

Service Delivery Point (SDP) Questionnaire

| IDENTIFICATION | | | | | | | | | | | | | | | |
|----------------|--|---|--------------|-------|------|--|--|--|-------|-----|-------|--|--|--|----------|
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: | | | | | | | | | | | | |
| 001a | Your name: [ODK will display a list of RE names] | Yes.....1 No0 | Always | | | | | | | | | | | | |
| 001b | Enter staff name below. <i>Please record your name</i> | Interviewer's Name | 001a = 0 | | | | | | | | | | | | |
| 002a | Is this date and time correct? [ODK will display on screen] | Yes.....1 No0 | Always | | | | | | | | | | | | |
| 002b | Record the correct date and time. | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Min</td> <td style="text-align: center;">AM/PM</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> | Day | Month | Year | | | | Hours | Min | AM/PM | | | | 002a = 0 |
| Day | Month | Year | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Hours | Min | AM/PM | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 003a | LOCATION INFORMATION 1 | LOCATION INFORMATION 1a1 LOCATION INFORMATION 1b2 LOCATION INFORMATION 1c3 LOCATION INFORMATION 1d4 LOCATION INFORMATION 1e5 LOCATION INFORMATION 1f6 LOCATION INFORMATION 1g7 | Always | | | | | | | | | | | | |
| 003b | LOCATION INFORMATION 2 | ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected | Always | | | | | | | | | | | | |
| 003c | LOCATION INFORMATION 3 | ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected. | Always | | | | | | | | | | | | |
| 003d | LOCATION INFORMATION 4 | ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected | Always | | | | | | | | | | | | |
| 004 | Enumeration area | ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected | Always | | | | | | | | | | | | |
| 005 | Are you following up with a facility from the previous phase or did you want to add a new facility? | Follow up facility1 New facility.....2 | Always | | | | | | | | | | | | |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|------|---|--|---------------------------|
| 005a | <p>Is this new facility in the same physical location as an old facility from a previous phase?</p> <p><i>Select YES if this new facility is in the same premises as a facility from the previous phase.</i></p> <p><i>Select NO if this is a newly constructed facility that is now serving the EA or the new facility has replaced a facility from the previous phase.</i></p> | Yes.....1 No0 | 005 = 2 |
| 005b | <p>Do you know the name of the old facility that was replaced by this new facility?</p> | Yes.....1 No0 | 005a = 1 |
| 005c | <p>Name of the old facility that was replaced</p> <p>ODK will display listing of all facility names in the EA from the previous phase.</p> | FACILITY NAME 1.....1 FACILITY NAME 2.....2 FACILITY NAME 3.....3 | 005b = 1 |
| 005d | <p>Name of the facility</p> <p>ODK will display listing of all facility names in the EA from the previous phase.</p> | FACILITY NAME 1.....1 FACILITY NAME 2.....2 FACILITY NAME 3.....3 | 005 = 1 |
| 005e | <p>Facility name:</p> <p>Level 1: Level 2: Level 3: EA name:</p> <p>Type: Authority:</p> <p>Is this the correct facility?</p> | Yes.....1 No0 | 005 = 1 |
| 005f | <p>The facility name from the previous phase was FACILITY NAME. Do you need to update the name for the current phase?</p> | Yes.....1 No0 | 005 = 1 |
| 005g | <p>What is the name of this facility:</p> | Name: <div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px 0;"></div> | 005 = 2 OR 005f = 1 |
| 005h | <p>The facility type from the previous phase was FACILITY TYPE. Do you need to update this type for the current phase?</p> | Yes.....1 No0 | 005 = 1 |
| 006 | <p>Type of facility</p> <p><i>Please select the type of facility. This question will also be displayed if data could not be imported from the dataset for a follow-up interview.</i></p> | FACILITY TYPE 1.....1 FACILITY TYPE 2.....2 FACILITY TYPE 3.....3 FACILITY TYPE 4.....4 FACILITY TYPE 5.....5 FACILITY TYPE 6.....6 Other7 | Always |
| 006a | <p>CALCULATE: ADVANCED FACILITY</p> <p><i>This will not appear on the screen but is used in subsequent relevancies</i></p> | Yes.....1 No.....0 | 006 = # |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|------|---|---|---------------------------|
| 006b | The managing authority from the previous phase was MANAGING AUTHORITY. Do you need to update the managing authority for the current phase? | Yes 1 No 0 | 005 = 1 |
| 006c | Managing authority <i>Please select the managing authority for the facility. This question will also be displayed if data could not be imported from the dataset for a follow-up interview.</i> | Government 1 NGO 2 Faith-based organization 3 Private 4 Other 5 | 005 = 2 OR 006b = 1 |
| 006d | Has the facility moved to a new physical location since the last phase? | Yes 1 No 0 | 005 = 1 |
| 006e | Does this facility continue to serve the same EA? | Yes 1 No 0 | 006d = 1 |
| 006f | DO NOT INTERVIEW THIS FACILITY. GO TO 099 AND ENTER RESULT CODE “No longer serves EA (lost to follow-up)” | | 006e = 0 |
| 007 | Facility number <i>Please record the number of the facility from the listing form.</i> | Facility number <input style="width: 100px; height: 20px;" type="text"/> | 006e ≠ 0 |
| 008 | Is a competent respondent present and available to be interviewed today? | Yes 1 No 0 | Always |

| INFORMED CONSENT | | | |
|---|--|--|--------------|
| <i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Administer the consent procedures.</i> | | | |
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
| 009a | Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text. May I begin the interview now? | Yes 1 No 0 | 008 = 1 |
| 009b | Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i> | Gather signature: Check box: <input type="checkbox"/> | 009a = 1 |
| 010 | Interviewer's name: <i>Mark your name as a witness to the consent process.</i> | <div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div> | 009a = 1 |
| 011 | What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i> | Owner 1 In-charge / manager 2 Staff 3 No response -99 | 009a = 1 |

| Section 1 – Information about Services | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------|-----------------------|------------------------|-----------------|--|--|-----------------|--|--|-----------------|--|--|-----------------|--|--|-----------------|--|--|-----------------|--|--|---------------------|--|--|----------|
| Now I would like to ask about the services provided at this facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | <p>Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility and provide family planning services.</p> <p>Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person’s actual assignment or specialist studies.</p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Total Number FP</th> <th style="text-align: center;">Present Today FP</th> </tr> </thead> <tbody> <tr><td>MEDICAL STAFF 1</td><td></td><td></td></tr> <tr><td>MEDICAL STAFF 2</td><td></td><td></td></tr> <tr><td>MEDICAL STAFF 3</td><td></td><td></td></tr> <tr><td>MEDICAL STAFF 4</td><td></td><td></td></tr> <tr><td>MEDICAL STAFF 5</td><td></td><td></td></tr> <tr><td>MEDICAL STAFF 6</td><td></td><td></td></tr> <tr><td>Other Medical Staff</td><td></td><td></td></tr> </tbody> </table> | | Total Number FP | Present Today FP | MEDICAL STAFF 1 | | | MEDICAL STAFF 2 | | | MEDICAL STAFF 3 | | | MEDICAL STAFF 4 | | | MEDICAL STAFF 5 | | | MEDICAL STAFF 6 | | | Other Medical Staff | | | 009a = 1 |
| | Total Number FP | Present Today FP | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL STAFF 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Medical Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | <p>Does this facility have electricity at this time?</p> <p><i>Select for running electricity only.</i></p> | Yes1 No.....0 No response..... -99 | 009a = 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | <p>At any point today, has the electricity been out for two or more hours?</p> | Yes1 No.....0 Don't know -88 No response..... -99 | 009a = 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | <p>Does this facility have running water at this time?</p> <p><i>Select for running water only.</i></p> | Yes1 No.....0 No response..... -99 | 009a = 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | <p>At any point today, has running water been unavailable for two or more hours?</p> | Yes1 No.....0 Don't know -88 No response..... -99 | 009a = 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | <p>How many hand-washing facilities are available on site for staff to use?</p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> | Number of facilities <input style="width: 100px; height: 20px;" type="text"/> | 006a = 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | <p>May I see a nearby handwashing facility that is used by staff?</p> <p><i>Handwashing facility must be accessible to most health workers in the facility.</i></p> <p><i>At the handwashing facility, OBSERVE: (Select all that apply)</i></p> | Soap is present 1/0 Stored water is present 1/0 Running water is present 1/0 Handwashing area is near a sanitation facility 1/0 None of the above..... -77 Did not see the facility -99 | 106 > 0 | | | | | | | | | | | | | | | | | | | | | | | | |

| Section 2 – Family Planning Service Availability | | | |
|---|---|--|----------------------------|
| Now I would like to ask about family planning services provided at this facility. If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person. | | | |
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
| 201 | Do you usually offer family planning services / products? | Yes1 No.....0 No response..... -99 | 009a = 1 |
| 202 | How many days in a week are family planning services / products offered / sold here? <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 <input style="width: 100px; height: 20px;" type="text"/> | 201 = 1 |
| 203 | Does this facility provide family planning supervision, support, or supplies to community health volunteers? | Yes1 No.....0 No response..... -99 | 006a = 1 |
| 204 | How many community health volunteers are supported by this facility to provide family planning services? <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i> <i>If CHVs were recorded as employees in 101, please do not include them here as well.</i> <i>Enter -88 for do not know, -99 for no response.</i> | Number of CHVs <input style="width: 100px; height: 20px;" type="text"/> | 203 = 1 |
| 205 | Do the community health volunteers provide any of the following contraceptives: | Condoms..... 1/0 Pills..... 1/0 Injectables 1/0 None of the above.....-77 No response.....-99 | 203 = 1 |
| 206 | How many times in the last 12 months (insert 6 months if biannual SDP surveys) has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i> | Number of times <input style="width: 100px; height: 20px;" type="text"/> | 201 = 1 AND 006a = 1 |
| 207 | Which of the following family planning services do you offer to unmarried adolescents age 10-19? <i>Read all options and select all that apply.</i> | Counsel for contraceptive methods 1/0 Provide contraceptive methods..... 1/0 Prescribe / refer contraceptive methods 1/0 None of the above..... -77 No response -99 | 201 = 1 |

Section 4 – Provision of Family Planning Methods

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|-----|---|--|--------------|
| 401 | <p>Which of the following methods are provided to clients at this facility?</p> <p><i>Read all options out loud.</i></p> | Female sterilization 1/0 Male sterilization 1/0 Implant 1/0 IUD 1/0 Injectables - Depo Provera 1/0 Injectables - Sayana Press 1/0 Pill..... 1/0 Emergency Contraception 1/0 Male Condom 1/0 Female Condom..... 1/0 Diaphragm..... 1/0 Foam/Jelly 1/0 Std. Days / Cycle beads..... 1/0 None of the above..... -77 No response -99 | 201 = 1 |
| 402 | <p>Are clients charged for obtaining any of the following methods at this facility?</p> <p><i>Read all options out loud.</i></p> <p><i>[ODK will only display methods selected in 401]</i></p> | Female sterilization 1/0 Male sterilization 1/0 Implant 1/0 IUD 1/0 Injectables - Depo Provera 1/0 Injectables - Sayana Press 1/0 Pill..... 1/0 Emergency Contraception 1/0 Male Condom 1/0 Female Condom..... 1/0 Diaphragm..... 1/0 Foam/Jelly 1/0 Std. Days / Cycle beads..... 1/0 No response -99 | 201 = 1 |

Service Delivery Point Questionnaire

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------|-----------------|---|--|---|--|---|--|--------------------------------------|--|---|--|---|--|---------------------------|--|--|--|-----------------|--|-------------------|--|-----------|--|------------|--|-----------------------|--|---------------------------------|
| 403 | <p>How much do you charge for one unit of each method that you provide?</p> <p><i>Enter all prices in LOCAL CURRENCY.</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 402.]</p> | <table border="1"> <thead> <tr> <th data-bbox="805 353 1157 392"></th> <th data-bbox="1165 291 1348 347">Amount per Unit</th> </tr> </thead> <tbody> <tr><td data-bbox="805 353 1157 414">Female Sterilization (full cost of procedure)</td><td data-bbox="1165 353 1348 414"></td></tr> <tr><td data-bbox="805 414 1157 474">Male Sterilization (full cost of procedure)</td><td data-bbox="1165 414 1348 474"></td></tr> <tr><td data-bbox="805 474 1157 535">Implants (full cost of implant and insertion)</td><td data-bbox="1165 474 1348 535"></td></tr> <tr><td data-bbox="805 535 1157 595">IUD (full cost of IUD and insertion)</td><td data-bbox="1165 535 1348 595"></td></tr> <tr><td data-bbox="805 595 1157 656">One shot of 3-month injectable (Depo Provera)</td><td data-bbox="1165 595 1348 656"></td></tr> <tr><td data-bbox="805 656 1157 716">One shot of 3-month injectable (Sayana Press)</td><td data-bbox="1165 656 1348 716"></td></tr> <tr><td data-bbox="805 716 1157 777">One month supply of pills</td><td data-bbox="1165 716 1348 777"></td></tr> <tr><td data-bbox="805 777 1157 837">A single dose of emergency contraception</td><td data-bbox="1165 777 1348 837"></td></tr> <tr><td data-bbox="805 837 1157 898">One male Condom</td><td data-bbox="1165 837 1348 898"></td></tr> <tr><td data-bbox="805 898 1157 958">One female Condom</td><td data-bbox="1165 898 1348 958"></td></tr> <tr><td data-bbox="805 958 1157 1019">Diaphragm</td><td data-bbox="1165 958 1348 1019"></td></tr> <tr><td data-bbox="805 1019 1157 1079">Foam/Jelly</td><td data-bbox="1165 1019 1348 1079"></td></tr> <tr><td data-bbox="805 1079 1157 1120">Std. Days/Cycle beads</td><td data-bbox="1165 1079 1348 1120"></td></tr> </tbody> </table> | | Amount per Unit | Female Sterilization (full cost of procedure) | | Male Sterilization (full cost of procedure) | | Implants (full cost of implant and insertion) | | IUD (full cost of IUD and insertion) | | One shot of 3-month injectable (Depo Provera) | | One shot of 3-month injectable (Sayana Press) | | One month supply of pills | | A single dose of emergency contraception | | One male Condom | | One female Condom | | Diaphragm | | Foam/Jelly | | Std. Days/Cycle beads | | 402 = 1 for each method charged |
| | Amount per Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female Sterilization (full cost of procedure) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Sterilization (full cost of procedure) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implants (full cost of implant and insertion) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IUD (full cost of IUD and insertion) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One shot of 3-month injectable (Depo Provera) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One shot of 3-month injectable (Sayana Press) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One month supply of pills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A single dose of emergency contraception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One male Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One female Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diaphragm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foam/Jelly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Std. Days/Cycle beads | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 404 | <p>Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?</p> <p>These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients.</p> | Yes1 No.....0 No response -99 | 201 = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 405 | <p>On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p> | Yes1 No.....0 No response -99 | 401 implant = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 406 | <p>On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p> | Yes1 No.....0 No response -99 | 401 implant = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 407 | <p>On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p> | Yes1 No.....0 No response -99 | 401 IUD = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 408 | <p>On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p> | Yes1 No.....0 No response -99 | 401 IUD = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|------|--|---|---------------------------------------|
| 409 | <p>Does this facility have the following supplies needed to insert and/or remove implants:</p> <p><i>Read out all supplies and select all that apply. Supplies do not need to be observed, but must be available on the day of the interview.</i></p> | Clean Gloves.....1/0 Antiseptic.....1/0 Sterile Gauze Pad or Cotton Wool.....1/0 Local anesthetic1/0 Sealed Implant Pack1/0 Surgical Blade1/0 Mosquito forceps (straight or curved)1/0 None of the above.....-77 No response.....-99 | 401 implant = 1 |
| 410 | <p>If a woman came in today needing an implant inserted, could that service be provided to her today onsite?</p> | Yes1 No.....0 No response.....-99 | 401 implant = 1 |
| 411 | <p>If a woman came today needing her implant removed, could that service be provided to her today onsite?</p> | Yes1 No.....0 No response.....-99 | 401 implant = 1 |
| 412 | <p>If a woman comes to your facility today needing her implant removed, but it is deeply placed, could that service be provided to her today onsite?</p> | Yes1 No.....0 No response.....-99 | 401 implant = 1 |
| 413 | <p>Would someone at this facility know where to send her to have the implant removed?</p> | Yes1 No.....0 No response.....-99 | 412 = 0 |
| 414 | <p>Does this facility have the following supplies needed to insert and/or remove IUDs:</p> <p><i>Read out all supplies and select all that apply. Supplies do not need to be observed, but must be available on the day of the interview.</i></p> | Exam gloves.....1/0 Antiseptic (povidone iodine)1/0 Drapes.....1/0 Scissors.....1/0 Sponge-holding forceps1/0 Speculums (large and medium)1/0 Tenaculum1/0 Uterine sound.....1/0 None of the above.....-77 No response.....-99 | 401 IUD = 1 |
| IN_1 | <p>Does this facility offer self-injection training for DMPA-SC (Sayana Press)?</p> | Yes1 No.....0 No response.....-99 | 401 'Injectables-Sayana Press' = 1 |
| IN_2 | <p>Which of the following does the self-injection training include?</p> <p><i>Select all that apply</i></p> | Where the client should store the injection material until she uses it1/0 An instruction sheet for the client to take home to remind her of steps for self-injection1/0 A reinjection calendar (e.g., information on when and how to remember her next injection date) or the client to take home1/0 Counseling on follow-up options1/0 What the client should do with the syringe after the injection1/0 The ways that partners could potentially interfere with self-injection1/0 Instruction for the client not to share her self-injection supplies.....1/0 What the client should do if problems occur with self-injection.....1/0 None of the above.....1/0 | IN_1 = 1 |

Service Delivery Point Questionnaire

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|------------------------------------|---|--|--------------|----------------|---------------|----------------------|--|--|--------------------|--|--|----------|--|--|-----|--|--|------------------------------------|--|--|------------------------------------|--|--|------|--|--|-------------------------|--|--|-------------|--|--|---------------|--|--|-----------|--|--|------------|--|--|-----------------------|--|--|----------|
| IN_3 | Have any women been trained at this facility to inject themselves in the last 4 weeks? | Yes1 No.....0 No response.....-99 | IN_1 = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN_4 | In the last 4 weeks, about how many women self injected or took units home for self-injection? | 0-41 5-92 10-193 20-294 30 or More5 No Response -99 | IN_3 = 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 415a | <p>May I see your family planning register from last completed month?</p> <p><i>From family planning register, record:</i> (1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>Past completed month. Enter -88 for do not know, enter -99 for no response.</i></p> | <table border="1"> <thead> <tr> <th></th> <th>Total # visits</th> <th># new clients</th> </tr> </thead> <tbody> <tr><td>Female Sterilization</td><td></td><td></td></tr> <tr><td>Male Sterilization</td><td></td><td></td></tr> <tr><td>Implants</td><td></td><td></td></tr> <tr><td>IUD</td><td></td><td></td></tr> <tr><td>Injectables-3 month (Depo Provera)</td><td></td><td></td></tr> <tr><td>Injectables-3 month (Sayana Press)</td><td></td><td></td></tr> <tr><td>Pill</td><td></td><td></td></tr> <tr><td>Emergency contraception</td><td></td><td></td></tr> <tr><td>Male Condom</td><td></td><td></td></tr> <tr><td>Female Condom</td><td></td><td></td></tr> <tr><td>Diaphragm</td><td></td><td></td></tr> <tr><td>Foam/Jelly</td><td></td><td></td></tr> <tr><td>Std. Days/Cycle beads</td><td></td><td></td></tr> </tbody> </table> | | Total # visits | # new clients | Female Sterilization | | | Male Sterilization | | | Implants | | | IUD | | | Injectables-3 month (Depo Provera) | | | Injectables-3 month (Sayana Press) | | | Pill | | | Emergency contraception | | | Male Condom | | | Female Condom | | | Diaphragm | | | Foam/Jelly | | | Std. Days/Cycle beads | | | 006a = 1 |
| | Total # visits | # new clients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female Sterilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Sterilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injectables-3 month (Depo Provera) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injectables-3 month (Sayana Press) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pill | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency contraception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diaphragm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foam/Jelly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Std. Days/Cycle beads | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Service Delivery Point Questionnaire

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--|--------------|-----------------------------|----------|--|-----|--|------------------------------------|--|------------------------------------|--|------|--|-------------------------|--|-------------|--|---------------|--|-----------|--|------------|--|-----------------------|--|----------|
| 415b | <p>May I see your family planning register from last completed month?</p> <p><i>From family planning record book, record:</i> The total number of family planning products sold in the last completed month, for each method.</p> <p><i>Enter -88 for do not know, enter -99 for no response.</i></p> | <table border="1"> <thead> <tr> <th data-bbox="804 273 1139 340"></th> <th data-bbox="1145 273 1353 340"># of units sold or provided</th> </tr> </thead> <tbody> <tr> <td data-bbox="804 349 1139 394">Implants</td> <td data-bbox="1145 349 1353 394"></td> </tr> <tr> <td data-bbox="804 398 1139 443">IUD</td> <td data-bbox="1145 398 1353 443"></td> </tr> <tr> <td data-bbox="804 448 1139 492">Injectables-3 month (Depo Provera)</td> <td data-bbox="1145 448 1353 492"></td> </tr> <tr> <td data-bbox="804 497 1139 542">Injectables-3 month (Sayana Press)</td> <td data-bbox="1145 497 1353 542"></td> </tr> <tr> <td data-bbox="804 546 1139 591">Pill</td> <td data-bbox="1145 546 1353 591"></td> </tr> <tr> <td data-bbox="804 595 1139 640">Emergency contraception</td> <td data-bbox="1145 595 1353 640"></td> </tr> <tr> <td data-bbox="804 645 1139 689">Male Condom</td> <td data-bbox="1145 645 1353 689"></td> </tr> <tr> <td data-bbox="804 694 1139 739">Female Condom</td> <td data-bbox="1145 694 1353 739"></td> </tr> <tr> <td data-bbox="804 743 1139 788">Diaphragm</td> <td data-bbox="1145 743 1353 788"></td> </tr> <tr> <td data-bbox="804 792 1139 837">Foam/Jelly</td> <td data-bbox="1145 792 1353 837"></td> </tr> <tr> <td data-bbox="804 842 1139 887">Std. Days/Cycle beads</td> <td data-bbox="1145 842 1353 887"></td> </tr> </tbody> </table> | | # of units sold or provided | Implants | | IUD | | Injectables-3 month (Depo Provera) | | Injectables-3 month (Sayana Press) | | Pill | | Emergency contraception | | Male Condom | | Female Condom | | Diaphragm | | Foam/Jelly | | Std. Days/Cycle beads | | 006a = 0 |
| | # of units sold or provided | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implants | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injectables-3 month (Depo Provera) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injectables-3 month (Sayana Press) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pill | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency contraception | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female Condom | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diaphragm | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foam/Jelly | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Std. Days/Cycle beads | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|------|---|---|---------------|
| 417a | <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>[417a-e will repeat for each of the methods that are provided at the facility according to 401, except Female and Male Sterilization]</p> | <p>In-stock and observed..... 1 In-stock but not observed..... 2 Out of stock 3 No Response -99</p> | 201 = 1 |
| 417b | <p>How many days has the [METHOD] been out of stock?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility according to 401, except Female and Male Sterilization]</p> <p><i>Enter 1 if only for today. Enter -88 for Do not know. Enter -99 for No response.</i></p> | <p>Number of days <input style="width: 100px; height: 20px;" type="text"/></p> | 417a = 3 |
| 417c | <p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p> | <p>Yes 1 No..... 0 Don't know -88 No response..... -99</p> | 417a = 1 or 2 |
| 417d | <p>Why is this facility out of stock for [METHOD]?</p> <p>PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p> | <p>Did not place order for shipment..... 1 Ordered but did not receive shipment..... 2 Did not order right quantities..... 3 Ordered but did not receive right quantities.. 4 Unexpected increase in consumption..... 5 Stock-out due to COVID-19 disruption 6 Other 96 Don't know -88 No response..... -99</p> | 417a = 3 |
| 417e | <p>When do you expect to receive your next shipment of [METHOD]?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p> | <p>Weeks (1) <input style="width: 100px; height: 20px;" type="text"/></p> <p>Months (2) <input style="width: 100px; height: 20px;" type="text"/></p> <p>Don't know -88 No response..... -99</p> | 417a = 3 |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|-----|--|---|-----------------------------|
| 418 | Is Miso-Kare (misoprostol) available in the facility for management of postpartum hemorrhage or other gynecologic issues? | Yes.....1 No0 Don't know -88 No response -99 | 009a = 1 AND 006a = 1 |
| 419 | Can you show it to me? If no, probe: Is it out of stock today? | In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99 | 418 = 1 |
| 420 | Is Ma-Kare (mifepristone & misoprostol) available in the facility? | Yes1 No.....0 Don't know -88 No response..... -99 | 009a = 1 AND 006a = 1 |
| 421 | Can you show it to me? If no, probe: Is it out of stock today? | In-stock and observed..... 1 In-stock but not observed.....2 Out of stock3 No Response-99 | 420 = 1 |

| Section 5 – Family Planning Service Integration | | | |
|--|---|---|-------------------------------------|
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
| 501 | <p>Which of the following services are provided at this facility?</p> <p><i>Read all options and select all that apply.</i></p> | Antenatal 1/0 Delivery 1/0 Postnatal 1/0 Post-abortion 1/0 None of the above -77 No response -99 | 009a = 1 AND 006a = 1 |
| 502 | <p>Which of the following is discussed with the mother during an antenatal care visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in antenatal care, ask if they can refer you to someone at the facility who provides these services.</i></p> | Return to fertility 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding 1/0 Family planning methods available to use while breastfeeding 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99 | 501 antenatal = 1 |
| 503 | <p>Which of the following is discussed with the mother after delivery and before discharge from the facility?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in delivery care, ask if they can refer you to someone at the facility who provides these services.</i></p> | Return to fertility 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding 1/0 Family planning methods available to use while breastfeeding 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99 | 501 delivery = 1 |
| 504 | <p>Is the woman offered a method of family planning before discharge from the facility?</p> | Yes 1 No 0 No response -99 | 501 delivery = 1 AND 201 = 1 |
| 505 | <p>Which of the following is discussed with the mother during a postnatal care visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p> | Return to fertility 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding 1/0 Family planning methods available to use while breastfeeding 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99 | 501 postnatal = 1 |
| 506 | <p>Is the woman offered a method of family planning during a postnatal care visit?</p> | Yes 1 No 0 No response -99 | 501 postnatal = 1 AND 201 = 1 |

Service Delivery Point Questionnaire

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|-----|---|---|---|
| 507 | <p>Which of the following is discussed with the mother during a post-abortion visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in post-abortion care, ask if they can refer you to someone at the facility who provides these services.</i></p> | Post-abortion mental health 1/0 Return to fertility 1/0 Healthy timing and spacing of pregnancies..... 1/0 Long-acting method options..... 1/0 Family planning methods 1/0 None of the above..... -77 No response -99 | 501 post-abortion = 1 |
| 508 | <p>Is the woman offered a method of family planning during a post-abortion visit?</p> | Yes1 No.....0 No response -99 | 501 post-abortion = 1 AND 201 = 1 |
| 509 | <p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p> | Yes1 No.....0 No response -99 | 009a = 1 |
| 510 | <p>When a client comes in for HIV services, are they offered condoms by the HIV service provider?</p> <p><i>If your respondent is not involved in HIV service provision, ask if they can refer you to someone at the facility who provides these services.</i></p> | Yes1 No.....0 Don't know -88 No response -99 | 509 = 1 AND 006a = 1 |
| 511 | <p>Does the HIV service provider offer them any other method of contraception besides condoms?</p> | Yes1 No.....0 Don't know -88 No response -99 | 509 = 1 AND 006a = 1 |

| LOCATION AND QUESTIONNAIRE RESULT | | | |
|--|--|---|----------|
| 094 | Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo? | Yes1 No.....0 | 009a = 1 |
| 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> | | | |
| 095 | Ensure that no people are in the photo | TAKE PICTURE CHOOSE IMAGE | 094 = 1 |
| 096 | Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i> | RECORD LOCATION | Always |
| 097 | 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 | Always |
| 098 | In what language was this interview conducted? | English1 French2 Language 33 Language 44 Language 55 Language 66 Other96 | 009a = 1 |
| 099 | Record the result of the Service Delivery Point Questionnaire. | Completed1 Not at facility.....2 Postponed3 Refused4 Partly completed5 Temporarily closed.....6 Permanently closed / destroyed.....7 No longer serves EA (lost to follow-up).....8 Other9 | Always |