



Service Delivery Point Questionnaire

Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
IDENTIFICATION						
A	Interviewer's name: Is this your name? [ODK will display the name associated with the phone's serial number.] <i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i>	Yes 1 No 0				
	Enter your name below. <i>Please record your name</i>	Interviewer's Name				
B	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes 1 No 0				Skip to E if Yes
C	Record the correct date and time.	Date	Day	Month	Year	
		Time	Hour	Min	AM/PM	
D1	Region <i>Please select the name of the region where the facility is located.</i>	Tigray 1 Afar 2 Amhara 3 Oromiya 4 Somali 5 Benishangul Gumz..... 6 S.N.N.P 7 Gambela 8 Harari 9 Addis Ababa..... 10 Dire Dawa 11				
D2	Zone <i>Please select the name of the zone where the facility is located.</i>	ODK will populate a list of appropriate zones based on the selected region.				
D3	Woreda/District <i>Please record the name of the district where the facility is located.</i>	ODK will populate a list of appropriate districts based on the selected zone.				
D4	Kebele/Locality name <i>Please choose the name of the locality where the facility is located. There may be only one choice.</i>	ODK will populate a list of appropriate localities based on the selected district/woreda.				
D5	Enumeration area <i>Based on your selection of the locality, the EA number is below. Select the option to acknowledge.</i>	ODK will display the appropriate EA code based on the selected locality.				

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E	Facility number <i>Please record the number of the facility from the listing form.</i>		
F	Type of facility <i>Please select the type of facility.</i>	Hospital/Polyclinic 1 Health center..... 2 Health Post 3 Health Clinic..... 4 Pharmacy 5 Retail Outlet 6 Other 96	
G	Managing authority <i>Please select the managing authority for the facility.</i>	Government 1 NGO 2 Faith-based organization 3 Private 4 Other 5	
H	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to O if No
INFORMED CONSENT			
<i>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:</i>			
<p>Hello. My name is _____ . We are here on behalf of the Addis Ababa University, and Federal Ministry of Health to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.</p> <p>Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.</p> <p>We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?</p>			
I	Explain the informed consent form. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to O if No
J	Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ B]."</i>	<input style="width: 150px; height: 20px;" type="text"/>	
K	Name of the facility <i>Please record the name of the facility.</i>		
L	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	

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M	<p>When did you first begin working at this facility?</p> <p><i>Enter Jan 2020 for do not know.</i></p>	Month:			
		Year:			
N	<p>Have you previously participated in the PMA2020 service delivery point survey at this facility?</p>	Yes	1		
		No	0		
Section 1 – Information about services					
<i>Now I would like to ask about the services provided at this facility</i>					
1	<p>What year did this facility first begin offering health services / products?</p> <p><i>Enter Jan 2020 for do not know.</i></p>	Month	<input type="text"/>		
		Year	<input type="text"/>		
2	<p>How many days each week is the facility routinely open?</p> <p><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></p>	Number of days	<input type="text"/>		
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>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>		<u>Actual #</u>	<u>Present today</u>	
		Doctor	—	—	
		Nurse/midwife	—	—	
		Health Officer	—	—	
		Ambulance staff	—	—	
		Pharmacist	—	—	
		Medical counter assistants	—	—	
		Other medical staff	—	—	
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>	Yes, 24-hr staff	1		
		No, no 24-hr staff	0		
		No response	-99		
	<p>CHECK K: type of facility?</p>	Hospital/Polyclinic	1		Skip to 8 if K is 5,6
		Health center	2		
		Health Post	3		
		Health Clinic	4		
		Pharmacy	5		
		Retail Outlet	6		
		Other	96		
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>	No catchment area	1		Skip to 7 if No or DK
		Yes, knows size of catchment area	2		
		Doesn't know size of catchment area	-88		
		No response	-99		
6	<p>What is the size of the catchment population?</p> <p><i>Record the number of people living in the area served by this facility.</i></p>	Number of people	<input type="text"/>		

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7	<p>How many beds does the facility have? <i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i></p>	Number of beds <input type="text"/>			
8	<p>When was the last time an owner / supervisor from outside this facility came here to visit?</p>	Never external supervision 0 Within the past 6 months 1 More than 6 months ago 2 Don't know -88 No response -99			
9	<p>Does this facility have electricity today? <i>Select for running electricity only. If electricity was off for more than two hours today, mark no.</i></p>	Yes 1 No 0			
10	<p>Does this facility have running water today? <i>Select for running water only. If water was off for more than two hours today, mark no.</i></p>	Yes 1 No 0			
	<p>CHECK F: type of facility?</p>	Hospital/Polyclinic 1 Health center 2 Health Post 3 Health Clinic 4 Pharmacy 5 Retail Outlet 6 Other 96			Skip to 13 if K is 5,6
11	<p>How many hand-washing facilities are available on site for staff to use? <i>Enter -88 for do not know, -99 for no response.</i></p>	Number of facilities <input type="text"/>			Skip to 13 if 0
12	<p>Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE: <i>Select all that apply.</i></p> <p>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</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1 1 1 1 -77 -99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0 0 0 0 0</p>	
13	<p>Does the facility have a functioning computer? <i>No need to observe</i></p>	Yes 1 No 0			
	<p>CHECK F: type of facility?</p>	Hospital/Polyclinic 1 Health center 2 Health Post 3 Health Clinic 4 Pharmacy 5 Retail Outlet 6 Other 96			Skip to 15 if K is 6

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	How does this facility finally dispose of sharp items or filled sharps boxes?	Never have sharps waste0 Burn in incinerator.....1 Open Burning.....2 Dump without burning3 Remove offsite.....4 Other5 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 No0	Skip to 19 if No
16	What year did this facility first begin offering family planning services / products? The respondent reported that the facility opened in [YEAR MONTH FROM SQ1] <i>Enter Jan 2020 for do not know.</i>	Month <input type="text"/> Year <input type="text"/>	
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 <input type="text"/>	
18	Are family planning services / products offered here today?	Yes.....1 No0	
	CHECK F: type of facility?	Hospital/Polyclinic 1 Health center..... 2 Health Post 3 Health Clinic..... 4 Pharmacy..... 5 Retail Outlet 6 Other 96	Skip to 23 if K is 5,6
19	Does this facility provide family planning supervision, support, or supplies to community health volunteers? <i>If any HEWs were recorded as paid staff of the facility in SQ3 they should not be listed as CHVs as well.</i>	Yes.....1 No0	Skip to 22 if No
20	How many community health volunteers are supported by this facility? <i>Record only CHVs who receive supervision, support, or supplies for family planning. Enter -88 for do not know, -99 for no response.</i> <i>If any HEWs were recorded as paid staff of the facility in SQ3 they should not be listed as CHVs as well.</i>	Number of CHVs <input type="text"/>	

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21	<p>Do the community health volunteers provide any of the following contraceptives:</p> <p>Condoms</p> <p>Pills</p> <p>Injectables.....</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>-77</p> <p>-99</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p>	
22	<p>How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	<p>Number of times <input data-bbox="1038 555 1257 636" type="text"/></p>			
	<p>CHECK 15: Offer FP services/products?</p>	<p>Yes.....1</p> <p>No.....0</p>			<p>Skip to 25 if No</p>
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>Skip to 25 if No</p>
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 posted1</p> <p>Some, not all, fees posted2</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>-77</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>Skip to 29 if "None of the above"</p>
26	<p>Is there a procedure for reviewing or reporting on clients' opinions?</p>	<p>Yes.....1</p> <p>No.....0</p>			<p>Skip to 28 if No</p>
27	<p>Ask to see a report or form on which data are compiled or discussion is reported.</p>	<p>Report seen1</p> <p>Report not seen2</p>			
28	<p>In the past 6 months, have any changes been made in the program as a result of client opinion?</p> <p><i>If yes, indicate if the change(s) are related to any of the listed topics.</i></p>	<p>No.....0</p> <p>Yes, change in services or times offered or way services are provided1</p> <p>Yes, change for client comfort2</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>			<p>Skip to 30 if No</p>

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29	<p>In the past 6 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?</p>	Yes.....1 No0							
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> <p>Wall chart / graph.....</p> <p>Written report / minutes.....</p> <p>Other.....</p> <p>Nothing observed.....</p>			<u>Yes</u> 1 1 1 1		<u>No</u> 0 0 0 0			
	<p>CHECK 15: Offer FP services/products?</p>	Yes.....1 No0							Skip to 40 if No
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> <p>Female Sterilization.....</p> <p>Male Sterilization.....</p> <p>Implants.....</p> <p>IUD.....</p> <p>Injectables.....</p> <p>Pill.....</p> <p>Progestin Only Pills.....</p> <p>Male Condom.....</p> <p>Female Condom.....</p> <p>Emergency Contraception.....</p> <p>Std. Days/Cycle beads.....</p> <p>LAM.....</p> <p>Rhythm method.....</p> <p>Withdrawal.....</p>	<u>Cou</u> <u>Yes</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>s</u>	<u>Pre</u> <u>No</u>	<u>Chg</u> <u>Yes</u>	Skip to 33 if no charges

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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 Ethiopian Birr.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p>[ODK will only display the methods for which the facility charges from SQ 31.]</p> <p>Female Sterilization</p> <p>Male Sterilization</p> <p>Implants</p> <p>IUD</p> <p>Injectables.....</p> <p>Pill</p> <p>Progestin Only Pills</p> <p>Male Condom</p> <p>Female Condom</p> <p>Emergency Contraception</p> <p>Std. Days/Cycle beads</p>	<p>Amount per unit</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	CHECK F: type of facility?	<p>Hospital/Polyclinic 1</p> <p>Health center..... 2</p> <p>Health Post 3</p> <p>Health Clinic..... 4</p> <p>Pharmacy..... 5</p> <p>Retail Outlet 6</p> <p>Other 96</p>	
	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

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
37	<p>Does this facility have the following supplies needed to insert and/or remove implants:</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> <p>Clean Gloves Antiseptic Sterile Gauze Pad or Cotton Wool..... Local Anesthetic Sealed Implant Pack..... Surgical Blade..... None of the above No response</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1 1 1 1 1 1 -77 -99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0 0 0 0 0 0</p>	
	<p>CHECK 31: Are IUDs provided?</p>	<p>Yes..... 1 No 0</p>			<p>Skip to 39 if No</p>
38	<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> <p>Sponge-holding forceps..... Speculums (large and medium)..... Tenaculum Clamp None of the above No response</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1 1 1 1 -77 -99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0 0 0 0</p>	
	<p>CHECK F: type of facility?</p>	<p>Hospital/Polyclinic 1 Health center..... 2 Health Post 3 Health Clinic..... 4 Pharmacy..... 5 Retail Outlet 6 Other 96</p>			<p>39a if K is 1-4, 96 39b if K is 5,6</p>
39a	<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 no not know, enter -99 for no response.</i></p>	<p>Fem. sterilization..... Male sterilization IUD..... Pill for breastfeeding mother..... Injectables..... Implants Pill Male Condom Female condom Emergency contraception ... Standard Days/ Cycle beads</p>	<p style="text-align: center;"><u>Total # of visits</u></p> <p style="text-align: center;">— — — — — — — — — — —</p>	<p style="text-align: center;"><u># of new clients</u></p> <p style="text-align: center;">— — — — — — — — — — —</p>	

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39b	<p>From family planning record book, record:</p> <p>The total number of family planning products sold or provided in the last completed month, for each method.</p> <p><i>The total number of family planning products sold or provided 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>	IUD..... Pill for breastfeeding mother..... Injectables..... Implants..... Pill..... Male condom..... Female condom..... Emergency contraception... Standard Days / Cycle beads.....	<p style="text-align: center;"><u># of units sold</u></p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p> <p style="text-align: center;">—</p>	
40	<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..... Delivery..... Postnatal..... Post-abortion.....		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p>	Skip to 45 if no post-natal, delivery and post-abortion. Skip to 43 if no postnatal & delivery and yes post-abortion
41	<p>Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery:</p> <p><i>Read all options and select all that apply.</i></p> Diet, nutrition, and exercises..... Postpartum mental health..... Return to fertility..... Healthy timing and spacing of pregnancies..... <u>Advice on:</u> Lactational Amenorrhea Method..... Manesterial Method..... Long-acting methods..... FP methods for birth spacing..... None of the above..... No response.....		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">-77 0</p> <p style="text-align: center;">-99</p>	
42	<p>Is the woman offered a method of family planning during the postnatal visit?</p>	Yes.....1 No.....0		
	<p>CHECK 40: Are post-abortion services offered?</p>	Yes.....1 No.....0		Skip to 45 if No
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> Post-abortion mental health..... Return to fertility..... Healthy timing and spacing of pregnancies..... <u>Advice on:</u> Long-acting methods..... FP methods for birth spacing..... None of the above..... No response.....		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">1 0</p> <p style="text-align: center;">-77</p> <p style="text-align: center;">-99</p>	
44	<p>Is the woman offered a method of family planning during the post-abortion visit?</p>	Yes.....1 No.....0		

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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>		<p style="text-align: center;"><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>-77</p> <p>-99</p>	<p style="text-align: center;"><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>		
46	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	<p>Yes.....1</p> <p>No.....0</p>				
47	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?</p>	<p>Yes.....1</p> <p>No.....0</p>				
	<p>CHECK F: type of facility?</p>	<p>Hospital/Polyclinic..... 1</p> <p>Health center..... 2</p> <p>Health Post..... 3</p> <p>Health Clinic..... 4</p> <p>Pharmacy..... 5</p> <p>Retail Outlet..... 6</p> <p>Other..... 96</p>			<p>Skip to 52 if K is 5,6</p>	
	<p>CHECK 46: Offers HIV services?</p>	<p>Yes.....1</p> <p>No.....0</p>			<p>Skip to 50 if No</p>	
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> <p>No response.....</p>		<p style="text-align: center;"><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>-77</p> <p>-99</p>	<p style="text-align: center;"><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>		
49	<p>During an HIV consultation does the provider:</p> <p>Ask the client about reproductive intentions?</p> <p>Discuss the FP method preferred by the client?.....</p> <p>Discuss dual method use?.....</p> <p>Provide condoms?</p> <p>Discuss instructions and side effects of chosen FP method?.....</p> <p>Offer an FP method other than condoms?</p>		<p style="text-align: center;"><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p style="text-align: center;"><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p style="text-align: center;"><u>DK</u></p> <p>-88</p> <p>-88</p> <p>-88</p> <p>-88</p> <p>-88</p> <p>-88</p>	
	<p>CHECK 15: Offer FP services/products?</p>	<p>Yes.....1</p> <p>No.....0</p>			<p>Skip to 57 if No</p>	

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
50	<p>May I see the room where examinations for family planning are conducted?</p> <p><i>For each of the following items, check to see whether item is either in room where examinations are conducted or in an adjacent room.</i></p> <p><i>O: Observed; RU: Reported, Unseen; NA: Not Available</i></p> <p><i>Must answer all of the above or none of the above.</i></p>	Running water (piped)..... 1 Other running water (bucket with tap or pour pitcher) 1 Water in bucket or basin (water reused) 1 Hand-washing soap 1 Single-use hand drying towels 1 Waste receptacle with lid and plastic liner 1 Sharps container..... 1 Disposable latex gloves 1 Disinfectant 1 Disposable needles and syringes 1 Auditory privacy..... 1 Visual privacy 1 Examination table..... 1 Client educational materials on FP 1	<u>O</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>RU</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>NA</u> -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77	
51	<p>OBSERVE: Assess condition of family planning service area</p> <p><i>Must answer all of the above or none of the above.</i></p>	Floor: swept, no obvious dirt or waste..... 1 Counters/Tables/Chairs: wiped clean, no obvious dirt or waste..... 1 Broken equipment, papers, boxes around making area cluttered and dirty 1 Walls: reasonably clean 1 Doors: no or minor damage 1 Walls: no or minor damage 1 Roof: no or minor damages..... 1	<u>Yes</u> 1 1 1 1 1 1	<u>No</u> 0 0 0 0 0 0		
52a	<p>You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?</p> <p>If no, probe: Is the [METHOD] out of stock today?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99	Skip to SQ 52c if 1 or 2			
52b	<p>How many days has the [METHOD] been out of stock?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	# Days	---	Skip to SQ 53		
52c	<p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[52a-c will repeat for each of the methods that are provided at the facility according to SQ 31, except Female and Male Sterilization]</p>	Yes..... 1 No 0				
53a	<p>May I see the room where contraceptive supplies are stored?</p> <p>If you are already in the room, select "Yes"</p>	Yes..... 1 No 0				
53	<p>Observe the place where contraceptive supplies are stored and report on the following condition:</p> <p>Are all the methods off the floor?</p>	Yes..... 1 No 0				
54	<p>Are all the methods protected from water?</p>	Yes..... 1 No 0				

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
55	Are all the methods protected from the sun?	Yes.....1 No0	
56	Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?	Yes.....1 No0	
57	Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo?	Yes.....1 No0	
<p>Thank the respondent for her / his time. <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>			
LOCATION AND QUESTIONNAIRE RESULT			
O	Location Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.	RECORD LOCATION	
	CHECK 57: Permission to take photo?		Skip to Q if No
P	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	
Q	How many times have you visited this service delivery point for this interview?	1 st time 1 2 nd time..... 2 3 rd time 3	
R	Record the result of the Service Delivery Point Questionnaire.	Completed1 Not at facility2 Postponed.....3 Refused4 Partly completed5 Other6	