

Date: 09 Oct 2019 Version: 11

|      |   | FICATION   |              |
|------|---|--|--------------|
| NO   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | Relevant if: |
|      | Your name: Is this your name?   | Yes1   | Always       |
|      | [ODK will display the name associated with the phone's serial number] | No0  |              |
| 001b | Enter your name below.  | Interviewer's Name   | 001a = 0     |
|      | Please record your name   |  |              |
| 002a | Current date and time.  | Yes1<br>No0  | Always       |
|      | [ODK will display on screen]  |  |              |
|      | Is this date and time correct?  |  |              |
| 002b | Record the correct date and time.                                     | Day Month Year   | 002a = 0     |
|      |   | Hours Min AM/PM  |              |
| 000  |   |  | Always       |
| 003a | LOCATION INFORMATION 1  | LOCATION INFORMATION 1a  |              |
| 003b | LOCATION INFORMATION 2  | ODK will populate a list of appropriate<br>LOCATION INFORMATION 2 based on the<br>LOCATION INFORMATION 1 selected  | Always       |
| 003c | LOCATION INFORMATION 3  | ODK will populate a list of appropriate<br>LOCATION INFORMATION 3 based on the<br>LOCATION INFORMATION 2 selected. | Always       |
| 003d | LOCATION INFORMATION 4  | ODK will populate a list of appropriate<br>LOCATION INFORMATION 4 based on the<br>LOCATION INFORMATION 3 selected  | Always       |
| 004  | Enumeration area  | ODK will populate a list of appropriate<br>enumeration areas based on the LOCATION<br>INFORMATION 4 selected       | Always       |
| 005  | Facility number   |  | Always       |
|      | Please record the number of the facility from the listing form.       | Facility number  |              |

## Service Delivery Point (SDP) Questionnaire



| NO   | QUESTIONS AND FILTERS  | CODING CATEGORIES  | Relevant if: |
|------|--|--|--------------|
| 006  | <b>Type of facility</b><br><i>Please select the type of facility.</i>  | FACILITY TYPE 11FACILITY TYPE 22FACILITY TYPE 33FACILITY TYPE 44FACILITY TYPE 55FACILITY TYPE 66Other7 | Always       |
| 006a | <b>CALCULATE: ADVANCED FACILITY</b><br>This will not appear on the screen but is used in<br>subsequent relevancies | Yes  | 006 = #      |
| 007  | Managing authority<br>Please select the managing authority for the<br>facility.                                    | Government   | Always       |
| 008  | Is a competent respondent present and available to be interviewed today?   | Yes1<br>No0  | Always       |



## Service Delivery Point Questionnaire

| Find t | he competent respondent responsible for patient s   | <b>D CONSENT</b><br>ervices (main administrator and family planning in<br>Iminister the consent procedures. | n-charge)    |
|--------|---|---|--------------|
| 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. | Yes 1<br>No 0   | 008 = 1      |
|        | May I begin the interview now?  |   |              |
| 009b   | Respondent's signature  | Gather signature:   | 009a = 1     |
|        | Please ask the respondent to sign or check the box in agreement of their participation.                 | Check box:  |              |
| 010    | Interviewer's name:   |   | 009a = 1     |
|        | Mark your name as a witness to the consent process.   |   |              |
| 011    | Name of the facility  |   | 009a = 1     |
|        | Please record the name of the facility.   |   |              |
| 012    | What is your position in this facility?   | Owner1<br>In-charge / manager2  | 009a = 1     |
|        | Select the highest managerial qualification of the respondent.  | Staff   |              |

| Section 1 – Information about Services<br>Now I would like to ask about the services provided at this facility. |   |                                    |              |
|---|---|------------------------------------|--------------|
| NO  | QUESTIONS AND FILTERS   | CODING CATEGORIES                  | Relevant if: |
| 101   | Now I have some questions about staffing<br>for this facility. For the following questions,<br>please tell me how many staff with this    | Actual # Present<br>today          | 009a = 1     |
|   | qualification are currently assigned to this facility and provide family planning services.   | MEDICAL STAFF 1<br>MEDICAL STAFF 2 |              |
|   | Finally, tell me the total number present at<br>any time today. We want to know the highest<br>technical qualification that any staff may | MEDICAL STAFF 3<br>MEDICAL STAFF 4 |              |
|   | hold regardless of the person's actual assignment or specialist studies.  | MEDICAL STAFF 5<br>MEDICAL STAFF 6 |              |
|   | Enter -88 for do not know and -99 for no response.<br>0 is a possible answer.   | Other Medical Staff                |              |
| 102   | Does this facility have electricity at this time?   | Yes1<br>No0<br>No response         | 009a = 1     |
| 103   | Select for running electricity only.<br>At any point today, has the electricity been<br>out for two or more hours?                        | Yes1<br>No0<br>Don't know          | 009a = 1     |
| 104   | Does this facility have running water at this time?<br>Select for running water only.   | Yes1<br>No0<br>No response         | 009a = 1     |
| 105   | At any point today, has running water been<br>unavailable for two or more hours?  | Yes                                | 009a = 1     |
| 106   | How many hand-washing facilities are available on site for staff to use?  | Number of facilities               | 006a = 1     |
| 107   | Enter -88 for do not know, -99 for no response.<br>May I see a nearby handwashing facility that   | Soap is present 1/0                | 106 > 0      |
|   | is used by staff?<br>Handwashing facility must be accessible to   | Stored water is present            | 100 - 0      |
|   | most health workers in the facility.  | facility                           |              |
|   | At the handwashing facility, OBSERVE:<br>(Select all that apply)  | Did not see the facility99         |              |



| lf the | Now I would like to ask about family pl<br>are is another provider who would be better able   | ning Service Availability<br>anning services provided at this facility.<br>to answer my questions on family planning<br>could refer me to the appropriate person. | services                   |
|--------|---|---|----------------------------|
| NO     | QUESTIONS AND FILTERS   | CODING CATEGORIES   | Relevant if:               |
| 201    | Do you usually offer family planning<br>services / products?  | Yes1<br>No0<br>No response  | 009a = 1                   |
| 202    | How many days in a week are family<br>planning services / products offered / sold<br>here?  | Number of days  | 201 = 1                    |
|        | Enter a number between 0 and 7. Enter 0 for<br>less than 1 day per week. Enter -88 for do not<br>know, -99 for no response.   |   |                            |
| 203    | Does this facility provide family planning<br>supervision, support, or supplies to<br>community health volunteers?  | Yes1<br>No0<br>No response  | 006a = 1                   |
| 204    | How many community health volunteers are<br>supported by this facility to provide family<br>planning services?  | Number of<br>CHVs   | 203 = 1                    |
|        | Record only CHVs who receive supervision, support, or supplies for family planning.   |   |                            |
|        | If CHVs were recorded as employees in 101, please do not include them here as well.   |   |                            |
|        | Enter -88 for do not know, -99 for no response.   |   |                            |
| 205    | Do the community health volunteers provide<br>any of the following contraceptives:  | Condoms1/0Pills1/0Injectables1/0None of the above-77No response-99  | 203 = 1                    |
| 206    | How many times in the last 12 months<br>(insert 6 months if biannual SDP surveys)<br>has a mobile outreach team visited your<br>facility to deliver supplementary/additional<br>family planning services? | Number of<br>times  | 201 = 1<br>AND<br>006a = 1 |
|        | <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>  |   |                            |
| 207    | Which of the following family planning services do you offer to unmarried adolescents age 10-19?  | Counsel for contraceptive methods   | 201 = 1                    |
|        | Read all options and select all that apply.   | No response   |                            |



| Section 4 – Provision of Family Planning Methods |  |  |              |
|--|--|--|--------------|
| NO   | QUESTIONS AND FILTERS  | CODING CATEGORIES  | Relevant if: |
| 401  | Which of the following methods are provided to clients at this facility?   | Female sterilization   | 201 = 1      |
|  | Read all options out loud.   | IIID   |              |
| 402  | Are clients charged for obtaining any of the<br>following methods at this facility?<br>Read all options out loud.<br>[ODK will only display methods selected in 401] | Female sterilization1/0Male sterilization1/0Implant1/0IUD1/0Injectables - Depo Provera1/0Injectables - Sayana Press1/0Pill1/0Emergency Contraception1/0Male Condom1/0Female Condom1/0Foam/Jelly1/0Std. Days / Cycle beads1/0No response-99 | 201 = 1      |



| NO  | QUESTIONS AND FILTERS   | CODING CATEGORIES  |        | Relevant if:                  |
|-----|---|--|--------|-------------------------------|
| 403 | How much do you charge for one unit of each method that you provide?  | Amour<br>per Un  |        | 402 = 1<br>for each<br>method |
|     | Enter all prices in LOCAL CURRENCY.   | Female Sterilization (full cost of procedure)  |        | charged                       |
|     | Enter -88 for do not know, -99 for no response.   | Male Sterilization (full cost<br>of procedure)   |        |                               |
|     | [ODK will only display the methods for which<br>the facility charges from 402.]   | Implants (full cost of implant<br>and insertion)IUD (full cost of IUD and<br>insertion)One shot of 3-month<br>injectable (Depo Provera)One shot of 3-month<br>injectable (Sayana Press)One month supply of pills |        |                               |
|     |   | A single dose of emergency<br>contraception<br>One male Condom   |        |                               |
|     |   | One female Condom  |        |                               |
|     |   | Diaphragm  |        |                               |
|     |   | Foam/Jelly   |        |                               |
|     |   | Std. Days/Cycle beads  |        |                               |
| 404 | Do family planning clients need to pay any<br>fees in order to be seen by a provider in this<br>facility even if they do not obtain a method<br>of contraception? | Yes<br>No<br>No response   | 0      | 201 = 1                       |
|     | These may be consultation or registration<br>fees charged to everyone who is seen in this<br>facility or may be specific to family planning<br>clients.           |  |        |                               |
| 405 | On days when you offer family planning<br>services, does this facility have trained<br>personnel able to insert implants?   | Yes<br>No<br>No response   | 0      | 401<br>implant =<br>1         |
| 406 | On days when you offer family planning<br>services, does this facility have trained<br>personnel able to remove implants?   | Yes<br>No<br>No response   | 1<br>0 | 401<br>implant =<br>1         |
| 407 | On days when you offer family planning<br>services, does this facility have trained<br>personnel able to insert IUDs?   | Yes<br>No<br>No response   | 1<br>0 | 401<br>IUD = 1                |
| 408 | On days when you offer family planning<br>services, does this facility have trained<br>personnel able to remove IUDs?   | Yes<br>No<br>No response   | 1<br>0 | 401 IUD<br>= 1                |



| NO  | QUESTIONS AND FILTERS                            | CODING CATEGORIES                        | Relevant if: |
|-----|--|--|--------------|
| 409 | Does this facility have the following supplies   | Clean Gloves1/0                          | 401          |
|     | needed to insert and/or remove implants:         | Antiseptic1/0                            | implant =    |
|     | •  | Sterile Gauze Pad or Cotton Wool         | 1            |
|     | Read out all supplies and select all that apply. | Local anesthetic                         |              |
|     | Supplies do not need to be observed, but must    | Sealed Implant Pack1/0                   |              |
|     | be available on the day of the interview.        | Surgical Blade1/0                        |              |
|     |  | Mosquito forceps (straight or curved)1/0 |              |
|     |  | None of the above77                      |              |
|     |  | No response                              |              |
| 410 | If a woman came in today needing an              | Yes1                                     | 401          |
|     | implant inserted, could that service be          | No0                                      | implant =    |
|     | provided to her today onsite?                    | No response                              | 1            |
| 411 | If a woman came today needing her implant        | Yes1                                     | 401          |
|     | removed, could that service be provided to       | No0                                      | implant =    |
|     | her today onsite?                                | No response                              | 1            |
| 412 | If a woman comes to your facility today          | Yes1                                     | 401          |
|     | needing her implant removed, but it is           | No0                                      | implant =    |
|     | deeply placed, could that service be             | No response                              | 1            |
|     | provided to her today onsite?                    |  |              |
| 413 | Would someone at this facility know where        | Yes1                                     | 412 = 0      |
|     | to send her to have the implant removed?         | No0                                      |              |
|     |  | No response                              |              |
| 414 | Does this facility have the following supplies   | Exam gloves1/0                           | 401          |
|     | needed to insert and/or remove IUDs:             | Antiseptic (povidone iodine)1/0          | IUD = 1      |
|     |  | Drapes1/0                                |              |
|     | Read out all supplies and select all that apply. | Scissors1/0                              |              |
|     | Supplies do not need to be observed, but must    | Sponge-holding forceps1/0                |              |
|     | be available on the day of the interview.        | Speculums (large and medium)1/0          |              |
|     |  | Tenaculum1/0                             |              |
|     |  | Uterine sound1/0                         |              |
|     |  | None of the above77                      |              |
|     |  | No response                              |              |



| NO   | QUESTIONS AND FILTERS  | CODING CATEGORIES  |                        |               | Relevant if: |
|------|--|--|------------------------|---------------|--------------|
| 415a | <ul> <li>May I see your family planning register from last completed month?</li> <li><u>From family planning register, record</u>: <ul> <li>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</li> </ul> </li> <li>(2) The number of new clients who received family planning services in the last completed month, for each method.</li> <li>Past completed month. Enter -88 for do not know, enter -99 for no response.</li> </ul> | Female Sterilization<br>Male Sterilization<br>Implants<br>IUD<br>Injectables-3 month<br>(Depo Provera)<br>Injectables-3 month<br>(Sayana Press)<br>Pill<br>Emergency contraception<br>Male Condom<br>Female Condom<br>Diaphragm<br>Foam/Jelly<br>Std. Days/Cycle beads | Total #<br>visits      | # new clients | 006a = 1     |
| 415b | May I see your family planning register from<br>last completed month?From family planning record book, record:<br>The total number of family planning products<br>sold in the last completed month, for each<br>method.Enter -88 for do not know, enter -99 for no<br>response.  | Implants<br>IUD<br>Injectables-3 month<br>(Depo Provera)<br>Injectables-3 month<br>(Sayana Press)<br>Pill<br>Emergency contraception<br>Male Condom<br>Female Condom<br>Diaphragm<br>Foam/Jelly<br>Std. Days/Cycle beads   | # of units<br>or provi |               | 006a = 0     |



| NO   | QUESTIONS AND FILTERS  | CODING CATEGORIES  | Relevant if:     |
|------|--|--|------------------|
| 417a | You mentioned that you typically provide<br>the [METHOD] at this facility, can you show<br>it to me?<br>If no, probe: Is the [METHOD] out of stock<br>today?<br>[417a-e will repeat for each of the methods that | In-stock and observed1<br>In-stock but not observed2<br>Out of stock3<br>No Response99   | 201 = 1          |
|      | are provided at the facility according to 401,<br>except Female and Male Sterilization]  |  |                  |
| 417b | How many days has the [METHOD] been out of stock?  |  | 417a = 3         |
|      | [417a-e will repeat for each of the methods that<br>are provided at the facility according to 401,<br>except Female and Male Sterilization]  | Number of<br>days  |                  |
|      | Enter 1 if only for today.<br>Enter -88 for Do not know.<br>Enter -99 for No response.   |  |                  |
| 417c | Has the [METHOD] been out of stock at any<br>time in the last 3 months?<br>[417a-e will repeat for each of the methods that<br>are provided at the facility, except Female and<br>Male Sterilization]            | Yes1<br>No0<br>Don't know88<br>No response99   | 417a = 1<br>or 2 |
| 417d | Why is this facility out of stock for<br>[METHOD]?<br>PROBE IF MULTIPLE REASONS GIVEN:   | Did not place order for shipment1<br>Ordered but did not receive shipment2<br>Did not order right quantities3<br>Ordered but did not receive right quantities4 | 417a = 3         |
|      | What was the main reason?  | Unexpected increase in consumption5<br>Other   |                  |
|      | [417a-e will repeat for each of the methods that<br>are provided at the facility, except Female and<br>Male Sterilization]   | Don't know88<br>No response99  |                  |
| 417e | When do you expect to receive your next shipment of [METHOD]?  | Weeks (1)  | 417a = 3         |
|      | [417a-e will repeat for each of the methods that<br>are provided at the facility, except Female and<br>Male Sterilization]   | Months (2)   |                  |
|      |  | Don't know88<br>No response99  |                  |



| 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?                       | Yes1<br>No0<br>Don't know88<br>No response99 | 009a = 1<br>AND<br>006a = 1 |
| 419 | Can you show it to me?<br>If no, probe: Is it out of stock today?   | In-stock and observed                        | 418 = 1                     |
| 420 | Is Ma-Kare (mifepristone & misoprostol)<br>available in the facility for management of<br>postpartum hemorrhage or other<br>gynecologic issues? | Yes1<br>No0<br>Don't know                    | 009a = 1<br>AND<br>006a = 1 |
| 421 | Can you show it to me?<br>If no, probe: Is it out of stock today?   | In-stock and observed                        | 420 = 1                     |



| Section 5 – Family Planning Service Integration |   |   |   |
|---|---|---|---|
| NO  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | Relevant if:                              |
| 501   | Which of the following services are provided<br>at this facility:Read all options and select all that apply.  | Antenatal1/0Delivery1/0Postnatal1/0Post-abortion1/0None of the above-77No response-99   | 009a = 1<br>AND<br>006a = 1               |
| 502   | Which of the following is discussed with the<br>mother during an antenatal care visit?<br>Read all options and select all that apply. If your<br>respondent is not involved in antenatal care,<br>ask if they can refer you to someone at the<br>facility who provides these services.                          | Return to fertility       1/0         Healthy timing and spacing       1/0         of pregnancies       1/0         Immediate and exclusive breastfeeding       1/0         Family planning methods available to       1/0         use while breastfeeding       1/0         Lactational Amenorrhea Method and       1/0         transition to other methods       1/0         Long-acting method options       1/0         None of the above       -77         No response       -99 | 501<br>antenatal<br>= 1                   |
| 503   | Which of the following is discussed with the<br>mother after delivery and before discharge<br>from the facility?<br>Read all options and select all that apply. If your<br>respondent is not involved in delivery care, ask<br>if they can refer you to someone at the facility<br>who provides these services. | Return to fertility       1/0         Healthy timing and spacing       1/0         of pregnancies       1/0         Immediate and exclusive breastfeeding       1/0         Family planning methods available to       1/0         Lactational Amenorrhea Method and       1/0         Long-acting method options       1/0         None of the above       -77         No response       -99   | 501<br>delivery =<br>1                    |
| 504   | Is the woman offered a method of family planning before discharge from the facility?  | Yes   | 501<br>delivery =<br>1<br>AND<br>201 = 1  |
| 505   | Which of the following is discussed with the<br>mother during a postnatal care visit?<br>Read all options and select all that apply. If your<br>respondent is not involved in postnatal care,<br>ask if they can refer you to someone at the<br>facility who provides these services.                           | Return to fertility       1/0         Healthy timing and spacing       1/0         of pregnancies       1/0         Immediate and exclusive breastfeeding       1/0         Family planning methods available to       1/0         use while breastfeeding       1/0         Lactational Amenorrhea Method and       1/0         transition to other methods       1/0         Long-acting method options       1/0         None of the above       -77         No response       -99 | 501<br>postnatal<br>= 1                   |
| 506   | Is the woman offered a method of family planning during a postnatal care visit?   | Yes   | 501<br>postnatal<br>= 1<br>AND<br>201 = 1 |

## Country Name – Phase X



| NO  | QUESTIONS AND FILTERS  | CODING CATEGORIES           | Relevant if:                                   |
|-----|--|-----------------------------|--|
| 507 | Which of the following is discussed with the mother during a post-abortion visit?<br>Read all options and select all that apply. If your   | Post-abortion mental health | 501 post-<br>abortion =<br>1                   |
|     | respondent is not involved in post-abortion care,<br>ask if they can refer you to someone at the<br>facility who provides these services.  | Long-acting method options  |  |
| 508 | Is the woman offered a method of family planning during a post-abortion visit?   | Yes1<br>No0<br>No response  | 501 post-<br>abortion =<br>1<br>AND<br>201 = 1 |
| 509 | Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?  | Yes                         | 009a = 1                                       |
| 510 | When a client comes in for HIV services, are<br>they offered condoms by the HIV service<br>provider?<br>If your respondent is not involved in HIV service<br>provision, ask if they can refer you to someone<br>at the facility who provides these services. | Yes                         | 509 = 1<br>AND<br>006a = 1                     |
| 511 | Does the HIV service provider offer them<br>any other method of contraception besides<br>condoms?  | Yes                         | 509 = 1<br>AND<br>006a = 1                     |

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| LOCATION AND QUESTIONNAIRE RESULT   |   |   |          |  |
|---|---|---|----------|--|
| 094   | Ask permission to take a photo of the entrance of the facility.                 | Yes1<br>No0   | 009a = 1 |  |
|   | Did you get consent to take the photo?  |   |          |  |
| Thank the respondent for her / his time.           The respondent is finished, but there are still more questions for you to complete outside the facility. |   |   |          |  |
| 095   | Ensure that no people are in the photo  | TAKE PICTURE<br>CHOOSE IMAGE  | 094 = 1  |  |
| 096   | Take a GPS point outside near the entrance to the facility.                     | RECORD LOCATION   | Always   |  |
|   | Record location when the accuracy is smaller than 6m.                           |   |          |  |
| 097   | How many times have you visited this service delivery point for this interview? | 1 <sup>st</sup> time  | Always   |  |
| 098   | In what language was this interview conducted?                                  | English       1         French       2         Language 3       3         Language 4       4         Language 5       5         Language 6       6         Other       96 | 009a = 1 |  |
| 099   | Record the result of the Service Delivery<br>Point Questionnaire.               | Completed1Not at facility2Postponed3Refused4Partly completed5Other6   | Always   |  |