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| mADDs – Service Delivery Point (SDP) Questionnaire |
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| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|--|---|---|------------------|-----|-------|------|------|------|-----|-------|--|
| IDENTIFICATION | | | | | | | | | | | |
| Please record the following identifying information prior to beginning the interview. | | | | | | | | | | | |
| A | 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 | | | | | | | | | |
| B | Interviewer's name: Is this your name? <i>ODK will display the name associated with the phone's serial number.</i> If not, please record your name: | Yes..... 1 No 0 | | | | | | | | | |
| C | CURRENT DATE AND TIME DISPLAYED ON SCREEN. Is this date and time correct? | Yes..... 1 No 0 | Skip to D if Yes | | | | | | | | |
| D | 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 | | | | | | | | |
| E | Region PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED. | Ashanti..... 1 Brong-Ahafo..... 2 Central 3 Eastern 4 Greater Accra 5 Northern..... 6 Upper East..... 7 Upper West..... 8 Volta..... 9 Western 10 | | | | | | | | | |
| F | District PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED. | <i>ODK will populate a list of appropriate district based on the region selected for SQ E</i> | | | | | | | | | |
| G | Locality name PLEASE SELECT THE NAME OF THE LOCALITY WHERE THE FACILITY IS LOCATED. | <i>ODK will populate a list of appropriate localities based on the district selected for SQ F</i> | | | | | | | | | |
| H | Enumeration area PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE FACILITY IS LOCATED OR TO WHICH IT IS ASSIGNED. | <i>ODK will populate a list of appropriate EA numbers based on the locality selected for SQ G</i> | | | | | | | | | |
| I | Facility number PLEASE RECORD THE NUMBER OF THE FACILITY FROM THE LISTING FORM. | | | | | | | | | | |
| J | Type of facility PLEASE SELECT THE TYPE OF FACILITY. | Hospital / Polyclinic..... 1 Health center 2 Health clinic 3 CHPS..... 4 Pharmacy..... 5 Chemist shop..... 6 Retail outlet..... 7 Other..... 8 | | | | | | | | | |

Service Delivery Point Questionnaire

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| K | Managing authority PLEASE SELECT THE MANAGING AUTHORITY FOR THE FACILITY. | Government..... 1 NGO..... 2 Faith-based organization 3 Private..... 4 Other..... 5 | |
| L | Is a competent respondent present and available to be interviewed today? | Yes..... 1 No 0 | Skip to R if No |
| 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: | | | |
| Hello. My name is _____. We are here on behalf of Kwame Nkrumah University of Science and Technology, and the Ghana Health Service to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey. | | | |
| 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. | | | |
| 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. | | | |
| You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? | | | |
| M | 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 R if No |
| N | Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION. | GATHER SIGNATURE: Checkbox: <input type="checkbox"/> | |
| O | Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS. | | |
| P | Name of the facility PLEASE RECORD THE NAME OF THE FACILITY. | | |
| Q | What is your position in this facility? SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT. | Owner 1 In-charge / manager 2 Staff 3 | |
| 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 | What year did this facility first begin offering health services / products? ENTER 2020 FOR DO NOT KNOW. | Year | |
| 2 | How many days each week is the facility routinely open? ENTER A NUMBER BETWEEN 0 AND 7. ENTER -88 FOR DO NOT KNOW. | Number of days | |

Service Delivery Point Questionnaire

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|----|---|---|----------------------|----------------------|--|
| | CHECK J: type of facility? | Hospital / Polyclinic..... 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy..... 5 Chemist shop 6 Retail outlet..... 7 Other..... 8 | | | Skip to 3b if J: 5,6,7 Skip to 3c if J: 2,4 |
| 3a | 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. 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. ENTER -88 FOR DO NOT KNOW. 0 IS A POSSIBLE ANSWER. | Doctor Nurse/midwife Medical assistant Ambulance staff..... Pharmacist..... Medical counter assistant..... Other medical staff..... | <u>Actual number</u> | <u>Present today</u> | Skip to 4 |
| 3b | 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. 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. ENTER -88 FOR DO NOT KNOW. 0 IS A POSSIBLE ANSWER. | Pharmacist..... Medical counter assistant..... Other medical staff..... | <u>Actual number</u> | <u>Present today</u> | Skip to 8 |
| 3c | 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. 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. ENTER -88 FOR DO NOT KNOW. 0 IS A POSSIBLE ANSWER. | Nurse/midwife Medical assistant Ambulance staff..... Pharmacist..... Medical counter assistant..... Other medical staff..... | <u>Actual number</u> | <u>Present today</u> | Skip to 4 |
| | CHECK J: type of facility? | Hospital / Polyclinic..... 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy..... 5 Chemist shop 6 Retail outlet..... 7 Other..... 8 | | | Skip to 8 if I: 5, 6 or 7 |
| 4 | 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? | Yes, 24-hr staff 1 No, no 24-hr staff..... 0 | | | |

Service Delivery Point Questionnaire

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|----|---|---|-------------------------------------|-----------------------------|
| 5 | 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? | No catchment area 1 Yes, knows size of catchment area 2 Doesn't know size of catchment area -88 | | Skip to 7 if No or DK |
| 6 | What is the size of the catchment population? RECORD THE NUMBER OF PEOPLE LIVING IN THE AREA SERVED BY THIS FACILITY. | Number of people | | |
| 7 | How many beds does the facility have? 0 IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW. | Number of beds | | |
| 8 | When was the last time an owner / supervisor from outside this facility came here to visit? | Never external supervision 0 Within the past 6 months 1 More than 6 months ago 2 Don't know -88 | | |
| 9 | Does this facility have electricity today? | Yes 1 No 0 | | |
| 10 | Does this facility have running water today? | Yes 1 No 0 | | |
| | CHECK J: type of facility? | Hospital / Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8 | | Skip to 13 if I: 5, 6 or 7 |
| 11 | How many hand-washing facilities are available on site for staff to use? ENTER -88 FOR DO NOT KNOW. | Number of facilities | | Skip to 13 if 0 |
| 12 | Ask to see the nearest hand-washing facility. At the hand-washing facility OBSERVE: Soap is present..... Water source is present: stored water..... Water source is present: running water..... Hand washing area is near a sanitation facility..... None of the above Did not see the facility SELECT ALL THAT APPLY | | Yes 1 1 1 1 -88 1 | No 0 0 0 0 0 |
| 13 | Does the facility have a functioning computer? NO NEED TO OBSERVE | Yes 1 No 0 | | |
| | CHECK J: type of facility? | Hospital / Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8 | | Skip to 15 if I: 5, 6 or 7 |
| 14 | How does this facility finally dispose of sharp items or filled sharps boxes? | Never have sharps waste 0 Burn in incinerator 1 Open Burning 2 Dump without burning 3 Remove offsite 4 Other 5 | | |

| Section 2 – Family Planning Services | | | | | |
|--|--|--------------------------------------|-----|----------------------------|-----------------------------------|
| Now I would like to ask about family planning services provided at this facility. | | | | | |
| 15 | Do you usually offer family planning services / products? | Yes | 1 | Skip to 19 if No | |
| | | No | 0 | | |
| 16 | What year did this facility first begin offering family planning services / products? ENTER 2020 FOR DO NOT KNOW. | Year | | | |
| 17 | How many days per week are family planning services/products offered/sold here? USE A 7-DAY WEEK TO CALCULATE NUMBER OF DAYS. ENTER A NUMBER BETWEEN 1 AND 7. ENTER -88 FOR DO NOT KNOW. | Number of days | | | |
| 18 | Are family planning services / products offered here today? | Yes | 1 | | |
| | | No | 0 | | |
| | CHECK J: type of facility? | Hospital / Polyclinic | 1 | Skip to 23 if I: 5, 6 or 7 | |
| | | Health center | 2 | | |
| | | Health clinic | 3 | | |
| | | CHPS | 4 | | |
| | | Pharmacy | 5 | | |
| | | Chemist shop | 6 | | |
| | | Retail outlet | 7 | | |
| | | Other | 8 | | |
| 19 | Does this facility provide family planning supervision, support, or supplies to community health volunteers? | Yes | 1 | Skip to 22 if No | |
| | | No | 0 | | |
| 20 | How many community health volunteers are supported by this facility? ENTER -88 FOR DO NOT KNOW. | Number of CHWs | | | |
| 21 | Do the community health volunteers provide any of the following contraceptives: Condoms | | Yes | No | |
| | Pills | | 1 | 0 | |
| | Injectables | | 1 | 0 | |
| 22 | How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? | Number of times: | | | |
| | CHECK 15: Offer FP services/products? | Yes | 1 | Skip to 25 if No | |
| | | No | 0 | | |
| 23 | Does this facility have any routine user-fees or charges for any services related to family planning? THIS INCLUDES ANY FEES, INCLUDING THOSE FOR REGISTRATION OR FOR CLIENT HEALTH RECORDS. | Yes | 1 | Skip to 25 if No | |
| | | No | 0 | | |
| 24 | Are the official fees posted so that the client can easily see them? IF YES, POSTED FEES MUST BE OBSERVED. | Yes, all fees are posted | 1 | | |
| | | Yes, some, not all fees posted | 2 | | |
| | | No posted fees | 0 | | |
| 25 | Do you collect information about clients' opinion in any of the following ways? Suggestion box | | Yes | No | Skip to 29 if "None of the above" |
| | Client survey form | | 1 | 0 | |
| | Client interview form | | 1 | 0 | |
| | Official meeting with community leaders | | 1 | 0 | |

Service Delivery Point Questionnaire

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|----|--|---|------------------------------|----------------------------|-----------------------------------|
| | Informal discussion with client or community Direct client feedback to staff Other..... Don't know..... None of the above SELECT ALL METHODS | | 1 1 1 1 -88 1 | 0 0 0 0 0 0 | e" is select ed |
| 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 | In the past 6 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS. | 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 | | | |
| | CHECK 15: Offer FP services/products? | Yes 1 No..... 0 | | | Skip to 31 if No |
| 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 | | | |
| 30 | Do you use any of the following to review service data for monitoring and evaluation? Wall chart / graph Written report / minutes Other..... Nothing observed ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. SELECT ALL RELEVANT TYPES OF DOCUMENTATION OBSERVED. | ..... ..... ..... ..... | Yes 1 1 1 1 | No 0 0 0 0 | |
| | CHECK 15: Offer FP services/products? | Yes 1 No..... 0 | | | Skip to 40 if No |
| | CHECK J: type of facility? | Hospital / Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8 | | | Skip to 31b if J: 2, 4, 5, 6 or 7 |

Service Delivery Point Questionnaire

| | Which of the following methods of contraception are counseled, provided, or prescribed / referred? Do you charge for any of these methods? | <u>Co</u> <u>u</u> <u>Ye</u> <u>s</u> | <u>Cou</u> <u>No</u> | <u>Pro</u> <u>Yes</u> | <u>Pro</u> <u>No</u> | <u>Pre</u> <u>Yes</u> | <u>Pre</u> <u>No</u> | <u>Chg</u> <u>Yes</u> | | |
|-------------------------------|---|--|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-----------------------|
| 31a | Female sterilization..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | Skip to 33 if no charges | |
| | Male sterilization..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Implant..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | IUD..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Injectables – 3 months..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Injectables – 1 month..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Pill..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Emergency Contraception..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | N-Tablet..... | 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 | | |
| | LAM..... | 1 | 0 | | | | | | | Skip to 32 if charges |
| | Standard Days/Cycle beads..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Rhythm method..... | 1 | 0 | | | | | | | |
| | Diaphragm..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Foam/Jelly..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| Withdrawal..... | 1 | 0 | | | | | | | | |
| Washing/Douching..... | 1 | 0 | | | | | | | | |
| Other traditional method..... | 1 | 0 | | | | | | | | |
| | Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred ; Chg: charge ALL OPTIONS SHOULD BE READ ALOUD | | | | | | | | | |
| 31b | Which of the following methods of contraception are counseled, provided, or prescribed / referred? Do you charge for any of these methods? | <u>Co</u> <u>u</u> <u>Ye</u> <u>s</u> | <u>Cou</u> <u>No</u> | <u>Pro</u> <u>Yes</u> | <u>Pro</u> <u>No</u> | <u>Pre</u> <u>Yes</u> | <u>Pre</u> <u>No</u> | <u>Chg</u> <u>Yes</u> | | |
| | Implant..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | Skip to 33 if no charges | |
| | IUD..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Injectables – 3 months..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Injectables – 1 month..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Pill..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Emergency Contraception..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | N-Tablet..... | 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 | | |
| | LAM..... | 1 | 0 | | | | | | | Skip to 32 if charges |
| | Standard Days/Cycle beads..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Rhythm method..... | 1 | 0 | | | | | | | |
| | Diaphragm..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Foam/Jelly..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | |
| | Withdrawal..... | 1 | 0 | | | | | | | |
| Washing/Douching..... | 1 | 0 | | | | | | | | |
| Other traditional method..... | 1 | 0 | 1 | 0 | 1 | 0 | 1 | | | |
| | Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred ; Chg: charge ALL OPTIONS SHOULD BE READ ALOUD | | | | | | | | | |

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|----|--|--|-------|-------|-------|-------|-----------------------------|-------|
| | | | | | | | | |
| 32 | <p>How much do you charge for one unit of each method that you provide?</p> <p>Female sterilization.....</p> <p>Male sterilization.....</p> <p>Implant.....</p> <p>IUD</p> <p>Injectables – 3 months.....</p> <p>Injectables – 1 month</p> <p>Pill.....</p> <p>Emergency Contraception</p> <p>N-Tablet.....</p> <p>Male condom.....</p> <p>Female condom.....</p> <p>Standard Days/Cycle beads</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>ENTER ALL PRICES IN NEW CURRENCY AND CEDIS.</p> <p><i>ODK will only display the methods for which the facility charges from SQ 31a or SQ 31b</i></p> | Amount per unit | _____ | _____ | _____ | _____ | _____ | _____ |
| | CHECK J: type of facility? | <p>Hospital / Polyclinic 1</p> <p>Health center 2</p> <p>Health clinic 3</p> <p>CHPS 4</p> <p>Pharmacy 5</p> <p>Chemist shop 6</p> <p>Retail outlet 7</p> <p>Other 8</p> | | | | | Skip to 39b if I: 5, 6 or 7 | |
| | CHECK 31: Are implants provided? | <p>Yes 1</p> <p>No 0</p> | | | | | Skip to 35 if No | |
| 33 | On days when you offer family planning services, does this facility have trained personnel able to insert implants? | <p>Yes 1</p> <p>No 0</p> | | | | | | |
| 34 | On days when you offer family planning services, does this facility have trained personnel able to remove implants? | <p>Yes 1</p> <p>No 0</p> | | | | | | |
| | CHECK 31: Are IUDs provided? | <p>Yes 1</p> <p>No 0</p> | | | | | Skip to 37 if No | |
| 35 | On days when you offer family planning services, does this facility have trained personnel able to insert IUDs? | <p>Yes 1</p> <p>No 0</p> | | | | | | |
| 36 | On days when you offer family planning services, does this facility have trained personnel able to remove IUDs? | <p>Yes 1</p> <p>No 0</p> | | | | | | |
| | CHECK 31: Are implants provided? | <p>Yes 1</p> <p>No 0</p> | | | | | Skip to 38 if No | |

Service Delivery Point Questionnaire

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|--|---|---------------------------------|--------------------------|-------------------------|---------------------|
| 37 | Does this facility have the following supplies needed to insert and/or remove implants: | | <u>Yes</u> | <u>No</u> | |
| | Clean Gloves | | 1 | 0 | |
| | Antiseptic | | 1 | 0 | |
| | Sterile Gauze Pad or Cotton Wool | | 1 | 0 | |
| | Local Anesthetic | | 1 | 0 | |
| | Sealed Implant Pack..... | | 1 | 0 | |
| | Blade | | 1 | 0 | |
| READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED. | | | | | |
| | CHECK 31: Are IUDs provided? | Yes | 1 | | Skip to 39 if No |
| | | No..... | 0 | | |
| 38 | Does this facility have the following supplies needed to insert and/or remove IUDs: | | <u>Yes</u> | <u>No</u> | |
| | Sponge-holding forceps..... | | 1 | 0 | |
| | Speculums (large and medium)..... | | 1 | 0 | |
| | Tenaculum..... | | 1 | 0 | |
| | Clamp | | 1 | 0 | |
| READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED. | | | | | |
| | CHECK J: type of facility? | Hospital / Polyclinic | 1 | | 39a if I: 1-4, or 8 |
| | | Health center | 2 | | |
| | | Health clinic..... | 3 | | 39b if I: 5, 6 or 7 |
| | | CHPS | 4 | | |
| | | Pharmacy | 5 | | |
| | | Chemist shop | 6 | | |
| | | Retail outlet | 7 | | |
| | | Other | 8 | | |
| 39a | FROM FAMILY PLANNING REGISTER, RECORD: (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. | | <u>Total # of visits</u> | <u># of new clients</u> | |
| | | Female sterilization | — | | |
| | | Male sterilization | — | | |
| | | Implant | — | | |
| | | IUD | — | | |
| | | Injectables – 3 months | — | | |
| | | Injectables – 1 month | — | | |
| | | Pill | — | | |
| | | Emergency Contraception..... | — | | |
| | | N-Tablet | — | | |
| | | Male condom..... | — | | |
| | | Female condom | — | | |
| | | Standard Days/Cycle beads | — | | |
| Diaphragm..... | — | | | | |
| Foam/Jelly | — | | | | |

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| 39b | <p>FROM FAMILY PLANNING RECORD BOOK/SALES BOOK, RECORD: The total number of family planning products sold in the last completed month, for each method.</p> | <p>Implant IUD Injectables – 3 months Injectables – 1 month Pill Emergency Contraception..... N-Tablet Male condom..... Female condom Standard Days/Cycle beads..... Diaphragm..... Foam/Jelly.....</p> | <p># of products sold</p> <p>— — — — — — — — — — —</p> | | | | | | | | | | | | | | | | | |
|-----|--|---|--|-----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | <p>CHECK J: type of facility?</p> | <p>Hospital / Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8</p> | <p>Skip to 45 if 1, 5, 6 or 7</p> | | | | | | | | | | | | | | | | | |
| 40 | <p>Which of the following services are provided at this facility: Antenatal Delivery..... Postnatal..... Post-abortion None of the above</p> <p>READ ALL OPTIONS AND SELECT ALL THAT APPLY.</p> | | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> </tbody> </table> | Yes | No | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | <p>Skip to 45 if No to postnatal and post-abortion Skip to 43 if no to postnatal and yes to post-abortion</p> | | | | |
| Yes | No | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| | <p>CHECK 15: Offer FP services/products?</p> | <p>Yes 1 No..... 0</p> | <p>Skip to 46 if No</p> | | | | | | | | | | | | | | | | | |
| 41 | <p>Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: Diet, nutrition, and exercises Postpartum mental health..... Return to fertility Healthy timing and spacing of pregnancies.....</p> <p><u>Advice on:</u> Lactational Amenorrhea Method Long-acting FP methods FP methods for birth spacing..... None of the above</p> <p>READ ALL OPTIONS AND SELECT ALL THAT APPLY.</p> | | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> </tbody> </table> | Yes | No | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | |
| Yes | No | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | |
| 42 | <p>Is the woman offered a method of family planning during the postnatal visit?</p> | <p>Yes 1 No..... 0</p> | | | | | | | | | | | | | | | | | | |
| | <p>CHECK 40: Are post-abortion services offered?</p> | <p>Yes 1 No..... 0</p> | <p>Skip to 45 if No</p> | | | | | | | | | | | | | | | | | |

Service Delivery Point Questionnaire

| | | | | | |
|--|---|-----------------------------|------------|-----------|-----------------|
| 43 | During post-abortion visits, which of the following is discussed with the client: | | <u>Yes</u> | <u>No</u> | |
| | Post-abortion mental health..... | ..... | 1 | 0 | |
| | Return to fertility ..... | ..... | 1 | 0 | |
| | Healthy timing and spacing of pregnancies..... | ..... | 1 | 0 | |
| | Advice on: | | | | |
| | Long-acting FP methods ..... | ..... | 1 | 0 | |
| FP methods for birth spacing..... | ..... | 1 | 0 | | |
| None of the above ..... | ..... | 1 | 0 | | |
| READ ALL OPTIONS AND SELECT ALL THAT APPLY. | | | | | |
| 44 | Is the woman offered a method of family planning during the post-abortion visit? | Yes | | | 1 |
| | | No..... | | | 0 |
| 45 | Which of the following family planning services do you offer to unmarried adolescents? | | <u>Yes</u> | <u>No</u> | |
| | Counsel for contraceptive methods ..... | ..... | 1 | 0 | |
| | Provide contraceptive methods ..... | ..... | 1 | 0 | |
| | Prescribe / refer contraceptive methods..... | ..... | 1 | 0 | |
| | None of the above ..... | ..... | 1 | 0 | |
| READ ALL OPTIONS AND SELECT ALL THAT APPLY | | | | | |
| 46 | Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV? | Yes | | | 1 |
| | | No..... | | | 0 |
| 47 | Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV? | Yes | | | 1 |
| | | No..... | | | 0 |
| | CHECK J: type of facility? | Hospital / Polyclinic | | | 1 |
| | | Health center | | | 2 |
| | | Health clinic | | | 3 |
| | | CHPS | | | 4 |
| | | Pharmacy | | | 5 |
| | | Chemist shop | | | 6 |
| | | Retail outlet | | | 7 |
| | | Other | | | 8 |
| | CHECK 46: Offers HIV Services? | Yes | | | 1 |
| | | No..... | | | 0 |
| 48 | When clients come in for HIV services, does your staff: | | <u>Yes</u> | <u>No</u> | <u>DK</u> |
| | Counsel for family planning? ..... | ..... | 1 | 0 | -88 |
| | Ask the client about reproductive intentions? ..... | ..... | 1 | 0 | -88 |
| | Discuss the FP method preferred by the client?..... | ..... | 1 | 0 | -88 |
| | Discuss instructions and side effects of the client's chosen FP method? ..... | ..... | 1 | 0 | -88 |
| | Discuss dual method use? ..... | ..... | 1 | 0 | -88 |
| | Provide condoms? ..... | ..... | 1 | 0 | -88 |
| | Provide an FP method other than condoms? ..... | ..... | 1 | 0 | -88 |
| Prescribe or refer for FP methods? ..... | ..... | 1 | 0 | -88 | |
| | CHECK 15: Offer FP services/products? | Yes..... | | | 1 |
| | | No | | | 0 |
| | | | | | Skip to R if No |

| | | | | | | |
|----|---|--|---|--|--|--|
| 50 | <p>ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED</p> <p>FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN ROOM WHERE EXAMINATIONS ARE CONDUCTED OR IN AN ADJACENT ROOM.</p> <p>[OBSERVED ITEMS FOR INFECTION CONTROL]</p> <p>O: Observed; RU: Reported, Unseen; NA: Not Available</p> | <p>Running water (piped) 1</p> <p>Other running water (bucket with tap or pour pitcher) 1</p> <p>Water in bucket or basin (water reused) 1</p> <p>Hand-washing soap 1</p> <p>Single-use hand drying towels 1</p> <p>Waste receptacle with lid and plastic liner 1</p> <p>Sharps container 1</p> <p>Disposable latex gloves 1</p> <p>Disinfectant 1</p> <p>Disposable needles and syringes 1</p> <p>Auditory privacy 1</p> <p>Visual privacy 1</p> <p>Examination table 1</p> <p>Client educational materials on FP 1</p> | <p><u>O</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | <p><u>RU</u></p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> | <p><u>NA</u></p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> | |
| 51 | <p>ASSESS CONDITION OF FAMILY PLANNING SERVICE AREA</p> | <p>Floor: swept, no obvious dirt or waste 1</p> <p>Counters/Tables/Chairs: wiped clean, no obvious dirt or waste 1</p> <p>Broken equipment, papers, boxes around making area cluttered and dirty 1</p> <p>Walls: reasonably clean 1</p> <p>Doors: no or minor damage 1</p> <p>Walls: no or minor damage 1</p> <p>Roof: no or minor damages 1</p> | <p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | <p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> | | |
| 52 | <p>You said you provide the following methods. Can you show them to me? For all observed methods: have any been out of stock in the last 6 months?</p> <p>Implant..... 1</p> <p>IUD 1</p> <p>Injectables – 3 months 1</p> <p>Injectables – 1 month 1</p> <p>Pill 1</p> <p>Emergency Contraception 1</p> <p>N-Tablet 1</p> <p>Male condom 1</p> <p>Female condom 1</p> <p>Standard Days/Cycle beads 1</p> <p>Diaphragm 1</p> <p>Foam/Jelly 1</p> <p>O: Observed; N.O.: Not Observed; OOS last 6 mo.: Out of stock in last 6 months</p> <p>SELECT OOS <6 MO IF THE METHOD HAS EVER BEEN OUT OF STOCK IN THE PAST 6 MONTHS, EVEN IF IT IS IN STOCK ON THE DAY OF THE INTERVIEW.</p> <p>IF N.O. IS CHECKED, OOS ALSO NEEDS TO BE CHECKED; CANNOT CHECK BOTH O AND N.O.; EITHER O. OR N.O. MUST BE CHECKED.</p> <p><i>ODK will only display the methods which are provided at the facility from SQ 31</i></p> | | <p><u>O</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | <p><u>N.O.</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> | <p><u>OOS in last 6 mos</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | |

| | | | |
|--|--|--|-----------------|
| 53 | FOR FQ53-56, OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND REPORT ON THE FOLLOWING CONDITION: Are all the methods off the floor? | Yes..... 1 No 0 | |
| 54 | Are all the methods protected from water? | Yes..... 1 No 0 | |
| 55 | Are all the methods protected from the sun? | Yes..... 1 No 0 | |
| 56 | Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)? | Yes..... 1 No 0 | |
| 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 | |
| <p>Thank the respondent for his / her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 3 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE FACILITY.</p> | | | |
| LOCATION AND QUESTIONNAIRE RESULT | | | |
| R | Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE. | <i>Instructions are given directly by the ODK software:</i> RECORD LOCATION | |
| | CHECK: Did you get consent to take the photo? | Yes..... 1 No 0 | Skip to T if No |
| S | Ensure that no people are in the photo | <i>Instructions are given directly by the ODK software</i> TAKE PICTURE CHOOSE IMAGE | |
| T | Record the result of the Service Delivery Point Survey | Completed 1 Not at facility 2 Postponed..... 3 Refused 4 Partly completed 5 Other 6 | |