



Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
IDENTIFICATION											
Please record the following identifying information prior to beginning the interview.											
A	Interviewer's name: Is this your name? [ODK will display the name associated with the phone's serial number.] <i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i>	Yes 1 No 0									
	Enter your name below. <i>Please record your name</i>	Interviewer's Name									
B	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes 1 No 0	Skip to D if Yes								
C	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>Time</td> <td>Hour</td> <td>Min</td> <td>AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hour	Min	AM/PM	
Date	Day	Month	Year								
Time	Hour	Min	AM/PM								
D1	Region <i>Please select the name of the region where the facility is located.</i>	Central 1 Eastern 2 Northern 3 Western 4									
D2	District <i>Please select the name of the district where the facility is located.</i>	ODK will populate a list of appropriate districts based on the region selected for SQ E									
D3	Subcounty <i>Please select the name of the subcounty where the facility is located.</i>	ODK will populate a list of appropriate subcounties based on the district selected for SQ F.									
D4	Enumeration area <i>Please select the name of the EA where the facility is located.</i>										
E	Facility number <i>Please record the number of the facility from the listing form.</i>										
F	Type of facility <i>Please select the type of facility..</i>	Hospital 1 Health Center IV 2 Health Center III 3 Health Center II 4 Health Clinic 5 Pharmacy 6 Chemist/Drug Shop 7 Other 96									
G	Managing authority <i>Please select the managing authority for the facility</i>	Government 1 NGO 2 Faith-based organization 3 Private 4 Other 5									
H	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to Q if No								

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
INFORMED CONSENT			
Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the following greeting:			
<p>Hello. My name is _____ and I am working for Makerere University School of Public Health in collaboration with Ministry of Health and Uganda Bureau of Statistics to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.</p>			
<p>Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.</p>			
<p>We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.</p>			
<p>You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?</p>			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to O if No
	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION. WARNING: To conduct the survey, the respondent must sign or touch the checkbox.	GATHER SIGNATURE: Checkbox: <input type="checkbox"/>	
J	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM SQ A]."</i>		
K	Name of the facility <i>Please record the name of the facility.</i>		
L	What is your position in this facility? SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT.	Owner 1 In-charge / manager 2 Staff 3	
M	When did you first begin working at this facility? <i>Enter Jan 2020 for do not know.</i>	Month: Year:	
N	Have you previously participated in the PMA2020 service delivery point survey at this facility?	Yes 1 No 0	

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
Section 1 – Information about services					
Now I would like to ask about the services provided at this facility					
1	<p>When did this facility first begin offering health services / products?</p> <p>ENTER JAN 2020 FOR DO NOT KNOW.</p>	Year			
2	<p>How many days each week is the facility routinely open?</p> <p><i>Number must be between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response</i></p>	Number of days			
3	<p>Now I have some questions about staffing for this facility.</p> <p>For the following questions, please tell me how many staff with this qualification are currently assigned to this facility.</p> <p>Finally, tell me the total number present at any time today.</p> <p><i>We want to know the highest technical qualification that any staff may hold regardless of the person's actual</i></p>	<p>Doctor/Medical Officer</p> <p>Nurse/midwife</p> <p>Nursing Assistant/Aide</p> <p>Paramedic staff.....</p> <p>Clinic Officer/Medical Assistant</p> <p>Dispenser</p> <p>Pharmacist.....</p> <p>Other medical staff</p>	<p>Total number</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p>Present today</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	
	<p>CHECK F: type of facility?</p>	<p>Hospital</p> <p>Health Center IV</p> <p>Health Center III</p> <p>Health Center II</p> <p>Health Clinic</p> <p>Pharmacy</p> <p>Chemist/Drug Shop</p> <p>Other.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>96</p>		<p>Skip to 8 if J: 6 or 7</p>
4	<p>Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?</p>	<p>Yes, 24-hr staff</p> <p>No, no 24-hr staff.....</p> <p>No response</p>	<p>1</p> <p>0</p> <p>-99</p>		
5	<p>Do you have an estimate of the size of the catchment population that this facility serves that is, the target or total population living in the area served by this facility?</p>	<p>No catchment area</p> <p>Yes, knows size of catchment area</p> <p>Doesn't know size of catchment area</p> <p>No response</p>	<p>1</p> <p>2</p> <p>-88</p> <p>-99</p>		<p>Skip to 7 if No or DK</p>
6	<p>What is the size of the catchment population?</p> <p><i>Record the number of people living in the area served by this facility</i></p>	Number of people			
7	<p>How many beds does the facility have?</p> <p><i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i></p>	Number of beds			
8	<p>When was the last time an owner / supervisor from outside this facility came here to visit?</p>	<p>Never external supervision</p> <p>Within the past 6 months</p> <p>More than 6 months ago.....</p> <p>Don't know</p> <p>No response</p>	<p>0</p> <p>1</p> <p>2</p> <p>-88</p> <p>-99</p>		

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
9	<p>Does this facility have electricity today?</p> <p>Select for running electricity only. If electricity was off for more than two hours today, mark no.</p>	Yes	1		
		No	0		
10	<p>Does this facility have running water today?</p> <p>Select for running water only. If water was off for more than two hours today, mark no.</p>	Yes	1		
		No	0		
	CHECK F: type of facility?	Hospital	1		Skip to 13 if J:6 or 7
		Health Center IV	2		
		Health Center III	3		
		Health Center II	4		
		Health Clinic	5		
		Pharmacy	6		
		Chemist/Drug Shop	7		
		Other.....	96		
11	<p>How many hand-washing facilities are available on site for staff to use?</p> <p>Enter -88 for do not know, -99 for no response.</p>	Number of facilities			Skip to 13 if 0
12	<p>Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE:</p> <p>Soap is present</p> <p>Water source is present: stored water</p> <p>Water source is present: running water</p> <p>Hand washing area is near a sanitation facility</p> <p>None of the above.....</p> <p>Did not see the facility.....</p> <p>SELECT ALL THAT APPLY</p>		Yes	No	
			1	0	
			1	0	
			1	0	
			1	0	
			-77		
			-99		
13	<p>Does the facility have a functioning computer?</p> <p>No need to observe</p>	Yes	1		
		No	0		
	CHECK F: type of facility?	Hospital	1		Skip to 15 if J:6 or 7
		Health Center IV	2		
		Health Center III	3		
		Health Center II	4		
		Health Clinic	5		
		Pharmacy	6		
		Chemist/Drug Shop	7		
		Other.....	96		
14	<p>How does this facility finally dispose of sharp items or filled sharps boxes?</p>	Never have sharps waste	0		
		Burn in incinerator	1		
		Open Burning	2		
		Dump without burning.....	3		
		Remove offsite.....	4		
		Other.....	5		
		No response	-99		

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
Section 2 – Family Planning Services				
<i>Now I would like to ask about family planning services provided at this facility.</i>				
15	Do you usually offer family planning services / products?	Yes 1 No 0		Skip to 19 if No
16	What year did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [YEAR MONTH FROM SQ1] <i>Enter Jan 2020 for do not know.</i>	Year		
17	How many days in a week are family planning services / products offered / sold here? The facility is open [DAYS FROM SQ2] per week. <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	Number of days		
18	Are family planning services / products offered here today?	Yes 1 No 0		
	CHECK F: type of facility?	Hospital 1 Health Center IV 2 Health Center III 3 Health Center II 4 Health Clinic 5 Pharmacy 6 Chemist/Drug Shop 7 Other 96		Skip to 23 if J:6 or 7
19	Does this facility provide family planning supervision, support, or supplies to volunteer health teams/community health volunteers?	Yes 1 No 0		Skip to 22 if No
20	How many volunteer health teams/community health volunteers are supported by this facility? <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i> <i>If any health volunteers were recorded as paid staff of the facility in SQ3 they should not be listed as CHVs as well</i> <i>Enter -88 for do not know, -99 for no response.</i>	Number of VHTs/CHVs		
21	Do the community health volunteers provide any of the following contraceptives: Condoms..... Pills Injectables..... None of the above..... No response		Yes 1 1 1 -77 -99	No 0 0 0

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
22	<p>How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?</p> <p>Enter -88 for do not know, -99 for no response. 0 is a possible answer</p>	Number of times:		
	CHECK 15: Offer FP services/products?	Yes 1 No 0		Skip to 25 if No
23	<p>Does this facility have any routine user-fees or charges for any services related to family planning?</p> <p><i>This includes any fees, including those for registration or for client health records.</i></p>	Yes 1 No 0		Skip to 25 if No
24	<p>Are the official fees posted so that the client can easily see them?</p> <p><i>If yes, posted fees must be observed.</i></p>	Yes, all fees are posted 1 Yes, some, not all fees posted 2 No posted fees 0 No response -99		
25	<p>Do you collect information about clients' opinion in any of the following ways? <i>Select all methods that apply</i></p> <p>Suggestion box Client survey form Client interview form Official meeting with community leaders..... Informal discussion with client or community..... Direct client feedback to staff..... Other None of the above..... Don't know No response.....</p>		<p><u>Yes</u> <u>No</u></p> <p>1 0 1 0 1 0 1 0 1 0 1 0 1 0 -77 -88 -99</p>	Skip to 29 if "None of the above" is selected
26	Is there a procedure for reviewing or reporting on clients' opinions?	Yes 1 No 0		Skip to 28 if No
27	Ask to see a report or form on which data are compiled or discussion is reported	Report seen 1 Report not seen 2		
28	<p>In the past 6 months, have any changes been made in the program as a result of client opinion?</p> <p><i>If yes, indicate if the change(s) are related to any of the listed topics.</i></p>	No 0 Yes, change in services or times offered or way services are provided 1 Yes, change for client comfort 2 Other..... 3 Don't know -88 No response -99		
29	In the past 6 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes 1 No 0		Skip to 30 if No

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30	<p>Do you use any of the following to review service data for monitoring and evaluation?</p> <p><i>Ask to see any reports, wall graphs or charts that show service data has been reviewed. Select all relevant types of documentation observed.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Wall chart / graph</td> <td>1</td> <td>0</td> </tr> <tr> <td>Written report / minutes</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Nothing observed</td> <td>1</td> <td>0</td> </tr> </tbody> </table>								Yes	No	Wall chart / graph	1	0	Written report / minutes	1	0	Other.....	1	0	Nothing observed	1	0																																																																																																																		
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	<p>CHECK 15: Offer FP services/products?</p>	<p>Yes 1</p> <p>No 0</p>							<p>Skip to 40 if No</p>																																																																																																																																
31	<p>Which of the following methods of contraception are counseled, provided, prescribed, and/or charged?</p> <p><i>Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred; Chg: charge</i></p> <p><i>All options should be read aloud</i></p> <p>Female Sterilization.....</p> <p>Male Sterilization</p> <p>Implants</p> <p>IUD</p> <p>Injectables</p> <p>Pill</p> <p>Male Condom</p> <p>Female Condom</p> <p>Emergency Contraception</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>Std. Days/Cycle beads</p> <p>LAM.....</p> <p>Rhythm method</p> <p>Withdrawal</p> <p>Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred; Chg: charge</p> <p>ALL OPTIONS SHOULD BE READ ALOUD</p>	<table border="1"> <thead> <tr> <th></th> <th>Cou Yes</th> <th>Cou No</th> <th>Pro Yes</th> <th>Pro No</th> <th>Pre Yes</th> <th>Pre No</th> <th>Chg Yes</th> </tr> </thead> <tbody> <tr><td>Female Sterilization.....</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Male Sterilization</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Implants</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>IUD</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Injectables</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Pill</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Male Condom</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Female Condom</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Emergency Contraception</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Diaphragm</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Foam/Jelly</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Std. Days/Cycle beads</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>LAM.....</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Rhythm method</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Withdrawal</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> </tbody> </table>								Cou Yes	Cou No	Pro Yes	Pro No	Pre Yes	Pre No	Chg Yes	Female Sterilization.....	1	0	1	0	1	0	1	Male Sterilization	1	0	1	0	1	0	1	Implants	1	0	1	0	1	0	1	IUD	1	0	1	0	1	0	1	Injectables	1	0	1	0	1	0	1	Pill	1	0	1	0	1	0	1	Male Condom	1	0	1	0	1	0	1	Female Condom	1	0	1	0	1	0	1	Emergency Contraception	1	0	1	0	1	0	1	Diaphragm	1	0	1	0	1	0	1	Foam/Jelly	1	0	1	0	1	0	1	Std. Days/Cycle beads	1	0	1	0	1	0	1	LAM.....	1	0	1	0	1	0	1	Rhythm method	1	0	1	0	1	0	1	Withdrawal	1	0	1	0	1	0	1	<p>Skip to 33 if no charges</p>
	Cou Yes	Cou No	Pro Yes	Pro No	Pre Yes	Pre No	Chg Yes																																																																																																																																		
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32	<p>How much do you charge for one unit of each method that you provide? <i>Enter all prices in Ugandan Shilling.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p>[ODK will only display the methods for which the facility charges from SQ 31.]</p> <p>Female Sterilization..... Male Sterilization Implants IUD Injectables Pill Female Condom Emergency Contraception Diaphragm Foam/Jelly Std. Days/Cycle beads</p>	Amount per unit _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
	CHECK F: type of facility?	Hospital 1 Health Center IV 2 Health Center III 3 Health Center II 4 Health Clinic 5 Pharmacy 6 Chemist/Drug Shop 7 Other..... 96		Skip to 39b if 6 or 7
	CHECK 31: Are implants provided?	Yes 1 No 0		Skip to 35 if No
33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes 1 No 0		
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes 1 No 0		
	CHECK 31: Are IUDs provided?	Yes 1 No 0		Skip to 37 if No
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes 1 No 0		
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes 1 No 0		
	CHECK 31: Are implants provided?	Yes 1 No 0		Skip to 38 if No

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
37	<p>Does this facility have the following supplies needed to insert and/or remove implants: <i>Read out all supplies and select all that apply.</i></p> <p><i>Supplies must be available on the day of the interview, but do not need to be observed</i></p>	Clean Gloves	Yes 1	No 0	
		Antiseptic	1	0	
		Sterile Gauze Pad or Cotton Wool	1	0	
		Local Anesthetic	1	0	
		Sealed Implant Pack.....	1	0	
		Blade	1	0	
		None of the above	-77		
		No response	-99		
	CHECK 31: Are IUDs provided?	Yes	1		Skip to 39 if No
		No	0		
38	<p>Does this facility have the following supplies needed to insert and/or remove IUDs: <i>Read out all supplies and select all that apply.</i></p> <p><i>Supplies must be available on the day of the interview, but do not need to be observed</i></p>	Sponge-holding forceps.....	Yes 1	No 0	
		Speculums (large and medium).....	1	0	
		Tenaculum	1	0	
		Clamp	1	0	
		None of the above	-77		
		No response	-99		
	CHECK F: type of facility?	Hospital	1		39a if J: 1-5 or 8
		Health Center IV	2		
		Health Center III	3		39b if J:6 or 7
		Health Center II	4		
		Health Clinic	5		
		Pharmacy	6		
		Chemist/Drug Shop	7		
		Other.....	96		
39a	<p>FROM FAMILY PLANNING REGISTER, RECORD: (1) the total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) the number of new clients who received family planning services in the last completed month, for each method.</p> <p>PAST COMPLETE MONTH. ENTER -88 FOR NO NOT KNOW, ENTER -99 FOR NO RESPONSE.</p>	Female Sterilization	<u>Total # of visits</u> —	<u># of new clients</u> —	
		Male Sterilization	—	—	
		Implant insertions	—	—	
		IUD insertion	—	—	
		Injectables	—	—	
		Pill	—	—	
		Male Condom	—	—	
		Female Condom	—	—	
		Emergency Contraception	—	—	
		Diaphragm	—	—	
		Foam/Jelly	—	—	
		Std. Days/Cycle beads	—	—	

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
39b	<p>FROM FAMILY PLANNING RECORD BOOK, RECORD: The total number of family planning products sold or provided in the last completed month, for each method.</p> <p>ENTER -88 FOR NO NOT KNOW, ENTER -99 FOR NO RESPONSE.</p>	Implants IUD..... Injectables Pill Male condom Female condom..... Emergency contraception..... Diaphragm Foam/Jelly Standard Days/Cycle beads.....	# of units sold _____ _____ _____ _____ _____ _____ _____ _____ _____		
	<p>CHECK F: type of facility?</p>	Hospital 1 Health Center IV 2 Health Center III 3 Health Center II 4 Health Clinic 5 Pharmacy 6 Chemist/Drug Shop 7 Other..... 96			Skip to 45 if J:6 or 7
40	<p>Which of the following services are provided at this facility: <i>Read all options and select all that apply.</i></p>	Antenatal Delivery..... Postnatal..... Post-abortion None of the above No response	Yes 1 1 1 1 -77 -99	No 0 0 0 0	Skip to 45 if No to post-natal, delivery and post-abortion Skip to 43 if no to postnatal & delivery and yes to post-abortion
41	<p>Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: <i>Read all options and select all that apply.</i></p> <p>READ ALL OPTIONS AND SELECT ALL THAT APPLY.</p>	Diet, nutrition, and exercises Postpartum mental health..... Return to fertility Healthy timing and spacing of pregnancies Advice on: LAM Advice on: Long-acting methods..... Advice on: FP methods for birth spacing None of the above..... No response	Yes 1 1 1 1 1 -77 -99	No 0 0 0 0 0	
42	<p>Is the woman offered a method of family planning during the postnatal visit?</p>	Yes 1 No 0			
	<p>CHECK 40: Are post-abortion services offered?</p>	Yes 1 No 0			Skip to 45 if No

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
			Yes	No	
43	<p>During post-abortion visits, which of the following is discussed with the client: <i>Read all options and select all that apply.</i></p>	Post-abortion mental health..... Return to fertility Healthy timing and spacing of pregnancies Advice on: Long-acting methods Advice on: FP methods for birth spacing None of the above No response	1 1 1 1 1 -77 -99	0 0 0 0 0 0 0	
44	<p>Is the woman offered a method of family planning during the post-abortion visit?</p>	Yes No	1 0		
45	<p>Which of the following family planning services do you offer to unmarried adolescents? <i>Read all options and select all that apply</i></p>	Counsel for contraceptive methods Provide contraceptive methods Prescribe/refer for contraceptive methods None of the above No response	1 1 1 -77 -99	0 0 0 0 0	
46	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	Yes No	1 0		
47	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?</p>	Yes No	1 0		
	<p>CHECK F: type of facility?</p>	Hospital Health Center IV Health Center III Health Center II Health Clinic Pharmacy Chemist/Drug Shop Other.....	1 2 3 4 5 6 7 96		
	<p>CHECK 46: Are HIV services offered?</p>	Yes No	1 0		Skip to 50 if No
48	<p>Which of the following family planning services do you offer to clients who come in for HIV services: <i>Read all options and select all that apply</i></p>	Counsel for contraceptive methods? Provide contraceptive methods? Prescribe / refer for contraceptive methods? None of the above No response	1 1 1 -77 -99	0 0 0 0 0	

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
49	During an HIV consultation does the provider:		<u>Yes</u>	<u>No</u>	<u>DK</u>	
	Ask the client about reproductive intentions?		1	0	-88	
	Discuss the FP method preferred by the client?		1	0	-88	
	Discuss dual method use?		1	0	-88	
	Provide condoms?		1	0	-88	
	Discuss instructions and side effects of chosen FP method?		1	0	-88	
	Offer an FP method?		1	0	-88	
	Did the respondent give you a response? <i>Must answer all of the above or none of the above.</i>		1	0		
	CHECK 15: Offer FP services/products?	Yes	1			Skip to 57 if No
		No	0			
	CHECK F: type of facility?	Hospital	1			Skip to 52 if J:6 or 7
		Health Center IV	2			
		Health Center III	3			
		Health Center II	4			
		Health Clinic	5			
		Pharmacy	6			
		Chemist/Drug Shop	7			
		Other	96			
50	May I see the room where examinations for family planning are conducted?	Yes	1			Skip to 52a if No or NR
		No	0			
		No Response	-99			
50	For each of the following items, check to see whether item is either in room where examinations are conducted or in an adjacent room.					
	<i>O: Observed; RU: Reported, Unseen; NA: Not Available</i>		<u>O</u>	<u>RU</u>	<u>NA</u>	
	Running water (piped)		1	2	-77	
	Other running water (bucket with tap or pour pitcher)		1	2	-77	
	Water in bucket or basin (water reused)		1	2	-77	
	Hand-washing soap		1	2	-77	
	Single-use hand drying towels		1	2	-77	
	Waste receptacle with lid and plastic liner		1	2	-77	
	Sharps container		1	2	-77	
	Disposable latex gloves		1	2	-77	
	Disinfectant		1	2	-77	
	Disposable needles and syringes		1	2	-77	
	Auditory privacy		1	2	-77	
	Visual privacy		1	2	-77	
	Examination table		1	2	-77	
	Client educational materials on FP		1	2	-77	
		Did the respondent give you a response?		1	2	
	<i>You must answer all or none of the above</i>					

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
51	OBSERVE: Assess condition of family planning service area		<u>Yes</u>	<u>No</u>	
	Floor: swept, no obvious dirt or waste.....		1	0	
	Counters/Tables/Chairs: wiped clean, no obvious dirt or waste		1	0	
	Broken equipment, papers, boxes around making area cluttered and dirty		1		
	Walls: reasonably clean		1	0	
	Doors: no or minor damage		1	0	
	Walls: no or minor damage		1	0	
	Roof: no or minor damages.....		1	0	0
Questions 52a – 52c will repeat for each method provided at this SDP: Methods selected in SQ31: [<i>List of methods</i>]					
52a	<p>You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?</p> <p>If no, probe: Is the [METHOD] out of stock today?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response.....-99	Skip to SQ 52c if 1 or 2		
52b	<p>How many days has the [METHOD] been out of stock?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	# Days.....	_____	Skip to SQ 53	
52c	<p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	Yes 1 No 0			
53a	<p>May I see the room where contraceptive supplies are stored?</p> <p>If you are already in the room, select "Yes"</p>	Yes 1 No 0			
53	<p>Observe the place where contraceptive supplies are stored and report on the following condition:</p> <p>Are all the methods off the floor?</p>	Yes 1 No 0			
54	<p>Are all the methods protected from water?</p>	Yes 1 No 0			
55	<p>Are all the methods protected from the sun?</p>	Yes 1 No 0			
56	<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	Yes 1 No 0			

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
57	Ask permission to take a photo of the entrance of the facility Did you get consent to take the photo?	Yes 1 No 0	Skip to Q if No
<p>Thank the respondent for her / his time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>			
LOCATION AND QUESTIONNAIRE RESULT			
O	Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m. <i>GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	
	CHECK 57: Permission to take photo?	Yes 1 No 0	Skip to Q if No
P	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	
Q	How many times have you visited this service delivery point for this interview?	1 st time 1 2 nd time 2 3 rd time 3	
R	Record the result of the Service Delivery Point Survey	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	