceptive use amongst married women was around 90% in 2002 (for the 30 project counties). This compares well to the estimate from the survey of 89.8%.

Non-Response Bias

One concern is the high level of non-response amongst the husbands of married women. The following table compares the education of married women where the husband responded with the distribution for all married women (Table 7.1).



Table 7.1 Comparison of married women's education by husbands' responses (%)

Education of married women	Women with a responding husband		All married women
	Unweighted	Weighted (husband's weight)	Weighted (woman's weight)
Illiterate /semi-literate	10.3	10.9	10.3
Primary school	28.5	29.9	31.1
Junior high school	38.9	40.1	40.5
Senior +	22.3	19.1	18.1

By comparing across the three columns we can see that the weights used on the husbands' data give a distribution that compares well with the weighted distribution based on all married women. This suggests that the non-response amongst husbands is not leading to a serious bias in responses after applying the adjusted weights. As a further comparison we can compare estimates of knowledge amongst married women derived from the whole sample and the sub-sample of those with responding husbands (Table 7.2).

Again, the table suggests little evidence of bias with respect to the responses of women and therefore it is plausible to assume that the re-weighting is effectively correcting for bias in the husbands' data.

Table 7.2 *Comparison of married women's FP/RH knowledge by husbands' responses (%)*

Knowledge	Estimate (woman with a responding husband)	Estimate (all married women)
Knowledge of five methods of contraception	31.2%	31.2%
Knowledge of proper routes for HIV AIDS transmission <i>(among those who have heard of AIDS)</i>	78.7%	78.9%

Appendix I

Individual Questionnaire

CONFIDENTIAL
For Research Purposes Only

BASELINE SURVEY
UNFPA/China RH/FP Project CPR/03/P01

Individual Questionnaire
(Interviewee born from Sept.1953 to Aug.1988)

Interviewee Name _____

Telephone _____

County _____

Township _____

Village _____

Sample site code number:

--	--	--	--

Household code number:

--	--	--	--

Women code number:

--	--	--	--

Code number of interviewer:

--

Name of Interviewer _____ Date of survey _____ Month _____ Day

Name of Investigator _____ Date of survey _____ Month _____ Day

National Population & Family Planning Commission of China
(NPFPC)
Ministry of Health (MOH)
United Nations Population Fund (UNFPA)

September 2003

INTRODUCTION

The interviewer should read this paragraph aloud to all interviewees before starting the interview. The interviewer should also read aloud to all interviewees the sentence at the start of each section.

We are conducting a survey on behalf of the United Nations Population Fund, the National Population & Family Planning Commission and Ministry of Health in China regarding the reproductive health and family planning program in this County. I would like to stress that the results of the survey are strictly confidential and anonymous and you are free to stop the interview at anytime. We appreciate your kind co-operation. May I continue?

SECTION 1 BACKGROUND INFORMATION

No.	Question and filter	Coding categories <i>Circle only one unless otherwise stated</i>	Skip to
1.01	In what month and year were you born? (from Sept.1953 to Aug.1988) <i>(solar calendar, year and month)</i>	-----	
1.02	To which ethnic group do you belong?	Han.....1 Other, please specify.....2	
1.03	What is your highest educational level?	Illiterate/semi-literate.....1 Primary school.....2 Junior high school.....3 Senior high school.....4 College or higher.....5	
1.04	What is your occupation?	Agricultural work.....1 Housework.....2 Manual work.....3 Professional job.....4 At school.....5 None.....6 Other, please specify.....7	
1.05	What is your current marital status?	Never married.....1 Currently married (First-time).....2 Currently remarried.....3 Divorced.....4 Widowed.....5	→ 1.10
1.06	When did you get married for the first time? <i>(solar calendar, year and month)</i>	-----	
SKIP to 1.10 if 1.05 = 4/5 (Divorced/ Widowed)			
1.07	In what month and year was your husband born? <i>(solar calendar, year and month)</i>	-----	
1.08	What is (was) your partner's / husband's highest educational level?	Illiterate / semi-literate.....1 Primary school.....2 Junior high school.....3 Senior high school.....4 College or higher.....5	
1.09	What is your partner's / husband's occupation?	Agricultural work.....1 Housework.....2 Manual work.....3 Professional job.....4 At school.....5 None.....6 Other, please specify.....7	
1.10	How many members are living in this household?	--	

1.11	What is your annual household income in cash terms (in RMB)?	-----	
1.12	How many rooms are there in this household?	--	
1.13	Do you have a room which is used as a kitchen?	Separate.....1 Shared.....2 None.....3	
1.14	What type of fuel does your household mainly use for cooking?	Crop residues.....1 Wood.....2 Dung cakes.....3 Coal/charcoal.....4 Kerosene.....5 LPG (Liquid petroleum gas).....6 Electricity.....7 Other, please specify.....8	
1.15	What is the main source of drinking water for members of your household?	Private piped water.....1 Public piped water.....2 Ground pumped water (private).....3 Ground pumped water (public).....4 Well water (private).....5 Well water (public).....6 River/stream/pond/lake water.....7 Other, please specify.....8	
1.16	What kind of toilet facility does your household have?	Own flush toilet.....1 Public flush toilet.....2 Own pit toilet / latrine.....3 Shared pit toilet / latrine.....4 No facility / bush / field.....5	
1.17	Does this household own any of the following? <i>Circle all that apply</i>	Radio.....1 TV.....2 Video/CD/VCD/DVD.....3 Phone.....4 Washing machine.....5 Fridge.....6 Motorbike.....7 Bicycle.....8 Tractor.....9 Car / Truck.....10 computer.....11 Sewing machine.....12	
1.18	Do you listen to radio?	Regularly.....1 Occasional.....2 Never.....3	
1.19	Do you watch television?	Regularly.....1 Occasional.....2 Never.....3	
1.20	Do you read newspaper?	Regularly.....1 Occasional.....2 Never.....3	

SECTION 2(Part I) FAMILY PLANNING & REPRODUCTIVE HEALTH KNOWLEDGE

Now I would like to ask you some questions about your knowledge of reproductive health issues...

No.	Question and filter	Coding categories <i>Circle only one unless otherwise stated</i>	Skip to
2.01	Have you ever heard of the following contraceptive methods?		
A	Oral pill	Yes.....1 No.....2	
B	Condom	Yes.....1 No.....2	
C	IUD	Yes.....1 No.....2	
D	Norplant	Yes.....1 No.....2	
E	Injections	Yes.....1 No.....2	
F	Spermicide	Yes.....1 No.....2	
G	Female sterilization	Yes.....1 No.....2	
H	Male sterilization	Yes.....1 No.....2	
I	Withdrawal	Yes.....1 No.....2	
J	Rhythm or safe period method	Yes.....1 No.....2	
K	Emergency contraception	Yes.....1 No.....2	
2.02	Have you ever heard of any sexually transmitted infections?	Yes.....1 No.....2	→ 2.04
2.03	Do you know which symptom will appear when infected with STDs?	Itching of pudendum.....1 Aching of pudendum.....2 Erosion of pudendum.....3 Vaginal discharge.....4 Offensive discharge.....5 Pain during sexual intercourse.....6 Bleeding after intercourse.....7 Abdominal pain.....8 Waist pain.....9 Spots.....10	
2.04	Have you ever heard of an infection or illness called HIV/AIDS?	Yes.....1 No.....2	→ 2.08
2.05	From which source have you learned about HIV/AIDS?	IEC training.....1 School.....2 Family members/ friends.....3 Broadcast/TV/Video.....4 Health worker.....5 Family planning -administrative.....6 Posters / pamphlets.....7 Books / journals.....8	

2.06	Which of the following ways is possible for HIV/AIDS transmission?	Sexual intercourse.....1 Blood transfusion.....2 From mother to baby.....3 Kissing.....4 Sharing needles.....5 Sharing utensils with HIV carriers.....6 Using public bathroom.....7 Haircut.....8 Mosquito bite.....9 Hand shaking.....10	
2.07	Which of the following family planning methods help to prevent HIV/AIDS transmission?	Oral pill.....1 Condom.....2 IUD.....3 Norplant.....4 Injections.....5 Spermicide.....6 Male sterilization.....7 Female sterilization.....8 Withdrawal.....9 Rhythm or safe period method.....10	
2.08	For which of the following symptoms do you think a pregnant woman should seek medical advice?	Vaginal bleeding.....1 abdominal pain.....2 Breathlessness.....3 Weakness.....4 Headache.....5 Vertigo.....6 Visual disturbance/ flashing lights.....7 Convulsions.....8 Palpitation (short breathing).....9 Nausea/vomiting.....10 Less quickening.....11 Edema of leg.....12	
2.09	Have ever heard of the social allowance system?	Yes.....1 No.....2	→ 2.11
2.10	Under which circumstances social allowance are usually paid?	Early marriage.....1 Early birth.....2 Childbirth before marriage.....3 Too short interval between children.....4 Too many children.....5	
If the respondent is NEVER married FEMALE [1.05=1].....			→5.01
If the respondent is MALE.....			(2.12
If the respondent is Divorced or Widowed[1.05=4 or 1.05=5].....			(4.01
2.1 1	Is the woman's husband at home	Yes.....1 No.....2	(3.01

SECTION 2(Part II) FAMILY PLANNING & REPRODUCTIVE HEALTH KNOWLEDGE OF SPOUSE (HUSBAND)

Now I would like to ask you some questions about your knowledge of reproductive health issues...

No.	Question and filter	Coding categories <i>Circle only one unless otherwise stated</i>	Skip to
2.12	Have you ever heard of the following contraceptive methods?		
A	Oral pill	Yes.....1 No.....2	
B	Condom	Yes.....1 No.....2	
C	IUD	Yes.....1 No.....2	
D	Norplant	Yes.....1 No.....2	
E	Injections	Yes.....1 No.....2	
F	Spermicide	Yes.....1 No.....2	
G	Female sterilization	Yes.....1 No.....2	
H	Male sterilization	Yes.....1 No.....2	
I	Withdrawal	Yes.....1 No.....2	
J	Rhythm or safe period method	Yes.....1 No.....2	
K	Emergency contraception	Yes.....1 No.....2	
2.13	Have you ever heard of any sexually transmitted infections?	Yes.....1 No.....2	(2.15
2.14	Do you know which symptom will appear when infected with STDs?	Itching of pudendum.....1 Aching of pudendum.....2 Erosion of pudendum.....3 Vaginal discharge.....4 Offensive discharge.....5 Pain during sexual intercourse.....6 Bleeding after intercourse.....7 Abdominal pain.....8 Waist pain.....9 Spots.....10	
2.15	Have you ever heard of an infection or illness called HIV/AIDS?	Yes.....1 No.....2	(2.19
2.16	From which source have you learned about HIV/AIDS?	IEC training.....1 School.....2 Family members/ friends.....3 Broadcast/TV/Video.....4 Health worker.....5 Family planning -administrative.....6 Posters / pamphlets.....7 Books / journals.....8	

2.17	Which of the following ways is possible for HIV/AIDS transmission?	Sexual intercourse.....1 Blood transfusion.....2 From mother to baby.....3 Kissing.....4 Sharing needles.....5 Sharing utensils with HIV carriers.....6 Using public bathroom.....7 Haircut.....8 Mosquito bite.....9 Hand shaking.....10	
2.18	Which of the following family planning methods help to prevent HIV/AIDS transmission?	Oral pill.....1 Condom.....2 IUD.....3 Norplant.....4 Injections.....5 Spermicide.....6 Male sterilization.....7 Female sterilization.....8 Withdrawal.....9 Rhythm or safe period method.....10	
2.19	For which of the following symptoms do you think a pregnant woman should seek medical advice?	Vaginal bleeding.....1 abdominal pain.....2 Breathlessness.....3 Weakness.....4 Headache.....5 Vertigo.....6 Visual disturbance/ flashing lights.....7 Convulsions.....8 Palpitation (short breathing).....9 Nausea/vomiting.....10 Less quickening.....11 Edema of leg.....12	
2.20	Have ever heard of the social allowance system?	Yes.....1 No.....2	(3.01
2.21	Under which circumstances social allowance are usually paid?	Early marriage.....1 Early birth.....2 Childbirth before marriage.....3 Too short interval between children.....4 Too many children.....5	
End of the male part of the questionnaire			

SECTION 3 CONTRACEPTIVE USE (CURRENTLY MARRIED WOMAN)

Now, I would like to ask you about various family planning methods that a couple can use to delay or avoid pregnancy.

No.	Question and filter	Coding categories	Skip to
3.01	Have you ever used any kind of contraceptive method?	Yes.....1 No.....2	→ 3.15
3.02	Have you ever used any of the following contraceptive methods? (PROBE FOR EACH METHOD)		
A	Oral pill	Yes.....1 No.....2	
B	Condom	Yes.....1 No.....2	
C	IUD	Yes.....1 No.....2	
D	Norplant	Yes.....1 No.....2	
E	Injections	Yes.....1 No.....2	
F	Spermicide	Yes.....1 No.....2	
G	Female sterilization	Yes.....1 No.....2	
H	Male sterilization	Yes.....1 No.....2	
I	Withdrawal	Yes.....1 No.....2	
J	Rhythm or safe period method	Yes.....1 No.....2	
K	Emergency contraception	Yes.....1 No.....2	
3.03	Which method have you and your husband used for the first time?	Oral pill.....1 Condom.....2 IUD.....3 Norplant.....4 Injections.....5 Spermicide.....6 Male sterilization.....7 Female sterilization.....8 Withdrawal.....9 Rhythm or safe period method.....10 Emergency contraception.....11	
3.04	Are you or your husband CURRENTLY using any contraceptives?	Yes.....1 No.....2	→ 3.06
3.05	For what reason aren't you and your husband using any contraceptive?	Unknown or unexpected.....1 Pregnant.....2 Have no access.....3 Breastfeeding.....4 Afraid of side effect.....5 Sterility.....6 Want another baby.....7 Reached menopause.....8 Hysterectomy / extirpation of ovary.....9 Husband not at home.....10 Afraid of adverse sexual	

		intercourse.....11 Illness and therefore not eligible to use contraceptive.....12 Other, please specify.....13	
If the respondent is currently not using any contraceptive [3.04=2].....			→4.01
3.06	Which method are you or your husband CURRENTLY using?	Oral pill.....1 Condom.....2 IUD.....3 Norplant.....4 Injections.....5 Spermicide.....6 Male sterilization.....7 Female sterilization.....8 Withdrawal.....9 Rhythm or safe period method.....10 Emergency contraception.....11	
3.07	From which source have you heard about the method that you are CURRENTLY using?	IEC training.....1 School.....2 Family members/ friends.....3 Broadcast/TV/Video.....4 Health worker.....5 Family planning -administrative.....6 Posters / pamphlets.....7 Books / journals.....8	
3.08	From which year and month do you or your husband start to use current contraceptive method?	-----	
3.09	Where did you or your husband receive your CURRENT method of contraception?	Hospital at county level or above.....1 MCH hospital at county or above level.....2 County FP service station.....3 Township hospital.....4 Township FP service station.....5 Private clinic6 Village clinic.....7 Drug store.....8 Given by relatives, friends or neighbours.....9 Other, Please specify.....10	
3.10	Who mainly motivated you to use your CURRENT method?	Self.....1 Husband / partner.....2 Self and husband together.....3 Other family members.....4 Health worker.....5 FP worker – administrative.....6 Other, Please specify.....7	
3.11	Do you know about the side effects or other problems you might have using the CURRENT method?	Yes.....1 No.....2	
3.12	Are you satisfied with your current contraceptive method?	Satisfied.....1 Somewhat satisfied.....2 Un-satisfied.....3	

If the respondent is using male/female sterilization, IUD or Norplant.....		→ 3.15
3.13	Did you receive any follow-up, either at home or in a health facility, after you accepted the CURRENT method?	At home.....1 In a facility only.....2 Both.....3 Neither.....4
3.14	How many days after the operation did you receive the first visit?	--
3.15	Has your husband / partner participated in any RH/FP activities (including counselling, meeting, training, etc) in the past two years.	Yes.....1 No.....2

SECTION 4 PREGNANCY OUTCOMES & BIRTH HISTORY

Now, I would like to ask you some questions about your pregnancy and childbearing history.

4.01	Have you ever been pregnant? (including current pregnancies and those that did not result in live births)	Yes.....1 No.....2						→ 5.01
4.02	In accordance with precedence order, please provide information about every pregnancy (include current pregnancies and those that did not result in live births)							
		1st	2nd	3rd	4th	5th	6th	Skip
	A End of pregnancy (Calendar month/year) Code the year 9999, the month 99 if currently pregnant and skip to 403							
	B What is the outcome of your pregnancy? 1 Live birth (boy) 2 Live birth (girl) 3 Still birth 4 Induced abortion 5 Natural (spontaneous) abortion 6 Others, please specify “Still birth, induced abortion, natural abortion, other” skip to next pregnancy or 403							
	C Did you have a birth permit prior to childbirth? 1 Yes 2 No							
	D Did you have a reproductive health service permit prior to childbirth? 1 Yes 2 No							
	E When you were pregnant, did you receive prenatal check-up? 1 Yes 2 No							
	F How many times did you receive prenatal check-up during your pregnancy?							
	G How many weeks pregnant were you when you received the first prenatal check-up?							

H Where did you receive prenatal check-up? 1 Hospital at county and above level 2 MCH hospital at county and above level 3 County FP service station 4 Township hospital / MCH hospital 5 Township FP service station 6 Private clinic 7 Village clinic 8 Home 9 Other, please specify							
I Did you have the following done at least once during any of your pre-natal check-ups during your pregnancy? <i>Code 1 for Yes and 2 for No</i>							
1. Weight measured?							
2. Blood pressure checked?							
3. Blood test?							
4. Urine test?							
5. Liver function test?							
6. Abdomen examined?							
7. Ultrasound or sonogram?							
J Where did you give birth? 1 Hospital at county and above level 2 MCH hospital at county and above level 3 County FP service station 4 Township hospital / MCH hospital 5 Township FP service station 6 Private clinic 7 Village clinic 8 Home 9 Other, please specify							
K Who assisted you with the delivery? 1 Hospital / MCH hospital doctor 2 FP service station doctor 3 Private doctor 4 Midwife/village doctor 5 Family member/friend/neighbour 6 Other, please specify							
L By what means was the child born? 1 Normal vaginal delivery 2 delivery by using vacuum suction 3 delivery by using forceps 4 caesarean section							→ N → N → N
M Did you request for a caesarean section? 1 yes 2 no							
N Did you receive a follow-up visit after delivery? 1 Yes 2 No							→ P

O How many weeks after delivery did you receive the first follow-up visit?										
P Is this child (live birth) alive?										
1 Yes										
2 No										
Skip to next pregnancy or 403										
If the respondent is divorced or widowed.....							→ 4.05			
4.03	Do you have an only-child certificate?	Yes.....1	No.....2						(4.05	
4.04	Has your child or family enjoy/enjoyed the following benefits? (circle the appropriate)									
	Old-age insurance for parents of only child.....1									
	Medical insurance for only child.....2									
	Monthly one-child allowance.....3									
	Privilege in school attendance of children.....4									
	Get more homestead.....5									
	Exemption from compulsory labor.....6									
	Privilege in employment.....7									
Please check the answer of 4.02B, and accordingly choose the right answer for 4.05										
4.05	Did you do some induced abortion?	1 yes	2 no						→ 5.01	
4.06	Which method do you adopt for your last induced abortion?	1 induced abortion	2 drug abortion	3 induced abortion+ drug abortion						
4.07	Where was your last induced abortion done (including drug abortion)?	Hospital at county & upper level.....1	MCH hospital at county & upper level.....2	County FP service station.....3	Township hospital / MCH hospital.....4	Township FP service station.....5	Private clinic.....6	Village...../.....7	Home.....8	Other, please specify.....9
4.08	Did any health worker visit you at home or a health facility after abortion?	At home.....1	In a facility only.....2	Both.....3					Neither.....4	
4.09	Did the health worker provide family planning advice after you had your abortion?	Yes.....1	No.....2	No contact with health workers.....3						
4.10	Were you satisfied with the abortion service you had received?	satisfied.....1	somewhat satisfied.....2	un-satisfied.....3					no contact with health workers.....4	

SECTION 5 REPRODUCTIVE HEALTH SERVICE

Now, I would like to ask you about some questions related to your gynaecological health

No.	Question and filter	Coding categories <i>Circle only one unless otherwise stated</i>	Skip
5.01	Which condition does your current menstrual period belong to?	Normal menses.....1 Reached menopause.....2 Being pregnant3 Being breastfeeding.....4 Had hysterectomy.....5 Never menstruated.....6	
5.02	During the last six months, have you had any of the following problems?		
A	Any itching or irritation in vaginal area?	Yes.....1 No.....2	
B	An offensive (bad smelling) discharge?	Yes.....1 No.....2	
C	Green or yellow discharge?	Yes.....1 No.....2	
D	Severe lower abdominal pain with discharge, not related with menstruation?	Yes.....1 No.....2	
E	During the last six months have you had a problem with pain or burning sensation while urinating, or have had more frequent or difficult urination?	Yes.....1 No.....2	
F	Do you have pain in abdomen or vagina during sexual intercourse?	Yes.....1 No.....2	
G	Do you see blood after sexual intercourse?	Yes.....1 No.....2	
H	Do you urinate while coughing or straining?	Yes.....1 No.....2	
5.03	During the last six months, have you ever visited a health facility?	Yes.....1 No.....2	
If the respondent hasn't visit any health facility during the last six months, thank the interviewee and finish the survey			
5.04	Did you go because of reproductive problems?	Yes.....1 No.....2	
<i>Now ask the following questions based on the last visit anytime in the last 6 months</i>			
5.05	When did you go the last time?	This week.....1 last week.....2 Last month.....3 Before the last month.....4	
5.06	Where did you go (last time)?	Hospital at county and above level.....1 MCH hospital at county and above level.....2 County FP service station.....3 Township hospital / MCH hospital.....4 Township FP service station.....5 Private clinic.....6	
5.07	During the visit, did the health provider spend enough time with you?	Yes.....1 No.....2	
5.08	Did the health provider explain you	Yes.....1	

	about the specific services that you went for?	No.....2	
5.09	Did the provider listen to your concerns to your satisfaction	Yes.....1 No.....2	
5.10	Did you receive the information and service that you went for?	Yes.....1 No.....2	
5.11	Were you satisfied with the services that you received?	satisfied.....1 somewhat satisfied.....2 un-satisfied.....3	
	End of survey		

THANK-YOU FOR YOUR TIME & KIND CO-OPERATION

Appendix II

Service Provider Questionnaire

CODE INSIDE COUNTY

CONFIDENTIAL
For Research Purposes Only

BASELINE SURVEY
UNFPA/China RH/FP Project CPR/03/P01

Service Provider Questionnaire
Target Group: Health Workers
Gynaecologists , Doctors for Maternal Health Care
FP Technicians

Interviewee Name _____

Tel Number _____ (with zone code)

Interviewee Address

County _____

Township _____

Urban / Rural (Urban =1, Rural =2)

Sample site code number:

Name of Interviewer _____

Date of survey _____ Month _____ Day _____ Year

Auditor Name _____

Date of Audition _____ Month _____ Day _____ Year

National Population & Family Planning Commission of China
(NPFPC)
Ministry of Health (MOH)
United Nations Population Fund (UNFPA)

September 2003

INTRODUCTION

The interviewer should read this paragraph aloud to all interviewees before starting the interview.

The interviewer should also read aloud to all interviewees the sentence at the start of each section.

We are conducting a survey in this county on behalf of the United Nations Population Fund, the National Population & Family Planning Commission and Ministry of Health in China regarding the provision of reproductive health and family planning services to find ways of improving services. I would like to stress that the results of the survey are strictly confidential and anonymous and you are free to stop the interview at anytime. We appreciate your kind co-operation. May I continue?

SECTION 1 BACKGROUND INFORMATION – FACILITY

First, I would like to begin by asking you a few background questions about the facility you are working for.

1.01 Which system does this facility belong to?

1. FP System 2. Health Bureau System

1.02 What level does this facility belong to

1. County/Prefecture/District
2. Township

—————> Skip to 2.01

1.03 What type is this facility?

1. General Hospital 2. Middle Level Hospital
3. MCH Hospital / Station 4. FP Station

SECTION 2 BACKGROUND INFORMATION – INTERVIEWEE

Now, I would like to ask you a few background questions about yourself.

2.01 Gender of the interviewee?

1. Male 2. Female

2.02 How old are you? (in years)

2.03 What is your highest educational level?

1. Primary 2. Junior High 3. Senior High 4. College or higher

2.04 Have you received formal medical education?

1. Yes
2. No —————> Skip to 206

2.05 What is your highest level of medical education?

1. Technical secondary school 2. College 3. University and higher

2.06 How long have you been working at this facility (SDP)?

2.07 Which level does your current professional title belong to?

1. Senior 2. Junior 3. Primary 4. No level

2.08 Do you have the following certificates?

(Do read the options, Circle all that apply)

1. Certificate for Providing FP Technical Services 1. Yes 0. No

2. Certificate of Licensed Doctor or Assistant Doctor 1. Yes 0. No
3. Certificate of Qualification in Maternity and Infant Health Care 1. Yes 0. No
4. Certification for Qualification of Delivery Techniques 1. Yes 0. No

SECTION 3 TRAINING

Now, I would like to ask you some questions about the training you have received regarding FP/MCH/STD.

- 3.01** Have you ever participated in technical service training organized by the RH/FP project since Jan. 2002?

1. Yes
2. No

————— **Skip to 4.01**

- 3.02** How many times have you ever participated since Jan. 2002?

3.03 Which of the following topics have you covered in those training? [Code "1" for Yes; Code "0" for None. Circle all that apply]

- | | |
|--|--|
| <input type="checkbox"/> 1. Delivery services | <input type="checkbox"/> 2. Prenatal health care |
| <input type="checkbox"/> 3. Health care for adolescence | <input type="checkbox"/> 4. Menopause care |
| <input type="checkbox"/> 5. Screening of most common gynaecological diseases | <input type="checkbox"/> 6. Prevention and treatment of STIs |
| <input type="checkbox"/> 7. FP operation | <input type="checkbox"/> 8. Child growth monitoring |
| <input type="checkbox"/> 9. Informed choices of contraceptive methods | <input type="checkbox"/> 10. RH counselling |

SECTION 4 KNOWLEDGE OF FP/RH/MCH/STI SERVICES

Now, I would like to ask you about your knowledge and opinion about FP/RH/STD services.....
[From 4.01-4.06: Do not read the options but probe by asking. Circle all that apply]

Contraceptive Methods	4.01 Are there family planning methods that you would recommend for clients who would like to delay / space , assuming there are no contraindications? "1" for Yes; "0" for No.	4.02 Are there family planning methods that you would recommend for clients who would like to have no more children , assuming there are no contraindications? "1" for Yes; "0" for No.	4.03 Are there family planning methods that you would not recommend for breast-feeding women? "1" for Use; "0" for Not use.
1. Long-effectiveness pill			
2. Short-effectiveness pill			
3. Quick-effectiveness pill			
4. Emergency pill			
5. Injection			
6. IUD			
7. Norplant			

8. Condom			
9. External use drug			
10. Female sterilization			
11. Male sterilization			

Contraceptive Methods	4.04. If a pill client approaches you for a check-up / re-supply and she appears to be at high risk of infection with STI/ HIV/AIDS, what kind of methods would you recommend to him or her? "1" for Use; "0" for Not use	4.05 If a female client has a big menstrual flow, what kind of methods you will recommend to her? "1" for Use; "0" for Not Use	4.06 If an unmarried male / female approach you for family planning advice, what kind of methods you will recommend to him or her? "1" for Use; "0" for Not Use
1. Long-effectiveness pill			
2. Short-effectiveness pill			
3. Quick-effectiveness pill			
4. Emergency pill			
5. Injection			
6. IUD			
7. Norplant			
8. Condom			
9. External use drug			
10. Female sterilization			
11. Male sterilization			

4.07 What kind of women-patients should not use contraceptive medicine?
(Do read the options. Circle all that apply)

- | | | | |
|--------------------------|----------------------------|-------|------------|
| <input type="checkbox"/> | 1. Hypertension | 1.Use | 0. Not Use |
| <input type="checkbox"/> | 2. Ovary Cyst | 1.Use | 0. Not Use |
| <input type="checkbox"/> | 3. Cardiovascular Diseases | 1.Use | 0. Not Use |
| <input type="checkbox"/> | 4. Hepatitis | 1.Use | 0. Not Use |
| <input type="checkbox"/> | 5. Colpitis | 1.Use | 0. Not Use |
| <input type="checkbox"/> | 6. Nephritis | 1.Use | 0. Not Use |

4.08 How do you treat a patient with infusorial Colpitis and what should be paid attention to?
(Do not read the options but probe by asking. Circle all that apply)

- | | | | |
|--------------------------|--------------------------------|--------------|------------------|
| <input type="checkbox"/> | 1. Use Methyl-Nitryl-Imidazole | 1. Mentioned | 0. Not mentioned |
|--------------------------|--------------------------------|--------------|------------------|

- | | | | |
|--------------------------|-------------------------------------|--------------|------------------|
| <input type="checkbox"/> | 2. 7-day duration | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 3. Treat the husband simultaneously | 1. Mentioned | 0. Not mentioned |

4.09 How do you treat gonorrhoea and what should be paid attention to?

(Do not read the options but probe by asking. Circle all that apply)

- | | | | |
|--------------------------|-------------------------------------|--------------|------------------|
| <input type="checkbox"/> | 1. Use antibiotics | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 2. 10-day duration | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 3. Treat the husband simultaneously | 1. Mentioned | 0. Not mentioned |

4.10 Please make a judgement on the following statements?

("1" for Right; "0" for Wrong)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. The amount of Lactobacillus will increase when the patient get bacteria-colpitis. |
| <input type="checkbox"/> | 2. Genitalia bleb can be transmitted from mother to baby. |
| <input type="checkbox"/> | 3. Long-term use of antibiotics can prevent Mycosis. |
| <input type="checkbox"/> | 4. Oviduct-pregnancy is always located at the umbrella-like part of oviduct. |
| <input type="checkbox"/> | 5. Short-term contraceptive pills can prolong menses and increase the amount of haemorrhage. So these pills should not be used to the women with too much haemorrhage. |
| <input type="checkbox"/> | 6. The major symptoms of early-separation of placenta are vagina haemorrhage without inducement and bellyache. |
| <input type="checkbox"/> | 7. The time for second delivery process is commonly 4 hrs for first-time pregnant women. |
| <input type="checkbox"/> | 8. If it is longer than 12 hrs after the film – penetration, the pregnant woman should use antibiotics to prevent infection. |
| <input type="checkbox"/> | 9. The symptoms for diagnosis of Light-PIH can be: 1) pressure: 150/100mmHg; 2) Urine albumen (+); 3) edema (+); 4) without other uncomfortable feelings during the first 30 weeks of the-first-time pregnancy. |
| <input type="checkbox"/> | 10. During the first period of syphilis, syphilis leptospira can be transmitted to fetus through placenta so that abortion or death of fetus, or congenitally infected baby by syphilis. |

SECTION 5 FP/RH/MCH/STI SERVICES

5.01 Did you provide the following family planning **operations** anytime within the last one year?

(Do not read the options but probe by asking. Circle all that apply)

- | | | | |
|--------------------------|--|--------|-------|
| <input type="checkbox"/> | 1. Female sterilization | 1. Yes | 0. No |
| <input type="checkbox"/> | 2. Male sterilization | 1. Yes | 0. No |
| <input type="checkbox"/> | 3. Reversal of tubal ligation or vasectomy | 1. Yes | 0. No |
| <input type="checkbox"/> | 4. Norplant insertion | 1. Yes | 0. No |
| <input type="checkbox"/> | 5. Norplant removal | 1. Yes | 0. No |
| <input type="checkbox"/> | 6. IUD insertion | 1. Yes | 0. No |

- | | | | |
|--------------------------|---------------------|--------|-------|
| <input type="checkbox"/> | 7. IUD removal | 1. Yes | 0. No |
| <input type="checkbox"/> | 8. Induced abortion | 1. Yes | 0. No |

If the answers are “no” for No. 6 and 7, please skip to 504

5.02 What did you ask before providing an **IUD** service for clients in the last one year?
(Do not read the options but probe by asking. 1 for mentioned; 0 for not mentioned)

- 1. Ask about their current health problems if any
- 2. Ask about their menses history
- 3. Ask about their contraceptive history
- 4. Ask about their pregnancy and fertility history

5.03 What did you inform the clients before providing the IUD insertion/removal?
(Do not read the options but probe by asking. 1 for mentioned; 0 for not mentioned)

- 1. Inform them of the process of IUD insertion
- 2. Inform them of the advantages, disadvantages and side-effects of IUD
- 3. Inform them of the indications and contraindications of IUD
- 4. Inform them of the points for attention after induced abortion

If the answer for No. 8 in 501 is “no”, please skip to 5.06

5.04 What did you ask the clients before providing induced abortion services? (in the last one year)
(Do not read the options but probe by asking. 1 for mentioned; 0 for not mentioned)

- 1. Ask about their current health problems if any
- 2. Ask about their menses history
- 3. Ask about their contraceptive history
- 4. Ask about their pregnancy and fertility history

5.05 What did you inform the clients before provide induced abortion services? (in the last one year)
(Do not read the options but probe by asking. 1 for mentioned; 0 for not mentioned)

- 1. Inform them of the time for sexual behaviour after induced abortion
- 2. Inform them of taking a break for two weeks after induced abortion
- 3. Inform them of adapting suitable contraceptive methods after induced abortion

5.06 How do you help clients choose a contraceptive method?
(Do read the options. Circle all that apply. “1”for Always; “2” for Occasionally; “3” for Never.)

- 1. Choose a method for client
- 2. Recommend a method to the client based on own experience and the preference of client
- 3. Provide information and let the client to choose himself/herself

5.07 Which of the following pregnancy services did you provide?(Circle all that apply)

- | | | | |
|--------------------------|-----------------------------|--------|-------|
| <input type="checkbox"/> | 1. Fertility testing | 1. Yes | 2. No |
| <input type="checkbox"/> | 2. Treatment of infertility | 1. Yes | 2. No |
| <input type="checkbox"/> | 3. Prenatal check-up | 1. Yes | 2. No |
| <input type="checkbox"/> | 4. Ultrasound | 1. Yes | 2. No |
| <input type="checkbox"/> | 5. Normal Vaginal Delivery | 1. Yes | 2. No |
| <input type="checkbox"/> | 6. Caesarean delivery | 1. Yes | 2. No |

	5.08 Have you every diagnosed any of the following RTIs/STIs in the last one year? (Do read the options and circle all that apply) 1. Yes 0. No	5.09 Have you ever treated the following RTIs/STIs in the last one year?(Do read the options and circle all that apply) 1. Yes 0. No
1. Syphilis		
2. Gonorrhoea		
3. Mycosis		
4. Chlamydia		
5. Genital Wart		
6. Genital Herpes		
7. Bacteria Vaginal Disease		
8. Colpitis		

- 5.10** Did you conduct cervical smears test anytime within in the last one year?
1. Yes 2. No

5.11 Did you provide the following counselling services in the past six months?
(Do read the options and circle all that apply)

- | | | | |
|--------------------------|---|--------------|------------------|
| <input type="checkbox"/> | 1. Informed choices about family planning methods | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 2. Reproductive health of adolescents | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 3. Menopause care | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 4. Prenatal health care | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 5. Sexually Transmitted Diseases | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 6. Gynaecological diseases | 1. Mentioned | 0. Not mentioned |
| <input type="checkbox"/> | 7. Infertility | 1. Mentioned | 0. Not mentioned |

8. Induced abortion 1. Mentioned 0. Not mentioned

9. Nutrition & diet counselling 1. Mentioned 0. Not mentioned

5.12 Did you receive any male clients for services regarding FP/RH/STI/HIV?

1. Yes

2. No

~~—————~~ **Skip to 5.14**

5.13 Approximately how many male clients received your services in the last six months?

5.14 How many times did you conduct grassroots level technical services training in the last year?

End of the Survey

THANK-YOU FOR YOUR TIME & KIND CO-OPERATION

Appendix III
Facility Questionnaire

CODE INSIDE COUNTY

CONFIDENTIAL
For Research Purposes Only

BASELINE SURVEY
UNFPA/China RH/FP Project CPR/03/P01

Facility Questionnaire (FP/MCH/RH)

Interviewee Name _____

Interviewee Designation _____

Telephone Number _____ (with zone code)

Interviewee Address

County _____

Township _____

Urban / Rural (Urban =1, Rural =2)

Sample site code number:

Name of Interviewer _____

Date of survey _____ Month _____ Day _____ Year

Auditor Name _____

Date of Audition _____ Month _____ Day _____ Year

National Population & Family Planning Commission of China
(NPFPC)
Ministry of Health (MOH)
United Nations Population Fund (UNFPA)

September 2003

SECTION 3 FACILITY CONDITIONS

3.01 OBSERVE: How many rooms does the SDP have in total?

1. Rooms for Out-patient-department

2. Rooms for In-patient-department

3. Rooms for Office Work

3.02 OBSERVE: Are there enough seats for clients in the waiting area?

1. Yes 2. No

3.03 OBSERVE: Is there a counselling room?

1. Separate
2. Shared
3. No

—————> **Skip to 3.06**

3.04 OBSERVE COUNSELLING ROOM: Is it possible for other clients or members of the public to see the consultation taking place?

1. Yes 2. No

3.05 OBSERVE COUNSELLING ROOM: Is it possible for other clients or members of the public to hear the consultation taking place?

1. Yes 2. No

3.06 OBSERVE: Is there a gynaecological check-up room?

- 1 Separate
2 Shared
3 No

—————> **Skip to 3.09**

3.07 OBSERVE CHECK-UP ROOM: Is it possible for other clients or members of the public to see the check-up taking place?

1. Yes 2. No

3.08 OBSERVE CHECK-UP ROOM: Is it possible for other clients or members of the public to hear the check-up taking place?

1. Yes 2. No

3.09 OBSERVE: Is there an observing-room?

1. Yes 2. No

3.10 OBSERVE: Is there pharmacy in this facility?

1. Separate 2. Shared 3. No

3.11 OBSERVE: Is there a delivery room / room for male & female sterilization?

1. Separate 2. Shared 3. No

3.12 OBSERVE: Is there operation room for induced abortion, IUD insertion / removal?

1. Separate
2. Shared
3. No

————— **Skip to 3.18**

3.13 OBSERVE THE FOLLOWING IN THE OPERATION ROOM FOR INDUCED ABORTION, IUD INSERTION/REMOVAL: “1” for Yes; “0” for No

- | | |
|--|--|
| <input type="checkbox"/> 01. Gynaecological Bed | <input type="checkbox"/> 02. Skin Cleaning Equipment |
| <input type="checkbox"/> 03. Operating Kit for Induced Abortion | <input type="checkbox"/> 04. Operating Kit for IUD Insertion/Removal |
| <input type="checkbox"/> 05. Negative Pressure Electrical Aspirator | <input type="checkbox"/> 06. Table or Cabinet for surgical instruments |
| <input type="checkbox"/> 07. Sieve and Volumetric Cup | <input type="checkbox"/> 08. Equipments and drug for first aid |
| <input type="checkbox"/> 09. Instrument for Air-sterilization | <input type="checkbox"/> 10. Operating Lamp |
| <input type="checkbox"/> 11. Heating System | <input type="checkbox"/> 12. Good Ventilation |
| <input type="checkbox"/> 13. Wash basin & Water supply | <input type="checkbox"/> 14. Buffer zone leading to operating room |
| <input type="checkbox"/> 15. Instrument preventing from Mosquitoes and flies | <input type="checkbox"/> 16. Terrazzo or wood floor |
| <input type="checkbox"/> 17. Height of wall dope at least 1.5m | <input type="checkbox"/> 18. Room no less than 15 square meters |

3.14 OBSERVE: Whether the operating kit for induced abortion appropriate?

1. Yes
2. No
3. Do not provide induced abortion services

————— **Skip to 3.16**

3.15 OBSERVE: Since how many days has the abortion kit been sterilized?

3.16 OBSERVE: Whether the operating kit for IUD insertion / removal appropriate?

1. Yes
2. No
3. Do not provide IUD insertion / removal service

————— **Skip to 3.18**

3.17 OBSERVE: Since how many days has the IUD kit been sterilized?

3.18 OBSERVE: Is there a delivery room in this facility?

1. Yes
2. No

————— **Skip to 3.21**

3.19 OBSERVE THE FOLLOWING IN THE DELIVERY ROOM (“1” for Yes; “0” for No)

- | | |
|--|---|
| <input type="checkbox"/> 01. Delivery bed | <input type="checkbox"/> 02. Delivery kit |
| <input type="checkbox"/> 03. Perineum suture/ incision equipment | <input type="checkbox"/> 04. Table for operating equipments |

- | | | | |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | 05. Negative pressure electrical aspirator | <input type="checkbox"/> | 06. Weighing balance for baby |
| <input type="checkbox"/> | 07. Neonate incubator | <input type="checkbox"/> | 08. Neonate laryngoscope |
| <input type="checkbox"/> | 09. Neonate radiation resuscitator | <input type="checkbox"/> | 10. Sucker for sputum |
| <input type="checkbox"/> | 11. Container for safe disposal of sharps | <input type="checkbox"/> | 12. Equipment and drug for first aid |
| <input type="checkbox"/> | 13. Oxygen supplier | <input type="checkbox"/> | 14. Equipment for blood transmission |
| <input type="checkbox"/> | 15. Wash basin and water supply | <input type="checkbox"/> | 16. Equipment for air sterilization |
| <input type="checkbox"/> | 17. Buffer zone leading to delivery room | <input type="checkbox"/> | 18. Good ventilation |
| <input type="checkbox"/> | 19. Heating system | <input type="checkbox"/> | 20. Good lighting facility |
| <input type="checkbox"/> | 21. Terrazzo and cement floor | <input type="checkbox"/> | 22. Air conditioner |

3.20 Since how many days has the delivery kit been sterilized?

3.21 Are there any maternity wards in this facility?

1. Separated
2. Shared
3. No

—————→ **Skip to 3.23**

3.22 How many wards and beds do you have in the maternity ward?

3.23 Are there the following equipments in this facility? (“1” for Yes; “0” for No)

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | 1. Doppler Fetus Heart Monitor |
| <input type="checkbox"/> | 2. Gynaecological Therapy Equipment |
| <input type="checkbox"/> | 3. Mastotisis |

SECTION 4 IEC MATERIALS

401 Does this facility display the following RH/FP related IEC materials? (“1” for Yes; “0” for No.)

- | | | | |
|--------------------------|---------------------------------|--------------------------|---|
| <input type="checkbox"/> | 01. RH for adolescence | <input type="checkbox"/> | 02. Prevention of RTIs and HIV/AIDS |
| <input type="checkbox"/> | 03. RH for newly-married people | <input type="checkbox"/> | 04. Prenatal health care |
| <input type="checkbox"/> | 05. Breastfeeding | <input type="checkbox"/> | 06. Contraceptive methods |
| <input type="checkbox"/> | 07. Menopause health care | <input type="checkbox"/> | 08. Male-participation in family planning |

402 Has this facility ever distribute the following RH/FP related IEC materials (“1” for Yes; “0” for No)

- | | | | |
|--------------------------|---------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | 01. RH for adolescence | <input type="checkbox"/> | 02. Prevention or RTIs and HIV/AIDS |
| <input type="checkbox"/> | 03. RH for newly-married people | <input type="checkbox"/> | 04. Prenatal health care |
| <input type="checkbox"/> | 05. Breastfeeding | <input type="checkbox"/> | 06. Contraceptive methods |

07. Menopause health care

08. Male-participation in family planning

SECTION 5 SERVICE PROVISIONS

5.01 Does this SDP usually provide the following contraceptive methods to clients?

(Do read the options . "1" for Yes;"0" for No)

01. Long-term oral pills

02. Short-term oral pills

03. Quick-effectiveness oral pills

04. Emergency pills

05. Condoms

06. External use contraceptive drug

5.02 Does this SDP usually provide any contraceptive related operations?

(Do read the options. "1" for Yes; "0" for No)

01. Female sterilization

02. Male sterilization

03. Reversal of tubal ligation or vasectomy

04 IUD insertion/removal

05. Norplant insertion/removal

06. Induced abortion(drug)

07. Induced abortion (operation)

5.03 Does this facility provide the following pregnancy related services and medical services?

(Do read the options."1" for Yes; "0" for No)

01. Pregnancy test

02. Blood-urine test

03. Glucose test in blood/urine

04. Gonococcus test

05. HIV test

06. Syphilis test

07. Hepatic function test

08. Measurement of pelvis

09. Ultrasound test

10. Delivery process diagram

11. Pregnancy diagram

12. Fetus heart monitor

13. Aspiration by fetus head

14. Delivery clamp method

15. Hand delivery of placenta

16. Caesarean delivery

17. Termination of mid-term pregnancy

18. Counselling on prenatal health care

19. Infertility test

20. Treatment of infertility

5.04 Does this SDP usually provide the following STI/RTI tests to clients?

(Do read the options. "1" for Yes;"0" for No)

- | | | | |
|--------------------------|-------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | 01. Syphilis | <input type="checkbox"/> | 02. Gonorrhoea |
| <input type="checkbox"/> | 03. Mycosis | <input type="checkbox"/> | 04. Clew cells |
| <input type="checkbox"/> | 05. Prayer bead like bacteria | <input type="checkbox"/> | 06. Chlamydia |
| <input type="checkbox"/> | 07. HIV | <input type="checkbox"/> | 08. Virus for genital herpes |

5.05 Does this facility usually provide the following STIs/RTIs treatments to clients?

(Do read the options. "1" for Yes;"0" for No)

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | 01. Syphilis | <input type="checkbox"/> | 02. Gonorrhoea |
| <input type="checkbox"/> | 03. Mycosis cause vaginal infections | <input type="checkbox"/> | 04. Bacteria caused vaginal diseases |
| <input type="checkbox"/> | 05. Prayer bead like vaginal infections | <input type="checkbox"/> | 06. Urological tract infection caused by Chlamydia |
| <input type="checkbox"/> | 07. Genital condyloma | <input type="checkbox"/> | 08. Genital herpes |

5.06 Does this SDP provide referral services for clients who have been diagnosed of having RTIs/STIs and need further treatment?

1. Yes
2. No

—————> **Skip to 5.08**

5.07 Where do you usually refer your clients?

- | | |
|------------------------------------|--|
| 1. County or above level hospitals | 2. County or above level MCH hospitals |
| 3. County level FP stations | 4. Township level hospitals |
| 5. Private clinics | 6. Others _____ |

5.08 Does this facility have any guidelines for prevention and treatment of STIs?

1. Yes 2. No

5.09 Does this facility have any provision for handling basic obstetric emergency care?

1. Yes
2. No

—————> **Skip to SECTION 6**

5.10 How many clients have received basic obstetric emergency care from this facility in last six months?

5.11 Does this facility have any prevision for handling comprehensive obstetric emergency care?

1. Yes
2. No

—————> **Skip to 5.13**

5.12 How many clients have received comprehensive obstetric emergency care from this facility in last six months?

5.13 Do you provide referral services for the patients who need obstetric emergency service?

1. Yes

2. No

—————→ Skip to 6.01

5.14 Where do you usually refer your clients?

1. County or above level hospitals

2. County or above level MCH hospitals

3. County level FP stations

4. Township level hospitals

5. Private clinics

6. Others_____

SECTION 6 RECORDS (Only for gynaecological and dermatology departments)

6.01 Do you keep in-patient records on all clients attending this facility?

1. Yes

2. No

6.02 Do you keep records of referral services?

1. Yes

2. No

3. Never provide referral service

6.03 Do you keep records of RH counselling service?

1. Yes

2. No

6.04 Do you keep records of induced abortion?

1. Yes

2. No

3. Never provide this service

6.05 Do you keep records of follow-up visits for induced abortion?

1. Yes

2. No

6.06 Do you keep records of IUD insertion/removal?

1. Yes

2. No

3. Never provide this service

6.07 Do you keep records of follow-up visit for IUD insertion/removal?

1. Yes

2. No

6.08 Do you keep records of sterilization?

1. Yes

2. No

3. Never provide this service

6.09 Do you keep records of follow-up visit of sterilization?

1. Yes

2. No

6.10 Do you keep records of antenatal care management for pregnant women?

1. Yes

2. No

3. Never provide this service

6.11 Do you keep records of caesarean section delivery?

1. Yes

2. No

3. Never provide this service

6.12 Do you keep records of vaginal delivery?

1. Yes

2. No

3. Never provide this service

6.13 Do you keep records of resuscitation of high risk pregnancy?

1. Yes 2. No 3. Never provide this service
 6.14 Do you keep death records of pregnant women?

1. Yes 2. No 3. Never provide this service
 6.15 Do you keep records of diagnosis and treatment of STIs?
1. Yes 2. No 3. Never provide this service

SECTION 7 CLIENT STATISTICS

(If this facility does not provide certain kind of services or if there are no clients for certain specific RH services, please fill in "0" in stead.)

7.01 Total number of clients attending this facility in 2002.

7.02 Number of female clients attending this facility in 2002.

7.03 Number of male clients attending this facility in 2002.

7.04 Number of clients receiving each kind of service in 2002.

FP methods

01. Long-term oral pills

02. Short-term oral pills

03. Quick-effectiveness oral pills

04. Emergency pills

05. Condom

06. External use contraceptive drug

FP operations

07. Female sterilization

08. Male sterilization

09. Reversal of tubal ligation or spermaduct

10. Norplant insertion

11. Norplant removal

12. Injection

13. IUD insertion

14. IUD removal

Pregnancy related services

15. Induced abortion (drug)

16. Induced abortion (operation)

17. Termination of mid-term pregnancy (operation)

18. Prenatal check-ups

19. Pregnancy out of uterus

20. PIH

21. Pregnancy complications

22. Prenatal haemorrhage

23. Post natal haemorrhage

24. Vaginal delivery

25. Vaginal delivery

26. Caesarean delivery

27. Hysterectomy

28. Resection of ovary tumour

29. Treatment of infertility

30. High-risk pregnant women

31. Referral of high-risk pregnant women

RTI/HIV/STI services

32. Syphilis

33. Gonorrhoea

34. Mycosis

35. Chlamydia
36. HIV
37. Dripping bug
38. Clew like cells
39. Cervices smearing test

Treatment of RTIs/STIs

- 40 Total number of treatment of RTIs/STIs?

End of Survey

THANK-YOU FOR YOUR TIME & KIND CO-OPERATION

