

BENCHMARK TABLES

PURPOSE

The Benchmark tables were designed to track scale-up progress by comparing indicators to pre-set benchmarks. They consist of a summary table, in which changes over time in all indicators may be viewed at a glance, and more detailed tables for each indicator.

HOW IT WAS DEVELOPED AND USED

As the FAM project began, IRH identified multi-faceted goals of Standard Days Method® (SDM) scale-up and developed simple, measurable indicators for process monitoring. (See the Benchmark Setting Worksheet for a Description of the process.) The indicators were designed to assess both horizontal scale-up (service expansion) and vertical scale-up (institutionalization) elements, and to be applicable to all countries and settings. The five scale-up countries then developed unique benchmarks for each of these indicators using a collaborative approach that involved multiple meetings with MOH officials, other stakeholders, cooperating partners, and the IRH team. The benchmarks for each indicator were targets that the team felt were reasonable and meaningful to achieve within the five-year scale-up period.

A Microsoft Access data base was developed to centralize data collection of these indicators. Twice a year, country staff tabulated the data in Access and reported progress towards benchmarks. At the end of the first year the team evaluated and adjusted the benchmark targets as needed; targets were not revised thereafter. Results allowed tracking of progress

toward the five-year benchmarks throughout the life of the project, and aided staff in determining how to adjust scale-up activities to focus on areas where insufficient progress had been made towards scale-up goals.

The cover sheet of the benchmark table presents a summary of results, which is the most useful table for donors and stakeholders. The tables with indicator details that follow are most useful for those managing the scale-up process. These showed, for example, a list of organizations targeted to become part of the resource team (competent in the innovation), rather than the simply the summary number which appeared on the cover sheet. A system of solid and patterned dots indicated whether the benchmark was not yet achieved, in progress, achieved or achieved and sustained since the last reporting period.

LESSONS LEARNED

- The benchmark tables were extremely useful for establishing and tracking concrete scale-up goals throughout the scale up process and were referenced frequently by IRH staff in field offices and headquarters.
- Unlike other indicators, indicators that were benchmarking progress toward HMIS and Procurement System integration goals were not standardized. When developed, IRH thought that each country's systems were too unique. In retrospect, it would have been useful to have come to an agreement on how to operationalize these indicators, as this would have allowed for comparisons across countries and facilitated discussions of issues using a common terminology and framework.



- Creating the Access data base was a large undertaking, requiring efforts to meet data needs of all countries while maintaining uniformity. In retrospect, it was not as useful as anticipated. Data was only manipulated at headquarters, and scale-up managers did not use the data to its full potential. Data for the tables can be collected using cheaper, less time-consuming methods; simple Excel spreadsheets are sufficient. For some indicators, the tables can simply be updated as less frequent events occur (for

example, when SDM is added to a new policy), eliminating the need for separate data collection.

VALUES

The nature of this tool means that it will reflect and allow monitoring of values such as equity of access to SDM services and information, including monitoring SDM integration across public and private sector institutions.

BENCHMARK TABLES

Project Progress: Summary Table 1

Project accomplishments toward end of project targets, by project year

End of project goals:

- 1.
- 2.
- 3.

Project area population coverage:

Horizontal scale-up	Year 1	Year 2	Year 3	Year 4	Year 5	End of project
Proportion of SDPs that include METHOD as part of the method mix						
Estimated number of individuals trained to offer METHOD						
Number of organizations that have capacity to undertake method activities						
Vertical scale-up	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Number of essential or key policies , norms, guidelines, and protocols that include the METHOD						
Number of public or private training organizations that include METHOD in pre-service training and/or continuing education						
Number of public or private training organizations that include METHOD in in-service training						
Number of donor procurement systems that sustainably include the METHOD system						
Number of logistics systems that include METHOD commodity						
Number of HMIS/reporting systems that include METHOD						
Number of IEC activities that include METHOD						
# of surveys including METHOD						



Benchmark Tables Detailed Results

Key:

- **Initiated:** Began discussions with organizations/donors or began advocacy for inclusion.
- **In progress:** new item working on for that year, or item continues to be worked on (e.g., guideline carried over from year to year), or item included but not correctly and needs updates or revision.
- **Correctly included**
- **Maintenance:** Continued monitoring and support to ensure sustainability

Horizontal scale-up

Proportion of SDPs that include METHOD as part of the method mix	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Include METHOD (cumulative % from End of Project target n)						
Comments:						

Estimated number of individuals trained to offer METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Female						
Male						
Total (cumulative)						
Comments:						

Estimated number of individuals trained to offer METHOD	Year 1**	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Facility based						
Community based						
Total (cumulative)						
Comments:						



Number of organizations that have capacity to undertake method activities	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total (cumulative)						
Comments:						

Vertical scale-up

Number of essential or key policies , norms, guidelines, and protocols that include the METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Policy						
Norm						
Guideline						
Protocol						
Total						
Comments:						

Number of public or private training organizations that include METHOD in pre-service training and/or continuing education	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total						
Comments:						



Number of public or private training organizations that include METHOD in in-service training	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Organization name						
Organization name						
Organization name						
Total						
Comments:						

Number of donor procurement systems that sustainably include the METHOD system	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						

Number of logistics systems that include METHOD commodity	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						



Number of HMIS/reporting systems that include METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
System name						
System name						
System name						
Total						
Comments:						

Number of IEC activities that include METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Activity name						
Activity name						
Activity name						
Total						
Comments:						

# of surveys including METHOD	Year 1	Year 2	Year 3	Year 4	Year 5	End of project target (n)
Survey name						
Survey name						
Survey name						
Total						
Comments:						

FOCUS GROUP DISCUSSIONS WITH SCALE-UP PRACTITIONERS & RESOURCE TEAM MEMBERS

PURPOSE

Focus group discussions (FGDs) were held with staff at the beginning, middle and end of the Standard Days Method® (SDM) scale-up process to learn from their experiences using a systematic approach to expansion and to understand how engagement in scale-up affected them personally. This information provided useful insight into effective practices to support scale-up and to inform the type of training and support practitioners need to effectively do their job of supporting expansion. These questions could also be used with members of the resource team supporting scale-up.

HOW IT WAS DEVELOPED AND USED

The tool was guided by elements of the WHO/ExpandNet *Nine steps for developing a scaling-up strategy*, including the innovation, resource and user organizations, environment, and scale-up strategies. Three focus group guides were developed to reflect the changing emphases and issues encountered during different scale-up phases. These questions allowed reflection on scale-up opportunities and barriers, and provided insight into the ability of the scale-up team to apply a systematic approach.

The initial FGD questions were used in discussions with IRH country teams – including field and headquarters staff – one year into the scale-up process during an annual staff meeting. Discussions were facilitated by an IRH staff member or ExpandNet colleague and audio-recorded. Additional rounds of FGDs were held in subsequent years. Action items

emerging during the conversations were documented for follow-up by team members.

VALUES

The FGDs provided insights into staff values relating to the scale-up processes. For example, FGDs specifically asked about the application of the principles of the ExpandNet model, including attention to innovation values, such as informed choice, male involvement, and addressing other gender or equity issues, through scale-up activities.

LESSONS LEARNED

- The FGDs provided a moment for staff across the different countries to step back and reflect on the scale-up process and use of a systems-oriented approach to scale-up. Such shared reflections and discussions provided staff different ways of thinking about scale-up, which enriched their country strategies.
- An initial idea to hold annual FGDs with resource teams in country was not systematically implemented, because of the way different resource teams were constituted, e.g, some resource teams were informally constituted, while others were integrated into existing structures and it was not always feasible to conduct FGDs in such settings.

KEY REFERENCES & RESOURCES

World Health Organization/ExpandNet, 2010. *Nine steps for developing a scale-up strategy*. http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf



Focus Group Discussion Guide: One Year into Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptation, leveraging resources, training on the innovation)
- Reflect on the composition and role of the resource team, and determine the skills needed to move the innovation forward.
- Describe stakeholder involvement and assess leadership and ownership of the innovation
- Assess sustainability of the innovation at this point of the scale-up process.

Discussion Questions:

1. Looking back to the beginning of the scale-up process, how has the innovation package been adapted or changed? Describe the adaptation. Has the adaptation been sufficient? Is it evidence-based?
2. What is being done, other than training, to roll out the innovation? Should more be done, and why? If you had additional resources, what more would you do?
3. How do you feel about partner involvement, commitment, and ownership of scale-up at this point?
4. To what extent, if any, has your work to roll out the innovation strengthened systems capacity? Give examples.
5. Do you see any changes in your [your organization's] role since scale-up began? Are you consciously judging when you can step back? What steps are you taking?
6. Describe to what extent you are using a systems approach (e.g. the ExpandNet framework) to conceptualize and plan out the scale-up process. In what ways do you find it more or less useful?
7. How has guiding the scale-up process affected you personally?



Focus Group Guide: Midway into Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptations, leveraging resources, training on the innovation)
- Reflect on the composition, skills, and role of the resource team, and determine the adjustments needed to move the innovation forward.
- Describe stakeholder involvement and assess leadership and ownership of the innovation
- Assess sustainability of the innovation at this point of the scale-up process and determine steps to achieve sustainability in the second half of the process.

Discussion Questions:

1. Do you feel that enough is being done in terms of advocacy for the expansion/integration of the innovation? What are the bottle necks, skills, resources? What more could be done?
2. Are you getting enough support from headquarters? Are you getting the right kind of support? What more could be done?
3. How do you feel about partner involvement, commitment, and ownership of scale-up at this point? PROBE: Is there fatigue? Is there greater buy-in? Are you seeing organizations make the transition from user to resource organizations?
4. Who owns the scale-up process in terms of political leadership?
5. What new, if any, organizations have assumed involvement, responsibility and ownership of scale-up? To what extent are donors involved?
6. Describe to what extent you are using a systems approach (e.g. the ExpandNet framework) to manage this phase of scale-up. In what ways do you find it more or less useful?
7. How do you monitor scale-up progress? What are you doing to know what is going on in the scale-up process? Do you have enough information? What can you do to get more information?
8. How has guiding the scale-up process affected you personally?



Focus Group Guide: Nearing Completion of Scale-Up

Objectives:

- Assess the trajectory of the innovation package (adaptations, resources, trainings, effect on health systems) and its potential to contribute to the evidence-based scalability of the innovation.
- Reflect on the evolution of the skills and roles of resource team members and organizations as scale-up progressed.
- Describe stakeholder involvement and capacity to sustain the innovation beyond the scale-up phase.
- Assess the sustainability of the innovation following scale-up.

Discussion Questions:

1. In your opinion, will integration/expansion of the innovation be sustained after the funding support for scale-up ends?
2. What is still needed to get the innovation to scale? Is this a feasible goal? (Take into account factors such as the user organizations, resource team/organizations, and the larger environment.)
3. What needs to be done this year to support continued expansion and consolidation of the innovation? At the local level? At the global level? Describe to what extent you used a systems approach (e.g. the ExpandNet framework) throughout the scale-up process. In what ways have you found it more or less useful?
4. How has your role in the scale-up process evolved since scale-up began?

KEY EVENTS TIMELINE

PURPOSE

The purpose of the events tracking timeline is to document chronologically key internal and external events that influence the Standard Days Method® (SDM) scale-up process both positively and negatively. The timeline offers a 'high-level' view of scale-up over time and provides information that is not captured in other tools, such as key meetings and external events that may have influenced scale-up processes and outcomes. Key event 'types' are categorized by color to aid in visual analysis by thematic area of scale-up.

HOW IT WAS DEVELOPED AND USED

Country teams were asked to note key events that potentially influenced scale-up as they occurred and to update the key events timeline every six (6) months. The categories of interest to IRH were **Commodity Procurement & Logistics**, **FP Guidelines & Protocols (Norms)**, **Information, Education, and Communication (IEC)**, **Political environment**, **Project**, **Research**, and **Training in SDM**. Critical internal and external events in horizontal scale-up and expanding access to SDM included events such as main training events held by IRH or partners, important coordination meetings of the scale-up process, and important meetings with the MOH or donors. Key internal and external events relating to vertical scale-up / institutionalization included completion of integration of SDM into a nursing pre-service curriculum, SDM included in the DHS, political events such as a change in MOH leadership, closing of a major bilateral that provided leveraged resources for SDM integration, and natural or other emergencies. Staff were

encouraged to find a balance between key events and all events, and to make decisions which were the most critical to include in the timeline.

IRH used an Excel template developed by Vertex 42 LLC. The Excel template is comprised of: 1) a worksheet where key events– are listed by month and year and assigned a coordinate on the X and Y axes; and 2) a second worksheet that transforms the data into a graphic timeline representation (shown here).

Country offices sent an updated list of key events every six months, when they updated their project benchmark tables. The Country Program Officer at IRH headquarters entered the data into the Excel template that created the timeline graphic. The timelines were used during national and local annual scale-up planning meetings to identify key events that may have influenced scale-up activities and the achievement of benchmarks. The timelines also served as a data triangulation mechanism for scale-up case study analysis.

VALUES

The key events timeline did not specifically include a consideration for or measurement of values, although new or revised laws and policies can reflect societal or government values around family planning and SDM.

LESSONS LEARNED

The key events timeline was useful for snapshot views of key internal and external events that might be influencing scale up processes. Because of the volume of key events data, though, over the years the graphics program became unwieldy. To use this tool effectively it is



important to include key events and not minor/lower level events. Possible ways to create more stringent criteria than individual judgment:

- Follow a participatory process similar to the selection of Most Significant Change stories so that only the most critical events are included.
- Restrict the number of events per year and/or per category that may be included on the timeline. This would improve the

usefulness of such a data visualization tool throughout the scale-up phase, particularly toward the end of a multi-year scale up period.

KEY REFERENCES & RESOURCES

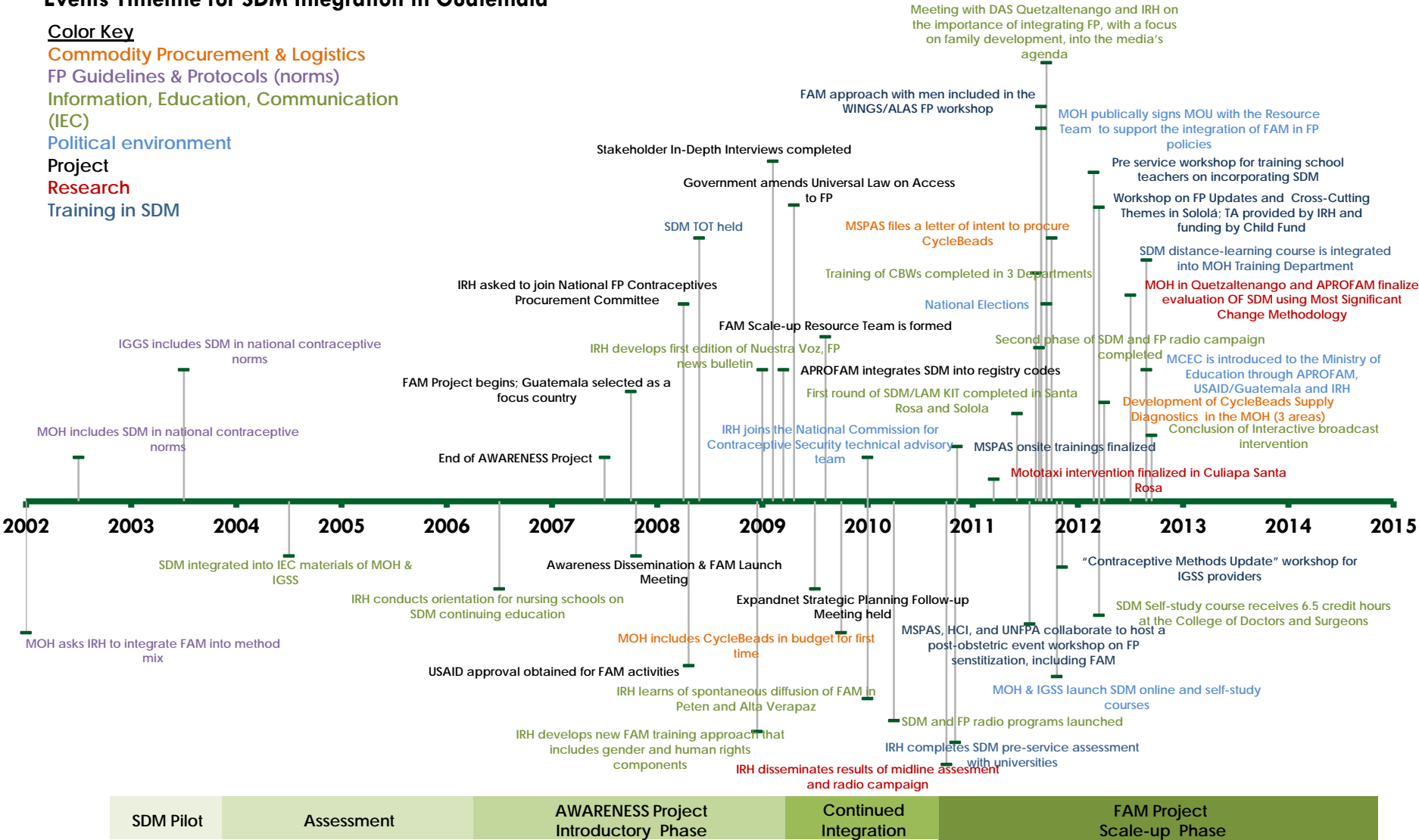
Vertex42 LLC © 2005
<http://www.vertex42.com/ExcelArticles/create-a-timeline.html>

KEY EVENTS TIMELINE

Events Timeline for SDM Integration in Guatemala

Color Key

- Commodity Procurement & Logistics
- FP Guidelines & Protocols (norms)
- Information, Education, Communication (IEC)
- Political environment
- Project
- Research
- Training in SDM



QUALITY ASSURANCE TOOLS

PURPOSE

In order for a piloted innovation to maintain its positive outcomes during scale-up, it must be implemented with fidelity. Robust tools are needed to monitor the quality of services during this phase. Two key tools were used to monitor SDM service quality: (1) the Knowledge Improvement Tool (KIT), a check list to assess provider SDM counseling skills, including who is eligible to use SDM, how the method works, and how to teach method use; and (2) a Client Follow-Up (CFU) questionnaire to assess whether couples were using the method correctly, which can help evaluate whether providers are correctly conveying information to clients.

These tools provide unique perspectives on scale-up and were used separately during the SDM scale-up process (except in India, where they were used in tandem). To streamline tools and foster cross learning in quality assurance mechanisms, the two tools have been combined into one section in this compendium. As these tools are specific to SDM, they should be adapted appropriately for the innovation being scaled up.

HOW THE PROVIDER KNOWLEDGE IMPROVEMENT TOOL (KIT) WAS DEVELOPED AND USED

Originally developed to monitor service quality during the SDM efficacy and introduction studies, the KIT was used during

scale-up to evaluate the effect of streamlined training approaches and to compile individual data on the quality of counseling at a district or central level. During operations research, IRH found that incorrect method use was often the result of receiving poor information from providers. This tool was thus implemented as a check on provider competency and the quality of the system in place to train and coach providers. KIT results helped IRH identify gaps and difficulties in method counseling, and refine the training protocol accordingly. During the scale-up phase, the KIT was streamlined to focus on essential aspects of SDM counseling and, in some countries, revised to include other FP methods.

The KIT is administered by supervisors to a sample of providers. The timing and frequency of KIT administration depends on a program's needs as it revises training approaches during the scale-up process. During scale-up, IRH requested that several rounds of the KIT be applied at the regional level in all countries in order to monitor the quality of SDM services as the program went to scale.

Findings from administration of the KIT were shared with stakeholders during meetings and used to highlight areas in training that needed to be improved or reinforced during supervisory visits.

HOW THE CLIENT FOLLOW-UP (CFU) TOOL WAS DEVELOPED AND USED

The CFU tool was developed mid-way through the scale-up phase to assess provider competency from the system end-user (client) perspective and to gain a general understanding of correct use of



SDM when offered at a large scale. It was refined over time as it was used in programs.

The CFU tool was administered less frequently than the KIT because use of this tool is only feasible in settings where providers can locate their clients without encroaching on their privacy or breaking confidentiality. The provider or provider and supervisor visit the client and ask several simple questions about SDM use. During scale-up, IRH requested that at least one round of CFU be completed in all countries as a check on the quality of provider counseling and training.

Similarly to the KIT, results from administration of the CFU tool were used as field data to advocate for improved provider training and supervision as well as overall health systems strengthening to provide increased support for FP clients.

LESSONS LEARNED

- Stakeholders in all countries requested information regarding the quality of SDM services because they were unsure of whether an information-dependent method could be scaled up in relatively weak systems. These tools provided valuable information to enhance efforts to strengthen training and supervision systems to support the delivery of high quality SDM services.
- As a single-method quality assurance tools, programs found the KIT and CFU tool difficult to use during normal supervision visits intended to monitor correct record keeping and commodity flows. Therefore, IRH developed versions which covered a variety of methods and facilitated the review of service quality during supervision visits.

VALUES

KIT questions address male involvement in using SDM and provide the opportunity for providers to reinforce this critical aspect of SDM use. The CFU tool also provides a values-check on the scale-up process. It inquires generally about client satisfaction with different elements of the method, including partner participation.

KEY REFERENCES

Naik S., Suchi TI, and Lundgren R. (2010) Options for maintaining quality family planning counseling: strategies for refresher training. *International Journal for Quality Health Care*. 22(2):145-150.

STANDARD DAYS METHOD KNOWLEDGE IMPROVEMENT TOOL (KIT)

Provider's Name: _____ Community Name: _____

Date Trained: _____ Name of person applying KIT: _____

Instructions: Ask the provider the following questions. If s/he responds correctly, mark "1". If s/he does not respond correctly, mark "0" and explain the concept. For questions that were answered incorrectly, please reinforce the knowledge and ask these questions again during your next visit.

How to use CycleBeads?		Visit Dates	
		1	2
1.	Pretend that I would like to use the method. Explain to me how to use CycleBeads (Give the provider a set of CycleBeads to use in the demonstration).		
1a.	CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.		
1b.	The RED bead marks the first day of your period (<i>menstrual bleeding</i>).		
1c.	The BROWN beads mark days when pregnancy is unlikely.		
1d.	The WHITE beads are days when you CAN get pregnant.		
1e.	The DARKER BROWN bead helps you know if your period came too soon to use CycleBeads.		
1f.	On the day you start your period, move the ring to the RED bead.		
1g.	Mark this day on your calendar.		
1h.	Move the ring every day to the next bead, even on days you are having your period.		
1i.	Always move the ring in the direction of the arrow.		
1j.	Use a condom or do not have sex during the white bead days when you can get pregnant.		
1k.	You may have sex when the ring is on the brown beads.		
1l.	When your next period starts, move the ring to the red bead, skipping over any remaining beads.		
1m.	If your period comes before the dark brown bead, your period has come too soon to use this method.		
1n.	If your period does not come by the day after you reach the last brown bead, your period has come too late to use this method.		
2.	What should the woman do if she forgets whether or not she has moved the ring?		
2a.	Check her calendar and count how many days have gone by since the first day of her last period. Then count the same number of beads and place the ring on the correct day.		

Who can use the method?

3.	What two requirements are necessary to be able to use the method?		
3a.	The woman must have periods about once a month, when she expects them.		
3b.	The woman and her partner are able to use a condom or not have sex on the days she can get pregnant (white bead days).		

When can a woman start using the method?

4.	When can a woman begin using the method?		
4a.	If she knows the date of her last period, she can move the ring to the appropriate bead and begin using the method immediately.		
4b.	If she knows the date of her last period, she can begin using the method when her next period starts. Until then she should use a condom or abstain to prevent a pregnancy.		

5 When can a woman who is postpartum or breastfeeding start using the method?

5a.	Once she has had at least four periods since her baby was born, and		
5b.	If her last two periods were about a month apart.		

6. When can a woman who has recently used a hormonal method start using the SDM?

6a.	She should be referred to the nearest health center.		
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How can CycleBeads help a woman remain alert?

7.	Why is it important to move the ring every day?		
7a.	Moving the ring every day helps her know if she can get pregnant or not that day.		
7b.	It also helps her know if her period has come too soon (period starts before DARK Brown bead)		
7c.	It also helps her know if her period has come too late to use this method (period has not started after moving ring to last brown bead.		

When to contact the provider?

8.	When should an SDM User contact her family planning provider?		
8a.	If her period does not start by the day after putting the ring on the last brown bead. This means that her period came too late to use CycleBeads.		
8b.	If the couple cannot abstain or use condoms on the white bead days and wants to switch to another method.		
8c.	If the couple has had sex on the white bead days without using condoms.		
8d.	If she hasn't had her period when she expects it and thinks she may be pregnant.		

How effective is the SDM?

9.	Among women who use SDM, how many will become pregnant in a year?		
9a.	Five out of 100 women who use the SDM correctly in a year will get pregnant.		

How does family planning support the Healthy Timing and Spacing of Pregnancies?

10.	What should clients know about the healthy timing and spacing of pregnancies?		
10a.	Wait at least two years after your baby is born before getting pregnant again. It is good for the health of your baby and you.		
10b.	Use a family planning method continuously for at least two years to avoid getting pregnant too soon		



CLIENT FOLLOW UP (CFU) FORM

Instructions

Client follow-up is typically done 2-3 months after providers are trained to assess quality of counseling as measured by clients' ability to follow method directions correctly and satisfaction with the method chosen. The data collector should explain that the purpose of the visit is to see how the client is doing with the method and if she has any concerns. The data collector should emphasize that all information is confidential, that participation in this visit is completely voluntary, and that the client may decline to answer any question she is not comfortable with.

District/Town/City/Village: _____

Name of Provider: _____

Name of Health Facility: _____

Date: _____

No.	Are you using CycleBeads?	Are you satisfied with the method?	If dissatisfied or not using the method, why?	Verification of use of Cycle Beads		Client demonstrates correct CycleBeads use	How does a woman manage her fertile days?	How do men cooperate in use of the method?	Have you had any concerns with the method? ¹	Did you talk to the provider about your concerns?	Was the provider's response satisfactory to you?
				Marked date of period on calendar	Ring is on correct Bead						
	Yes -1 No -2	Yes -1 No -2	<ul style="list-style-type: none"> • Did not like the method - 1 • Irregular periods - 2 • Got pregnant - 3 • Wants pregnancy - 4 • Husband dislikes method- 5 • Wants another method - 6 	Yes-1 No-2	Yes-1 No-2	<ul style="list-style-type: none"> • Move ring to red bead every time period starts -1 • Move ring daily, even on bleeding days-2 • See provider if period starts before darker brown bead -3 • See provider if period doesn't start after last brown bead -4 • See provider if had sex without condoms on white bead day-5 	<ul style="list-style-type: none"> • Abstain from sex - 1 • Use Condoms -2 • Abstain from sex or use condoms - 3 • Withdrawal - 4 • Does nothing/does not know - 5 	<ul style="list-style-type: none"> • Helps move ring -1 • Reminds to move ring -2 • Agrees to use protection or abstain on fertile days- 3 • Other - 4 (Specify) 	Yes - 1 No- 2	Yes - 1 No - 2	Yes - 1 No - 2
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

¹ The three questions in grey were added to the CFU to help assess service delivery quality. It is important to note that there is not an exhaustive way to capture service delivery quality, which is a complex measure.

