

Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
IDENTIFICATION											
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	Your name: Is this your name? [ODK will display the name associated with the phone's serial number.] <i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i>	Yes..... 1 No 0									
	Enter your name below. <i>Please record your name</i>	Interviewer's Name									
C	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes..... 1 No 0	Skip to E if Yes								
D	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">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	State	Kaduna 1 Lagos 2									
E	LGA	ODK will populate a list of appropriate LGA based on the STATE selected for SQ E									
E	Enumeration area	ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected for SQ H.									
F	Facility number <i>Please record the number of the facility from the listing form.</i>										
G	Type of facility <i>Please select the type of facility.</i>	Hospital..... 1 Health Center/ PHC..... 2 Maternity Clinic 3 Health Clinic/ Post 4 Family Planning Clinic 5 Youth Friendly Centre..... 6 Pharmacy 7 Chemist/ Patent Medical Store 8 Other..... 9									
H	Managing authority <i>Please select the managing authority for the facility.</i>	Government..... 1 NGO..... 2 Faith-based organization 3 Private..... 4 Other..... 5									
I	Is a competent respondent present and available to be interviewed today?	Yes..... 1 No 0	Skip to M 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 greeting on the next screen:

Hello. My name is _____ and I am working for the Center for Population and Reproductive Health in collaboration with Center for Research, Evaluation Resources, and Development; Population and Reproductive Health Program; and Bayero University Kano 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?

J	May I begin the interview now?	Yes..... 1 No 0	Skip to M if No
	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"/>	
K	Interviewer's name <i>Mark your name as a witness to the consent process.</i>		
L	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."</i>		
M	Name of the facility <i>Please record the name of the facility.</i>		
N	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	

Section 1 – Information about services

Now I would like to ask about the services provided at this facility.

1	When did this facility first begin offering health services / products? <i>Enter Jan 2020 for do not know.</i>	Month: Year:		
2	How many days each week is the facility routinely open? <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		

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3	<p>Now I have some questions about staffing for this facility.</p> <p>For the following questions, please tell me how many staff with this qualification are currently assigned to this facility.</p> <p>Finally, tell me the total number present at any time today.</p> <p><i>We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.</i></p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>		<p><u>Total #</u></p>	<p><u>Present today</u></p>	
	<p>CHECK G: type of facility?</p>	<p>Doctor 1</p> <p>Nurse/midwife/CHO 2</p> <p>CHEW 3</p> <p>Nurse aide/Clinical Assistants 4</p> <p>Pharmacist 5</p> <p>Pharmacy/Laboratory technicians 6</p> <p>Other Medical Staff 7</p>			<p>Skip to SQ5 if G is 4</p> <p>Skip to SQ7 if G is 5-8</p>
4	<p>Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?</p>	<p>Yes, 24-hr staff 1</p> <p>No, no 24-hr staff 0</p> <p>No response -99</p>			
5	<p>Do you have an estimate of the size of the catchment population that this facility serves, that is, the target or total population living in the area served by this facility?</p>	<p>No catchment area 1</p> <p>Yes, knows size of catchment area 2</p> <p>Doesn't know size of catchment area -88</p> <p>No response -99</p>			<p>Skip to SQ7 if No or DK</p>
6	<p>What is the size of the catchment population?</p> <p><i>Record the number of people living in the area served by this facility.</i></p>	<p>Number of people</p>			
7	<p>How many beds does the facility have?</p> <p><i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i></p>	<p>Number of beds</p>			
8	<p>When was the last time an owner / supervisor from outside this facility came here to visit?</p>	<p>Never external supervision 0</p> <p>Within the past 6 months 1</p> <p>More than 6 months ago 2</p> <p>Don't know -88</p> <p>No response -99</p>			
9	<p>Does this facility have electricity today?</p> <p><i>Select for running electricity only. If electricity was off for more than two hours today, mark no.</i></p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>			
10	<p>Does this facility have running water today?</p> <p><i>Select yes for running water only. If water was off for more than two hours today, mark no.</i></p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>			
11	<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>	<p>Number of facilities</p>			<p>Skip to SQ13 if 0</p>

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12	Ask to see the nearest hand-washing facility. At the hand washing facility OBSERVE: <i>Select all that apply.</i>				
			<u>Yes</u>	<u>No</u>	
		Soap is present	1	0	
		Water source is present: stored water	1	0	
		Water source is present: running water	1	0	
		Hand washing area is near a sanitation facility ...	1	0	
	None of the above	-88			
	Did not see the facility	-99			
13	Does the facility have a functioning computer? <i>No need to observe</i>	Yes	1		
		No	0		
		No response	-99		
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		
	No response	-99			
Section 2 – Family Planning Services					
<i>Now I would like to ask about family planning services provided at this facility.</i>					
15	Do you usually offer family planning services / products?	Yes	1	Skip to SQ19 if No	
		No	0		
		No response	-99		
16	When did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [YEAR MONTH FROM SQ1] <i>Enter Jan 2020 for do not know.</i>	Month:			
		Year:			
17	How many days in a week are family planning services / products offered / sold here? The facility is open [DAYS FROM SQ2] per week. <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	Number of days			
18	Are family planning services / products offered here today?	Yes	1		
		No	0		
		No response	-99		
	CHECK G: type of facility?	Hospital	1	Skip to SQ23 if G is 7, 8	
		Health Center/ PHC	2		
		Maternity Clinic	3		
		Health Clinic/ Post	4		
		Family Planning Clinic	5		
		Youth Friendly Centre	6		
		Pharmacy	7		
		Chemist/ Patent Medical Store	8		
	Other				
19	Does this facility provide family planning supervision, support, or supplies to community health volunteers?	Yes	1	Skip to SQ22 if No	
		No	0		
		No response	-99		

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20	<p>How many community health volunteers are supported by this facility?</p> <p><i>Record only CHVs who receive supervision, support, or supplies for family planning.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	Number of CHVs			
21	<p>Do the community health volunteers provide any of the following contraceptives:</p> <p>Condoms.....</p> <p>Pills</p> <p>Injectables.....</p>		<p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p>	
22	<p>How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	Number of times:			
	<p>CHECK 15: Offer FP services/products?</p>	<p>Yes 1</p> <p>No 0</p>			Skip to SQ25 if No
23	<p>Does this facility have any routine user-fees or charges for any services related to family planning?</p> <p><i>This includes any fees, including those for registration or for client health records.</i></p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>			Skip to SQ25 if No
24	<p>Are the official fees posted so that the client can easily see them?</p> <p><i>If yes, posted fees must be observed.</i></p>	<p>Yes, all fees are posted 1</p> <p>Yes, some, not all fees posted 2</p> <p>No posted fees 0</p> <p>No response -99</p>			
25	<p>Do you collect information about clients' opinion in any of the following ways?</p> <p><i>Select all methods that apply</i></p> <p>Suggestion box</p> <p>Client survey form</p> <p>Client interview form.....</p> <p>Official meeting with community leaders.....</p> <p>Informal discussion with client or community</p> <p>Direct client feedback to staff</p> <p>Other</p> <p>None of the above.....</p> <p>Don't know</p> <p>No response.....</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>1</p> <p>1</p> <p>-88</p> <p>-99</p>	<p><u>No</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>	Skip to SQ29 if "None of the above"
26	<p>Is there a procedure for reviewing or reporting on clients' opinions?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>			Skip to SQ28 if No
27	<p>Ask to see a report or form on which data are compiled or discussion is reported.</p>	<p>Report seen 1</p> <p>Report not seen..... 2</p>			
28	<p>In the past 12 months, have any changes been made in the program as a result of client opinion?</p> <p><i>If yes, indicate if the change(s) are related to any of the listed topics.</i></p>	<p>No 0</p> <p>Yes, change in services or times offered or way services are provided..... 1</p> <p>Yes, change for client comfort..... 2</p> <p>Other 3</p> <p>Don't know..... -88</p> <p>No response -99</p>			
	<p>CHECK 15: Offer FP services/products?</p>	<p>Yes 1</p> <p>No 0</p>			Skip to SQ30 if No

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29	<p>In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?</p>	Yes 1 No 0 No response -99																																																																																																																																						
30	<p>Do you use any of the following to review service data for monitoring and evaluation?</p> <p><i>Ask to see any reports, wall graphs or charts that show service data has been reviewed. Select all relevant types of documentation observed.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Wall chart / graph</td> <td>1</td> <td>0</td> </tr> <tr> <td>Written report / minutes</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>0</td> </tr> <tr> <td>Nothing observed</td> <td>1</td> <td>0</td> </tr> </tbody> </table>							Yes	No	Wall chart / graph	1	0	Written report / minutes	1	0	Other	1	0	Nothing observed	1	0																																																																																																																		
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31	<p>Which of the following methods of contraception are counseled, provided, prescribed/referred and/or charged?</p> <p><i>Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred; Chg: charge</i></p> <p><i>All options should be read aloud</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Cou Yes</th> <th>Cou No</th> <th>Pro Yes</th> <th>Pro No</th> <th>Pre Yes</th> <th>Pre No</th> <th>Chg Yes</th> </tr> </thead> <tbody> <tr><td>Female Sterilization</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Male Sterilization</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Implants</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>IUD</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Injectables</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Pill</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Male Condom</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Female Condom</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Emergency Contraception</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Diaphragm</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Foam/Jelly</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>Std. Days/Cycle beads</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td></tr> <tr><td>LAM</td><td>1</td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Rhythm method</td><td>1</td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Withdrawal</td><td>1</td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>							Cou Yes	Cou No	Pro Yes	Pro No	Pre Yes	Pre No	Chg Yes	Female Sterilization	1	0	1	0	1	0	1	Male Sterilization	1	0	1	0	1	0	1	Implants	1	0	1	0	1	0	1	IUD	1	0	1	0	1	0	1	Injectables	1	0	1	0	1	0	1	Pill	1	0	1	0	1	0	1	Male Condom	1	0	1	0	1	0	1	Female Condom	1	0	1	0	1	0	1	Emergency Contraception	1	0	1	0	1	0	1	Diaphragm	1	0	1	0	1	0	1	Foam/Jelly	1	0	1	0	1	0	1	Std. Days/Cycle beads	1	0	1	0	1	0	1	LAM	1	0						Rhythm method	1	0						Withdrawal	1	0						Skip to SQ33 if no charge
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32	<p>How much do you charge for one unit of each method that you provide?</p> <p><i>Enter all prices in Nigerian Naira.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p>[ODK will only display the methods for which the facility charges from SQ 31.]</p>	<p>Amount per unit</p> <table border="1"> <tbody> <tr><td>Female Sterilization</td><td>_____</td></tr> <tr><td>Male Sterilization</td><td>_____</td></tr> <tr><td>Implants</td><td>_____</td></tr> <tr><td>IUD</td><td>_____</td></tr> <tr><td>Injectables</td><td>_____</td></tr> <tr><td>Pill</td><td>_____</td></tr> <tr><td>Male Condom</td><td>_____</td></tr> <tr><td>Female Condom</td><td>_____</td></tr> <tr><td>Emergency Contraception</td><td>_____</td></tr> <tr><td>Diaphragm</td><td>_____</td></tr> <tr><td>Foam/Jelly</td><td>_____</td></tr> <tr><td>Std. Days/Cycle beads</td><td>_____</td></tr> </tbody> </table>						Female Sterilization	_____	Male Sterilization	_____	Implants	_____	IUD	_____	Injectables	_____	Pill	_____	Male Condom	_____	Female Condom	_____	Emergency Contraception	_____	Diaphragm	_____	Foam/Jelly	_____	Std. Days/Cycle beads	_____																																																																																																									
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	CHECK G: type of facility?	Hospital1 Health Center/ PHC.....2 Maternity Clinic3 Health Clinic/ Post.....4 Family Planning Clinic5 Youth Friendly Centre6 Pharmacy7 Chemist/ Patent Medical Store8 Other	Skip to SQ39b if G is 6																											
	CHECK 31: Are implants provided?	Yes 1 No 0	Skip to SQ35 if No																											
33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes 1 No 0 No response -99																												
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes 1 No 0 No response -99																												
	CHECK 31: Are IUDs provided?	Yes 1 No 0	Skip to SQ37 if No																											
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes 1 No 0 No response -99																												
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes 1 No 0 No response -99																												
	CHECK 31: Are implants provided?	Yes 1 No 0	Skip to SQ38 if No																											
37	<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.</i></p> <p><i>Supplies must be available on the day of the interview.</i></p> <p>Clean Gloves 1 0 Antiseptic 1 0 Sterile Gauze Pad or Cotton Wool 1 0 Local Anesthetic..... 1 0 Sealed Implant Pack 1 0 Surgical Blade 1 0 None of the above..... -77 No response..... -99</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Clean Gloves</td> <td>1</td> <td>0</td> </tr> <tr> <td>Antiseptic</td> <td>1</td> <td>0</td> </tr> <tr> <td>Sterile Gauze Pad or Cotton Wool</td> <td>1</td> <td>0</td> </tr> <tr> <td>Local Anesthetic</td> <td>1</td> <td>0</td> </tr> <tr> <td>Sealed Implant Pack</td> <td>1</td> <td>0</td> </tr> <tr> <td>Surgical Blade</td> <td>1</td> <td>0</td> </tr> <tr> <td>None of the above</td> <td>-77</td> <td></td> </tr> <tr> <td>No response</td> <td>-99</td> <td></td> </tr> </tbody> </table>		Yes	No	Clean Gloves	1	0	Antiseptic	1	0	Sterile Gauze Pad or Cotton Wool	1	0	Local Anesthetic	1	0	Sealed Implant Pack	1	0	Surgical Blade	1	0	None of the above	-77		No response	-99		
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	CHECK 31: Are IUDs provided?	Yes 1 No 0	Skip to SQ39a/ b if No																											

Service Delivery Point Questionnaire

<p>38</p>	<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.</i></p> <p><i>Supplies must be available on the day of the interview.</i></p> <p>Sponge-holding forceps</p> <p>Speculums (large and medium)</p> <p>Tenaculum</p> <p>Clamp.....</p> <p>None of the above.....</p> <p>No response.....</p>		<p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>-77</p> <p>-99</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	
	<p>CHECK G: type of facility?</p>	<p>Hospital1</p> <p>Health Center/ PHC.....2</p> <p>Maternity Clinic3</p> <p>Health Clinic/ Post.....4</p> <p>Family Planning Clinic5</p> <p>Youth Friendly Centre6</p> <p>Pharmacy7</p> <p>Chemist/ Patent Medical Store.....8</p> <p>Other</p>	<p>Skip to SQ39a if G is 1-6, 9</p> <p>Skip to SQ39b if G is 7, 8</p>		
<p>39a</p>	<p>From family planning register, record:</p> <p>(1) The total number of family planning visits (new and continuing) in the last completed month, for each method.</p> <p>(2) The number of new clients who received family planning services in the last completed month, for each method.</p> <p><i>Past completed month. Enter -88 for do not know, enter -99 for no response.</i></p>	<p>Female Sterilization</p> <p>Male Sterilization</p> <p>Implant insertions</p> <p>IUD insertion</p> <p>Injectables</p> <p>Pill</p> <p>Male Condom</p> <p>Female Condom</p> <p>Emergency Contraception</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>Std. Days/ beads</p>	<p><u>Total # of visits</u></p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	<p><u># of new clients</u></p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>	
<p>39b</p>	<p>From family planning record book, record:</p> <p><i>The total number of family planning products sold in the last completed month, for each method.</i></p> <p><i>Enter -88 for do not know, enter -99 for no response.</i></p>	<p>Implant</p> <p>IUD</p> <p>Injectables</p> <p>Pill</p> <p>Male Condom</p> <p>Female Condom</p> <p>Emergency Contraception</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>Std. Days/ beads</p>	<p><u># of units sold</u></p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>		

Service Delivery Point Questionnaire



	CHECK G: type of facility?	Hospital1 Health Center/ PHC.....2 Maternity Clinic3 Health Clinic/ Post.....4 Family Planning Clinic5 Youth Friendly Centre6 Pharmacy7 Chemist/ Patent Medical Store8 Other			Skip to SQ45 if G is 7, 8
40	Which of the following services are provided at this facility: <i>Read all options and select all that apply.</i> Antenatal Delivery Postnatal Post-abortion..... None of the above..... No response.....		<u>Yes</u> 1 1 1 1 -77 -99	<u>No</u> 0 0 0 0	Skip to SQ45 if no PNC, no delivery and no PAC. Skip to SQ43 if no PNC, no delivery and yes PAC
41	Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: <i>Read all options and select all that apply.</i> Diet, nutrition, and exercises Postpartum mental health Return to fertility Healthy timing and spacing of pregnancies <u>Advice on:</u> Lactational Amenorrhea Method..... Long-acting family planning methods FP methods for birth spacing..... None of the above No response		<u>Yes</u> 1 1 1 1 1 1 1 -77 -99	<u>No</u> 0 0 0 0 0 0	
42	Is the woman offered a method of family planning during the postnatal visit?	Yes 1 No 0 No response -99			
	CHECK 40: Are post-abortion services offered?	Yes 1 No 0			Skip to SQ45 if No

Service Delivery Point Questionnaire

43	<p>During post-abortion visits, which of the following is discussed with the client:</p> <p><i>Read all options and select all that apply.</i></p> <p>Post-abortion mental health</p> <p>Return to fertility</p> <p>Healthy timing and spacing of pregnancies</p> <p>Advice on:</p> <p>Long-acting family planning methods.....</p> <p>Spacing family planning methods.....</p> <p>None of the above</p> <p>No response</p>		<u>Yes</u>	<u>No</u>			
			1	0			
			1	0			
			1	0			
			1	0			
			-77	0			
			-99				
44	<p>Is the woman offered a method of family planning during the post-abortion visit?</p> <p>Yes</p> <p>No</p> <p>No response</p>				1 0 -99		
45	<p>Which of the following family planning services do you offer to unmarried adolescents?</p> <p><i>Read all options and select all that apply.</i></p> <p>Counsel for contraceptive methods.....</p> <p>Provide contraceptive methods</p> <p>Prescribe / refer contraceptive methods..</p> <p>None of the above</p> <p>No response</p>		<u>Yes</u>	<u>No</u>			
			1	0			
			1	0			
			1	0			
			-99	0			
46	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p> <p>Yes</p> <p>No</p> <p>No response</p>				1 0 -99		
47	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?</p> <p>Yes</p> <p>No</p> <p>No response</p>				1 0 -99		
	<p>CHECK G: type of facility?</p>	<p>Hospital</p> <p>Health Center/ PHC</p> <p>Maternity Clinic</p> <p>Health Clinic/ Post</p> <p>Family Planning Clinic</p> <p>Youth Friendly Centre</p> <p>Pharmacy</p> <p>Chemist/ Patent Medical Store</p> <p>Other</p>				1 2 3 4 5 6 7 8	Skip to SQ52 if G is 5 or 6
	<p>CHECK 46: Offers HIV services?</p> <p>Yes</p> <p>No</p>					1 0	Skip to SQ50 if No
48	<p>Which of the following family planning services do you offer to clients who come in for HIV services:</p> <p><i>Read all options and select all that apply.</i></p> <p>Counsel for contraceptive methods?</p> <p>Provide contraceptive methods?.....</p> <p>Prescribe / refer contraceptive methods?</p> <p>None of the above.....</p>		<u>Yes</u>	<u>No</u>			
			1	0			
			1	0			
			1	0			

Service Delivery Point Questionnaire

49	During an HIV consultation does the provider:		<u>Yes</u>	<u>No</u>	<u>DK</u>	
	Ask the client about reproductive intentions?.....		1	0	-88	
	Discuss the family planning method preferred by the client?.....		1	0	-88	
	Discuss dual family planning method use?.....		1	0	-88	
	Provide condoms?		1	0	-88	
	Discuss instructions and side effects of chosen method?		1	0	-88	
	Offer an FP method other than condom?		1	0	-88	
	CHECK 15: Offer FP services/products?	Yes	1			Skip to SQ57 if No
		No	0			
	CHECK G: type of facility?	Hospital	1			Skip to SQ52a if G is 8
		Health Center/ PHC.....	2			
		Maternity Clinic	3			
		Health Clinic/ Post.....	4			
		Family Planning Clinic	5			
		Youth Friendly Centre	6			
		Pharmacy	7			
		Chemist/ Patent Medical Store.....	8			
		Other				
50	May I see the room where examinations for family planning are conducted?		<u>O</u>	<u>R</u>	<u>NA</u>	
		Running water (piped)	1	2	-77	
		Other running water (bucket with tap or pour pitcher)	1	2	-77	
		Water in bucket or basin (water reused).....	1	2	-77	
		Hand-washing soap	1	2	-77	
		Single-use hand drying towels.....	1	2	-77	
		Waste receptacle with lid and plastic liner	1	2	-77	
		Sharps container.....	1	2	-77	
		Disposable latex gloves	1	2	-77	
		Disinfectant	1	2	-77	
		Disposable needles and syringes.....	1	2	-77	
		Auditory privacy	1	2	-77	
		Visual privacy.....	1	2	-77	
	Examination table	1	2	-77		
	Client educational materials on FP	1	2	-77		
51	OBSERVE: Assess condition of family planning service area		<u>Yes</u>	<u>No</u>		
		Floor: swept, no obvious dirt or waste ...	1	0		
		Counters/Tables/Chairs: wiped clean, no obvious dirt or waste.....	1	0		
		Broken equipment, papers, boxes around making area cluttered and dirty ..	1	0		
		Walls: reasonably clean.....	1	0		
		Doors: no or minor damage.....	1	0		
		Walls: no or minor damage.....	1	0		
		Roof: no or minor damages	1	0		
Questions 52a – 52c will repeat for each method provided at this SDP:						
Methods selected in SQ31:						
<i>List of methods</i>						

Service Delivery Point Questionnaire

52a	<p>You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	<p>In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99</p>	<p>Skip to SQ52c if 1 or 2</p>
52b	<p>How many days has the [METHOD] been out of stock? Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	<p># Days.....</p>	<p>_____</p> <p>Skip to SQ53</p>
52c	<p>Has the [METHOD] been out of stock at any time in the last 3 months? [52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	<p>Yes..... 1 No 0 Do not know -88 No response -99</p>	
53	<p>Observe the place where contraceptive supplies are stored and report on the following condition:</p> <p>Are all the methods off the floor?</p>	<p>Yes..... 1 No 0</p>	
54	<p>Are all the methods protected from water?</p>	<p>Yes..... 1 No 0</p>	
55	<p>Are all the methods protected from the sun?</p>	<p>Yes..... 1 No 0</p>	
56	<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	<p>Yes..... 1 No 0</p>	
57	<p>Ask permission to take a photo of the entrance of the facility.</p> <p>Did you get consent to take the photo?</p>	<p>Yes..... 1 No 0</p>	

Thank the respondent for her / his time.
The respondent is finished, but there are still 3 more questions for you to complete outside the facility.

LOCATION AND QUESTIONNAIRE RESULT

○	<p>Location</p> <p>Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.</p>	<p>RECORD LOCATION</p>	
	<p>CHECK 57: Permission to take photo?</p>		<p>Skip to Q if No</p>

Service Delivery Point Questionnaire

P	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	
Q	Record the result of the Service Delivery Point survey.	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	