

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 D to if Yes								
C	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">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								
D	State	Kaduna 1 Lagos 2 Taraba..... 3 Kano..... 4 Rivers 5 Nasarawa 6 Anambra 7									
D	LGA	ODK will populate a list of LGAs based on the STATE selected.									
D	Locality	ODK will populate a list of Localities based on the LGA selected.									
D	Enumeration area	ODK will populate a list of enumeration areas based on the Locality selected.									
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 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 96									

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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 SQ57 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 _____ and I am working for the Center for Research, Evaluation Resources, and Development in collaboration with Bayero University Kano 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	May I begin the interview now?	Yes 1 No 0	Skip to P 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 type="text"/>	
K	Name of the facility <i>Please record the name of the facility.</i>	<input type="text"/>	
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	
M	When did you first begin working at this facility? <i>Enter Jan 2020 for do not know.</i>	Month <input type="text"/> Year <input type="text"/>	
N	Have you previously participated in the PMA2020 service delivery point survey at this facility?	Yes 1 No 0 Do not know -88 No response -99	

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
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>Total #</u>	<u>Present today</u>	
		Doctor	—	—	
		Nurse/midwife/CHO	—	—	
		CHEW	—	—	
		Nurse aide/Clinical Assistants	—	—	
		Pharmacist	—	—	
		Pharmacy/Laboratory technicians	—	—	
		Other Medical Staff	—	—	
	CHECK F: type of facility?	Hospital	1		Skip to SQ5 if F is 4
		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	96		Skip to SQ7 if F is 5-8
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		
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"/>		
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>	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		

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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																						
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.....</p> <p>Water source is present: stored water.....</p> <p>Water source is present: running water.....</p> <p>Hand washing area is near a sanitation facility.....</p> <p>None of the above</p> <p>Did not see the facility</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>-77</td> <td></td> </tr> <tr> <td>.....</td> <td>-99</td> <td></td> </tr> </tbody> </table>		Yes	No	1	0	1	0	1	0	1	0	-77		-99		
	Yes	No																						
.....	1	0																						
.....	1	0																						
.....	1	0																						
.....	1	0																						
.....	-77																							
.....	-99																							
13	<p>Does the facility have a functioning computer? <i>No need to observe</i></p>	Yes..... 1 No 0																						
14	<p>How does this facility finally dispose of sharp items or filled sharps boxes?</p>	Never have sharps waste 0 Burn in incinerator..... 1 Open Burning..... 2 Dump without burning..... 3 Remove offsite..... 4 Other..... 5 No response -99																						
<p>Section 2 – Family Planning Services</p> <p><i>Now I would like to ask about family planning services provided at this facility.</i></p>																								
15	<p>Do you usually offer family planning services / products?</p>	Yes..... 1 No 0	Skip to 19 if No																					
16	<p>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></p>	Month <input type="text"/> Year <input type="text"/>																						
17	<p>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></p>	Number of days <input type="text"/>																						

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
18	Are family planning services / products offered here today?	Yes.....	1		
		No	0		
	CHECK F: type of facility?	Hospital.....	1		Skip to 23 if F 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.....	96		
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? <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i> <i>If CHVs were recorded as employees in SQ3, please do not include them here as well.</i> <i>Enter -88 for do not know, -99 for no response.</i>	Number of CHVs	<input style="width: 100px; height: 20px;" type="text"/>		
21	Do the community health volunteers provide any of the following contraceptives: Condoms		<u>Yes</u>	<u>No</u>	
	Pills.....		1	0	
	Injectables		1	0	
	None of the above		-77		
	No response		-99		
22	How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/ additional family planning services? <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	Number of times	<input style="width: 100px; height: 20px;" type="text"/>		
	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? <i>This includes any fees, including those for registration or for client health records.</i>	Yes.....	1		Skip to 25 if No
		No	0		
24	Are the official fees posted so that the client can easily see them? <i>If yes, posted fees must be observed.</i>	Yes, all fees are posted	1		
		Some, not all, fees posted	2		
		No posted fees.....	0		
		No response	-99		

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25	Do you collect information about clients' opinion in any of the following ways? <i>Select all methods that apply.</i>		<u>Yes</u>	<u>No</u>	Skip to 29 if "None of the above"
	Suggestion box	1	0		
	Client survey form	1	0		
	Client interview form	1	0		
	Official meeting with community leaders	1	0		
	Informal discussion with client or community ..	1	0		
	Direct client feedback to staff	1	0		
	Other.....	1	0		
	None of the above	-77			
Don't know	-88				
No response	-99				
26	Is there a procedure for reviewing or reporting on clients' opinions?	Yes.....	1		Skip to 28 if No
	No	0			
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? <i>If yes, indicate if the change(s) are related to any of the listed topics.</i>	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		
	No response	-99			
	CHECK 15: Offer FP services/products?	Yes.....	1		Skip to 30 if No
	No	0			
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? <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>		<u>Yes</u>	<u>No</u>	
	Wall chart / graph.....	1	0		
	Written report / minutes	1	0		
	Other.....	1	0		
	Nothing observed	1	0		
	CHECK 15: Offer FP services/products?	Yes.....	1		Skip to 40 if No
	No.....	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> <p>Female Sterilization</p> <p>Male Sterilization</p> <p>Implants</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/Cycle beads</p> <p>LAM</p> <p>Rhythm method</p> <p>Withdrawal</p>	<p><u>Cou</u> Yes</p>	<p><u>Cou</u> No</p>	<p><u>Pro</u> Yes</p>	<p><u>Pro</u> No</p>	<p><u>Pre</u> Yes</p>	<p><u>Pre</u> No</p>	<p><u>Chg</u> Yes</p>	<p>Skip to 33 if none of the methods are charged Skip to 45 if the methods are not provided</p>
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 style="text-align: right;">Amount per unit</p> <p>Female Sterilization</p> <p>Male Sterilization</p> <p>Implants</p> <p>IUD</p> <p>Injectables</p> <p>Pill</p> <p>Emergency Contraception</p> <p>Male Condom</p> <p>Female Condom</p> <p>Diaphragm</p> <p>Foam/Jelly</p> <p>Std. Days/Cycle beads</p>							
	<p>CHECK F: type of facility?</p>	<p>Hospital..... 1</p> <p>Health Center/ PHC 2</p> <p>Maternity Clinic 3</p> <p>Health Clinic/ Post 4</p> <p>Family Planning Clinic 5</p> <p>Youth Friendly Centre 6</p> <p>Pharmacy..... 7</p> <p>Chemist/ Patent Medical Store 8</p> <p>Other.....96</p>							<p>Skip to 39b if F is 6</p>
	<p>CHECK 31: Are implants provided?</p>	<p>Yes..... 1</p> <p>No 0</p>							<p>Skip to 35 if No</p>

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33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes.....	1		
		No.....	0		
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes.....	1		
		No.....	0		
	CHECK 31: Are IUDs provided?	Yes.....	1	Skip to 37 if No	
		No.....	0		
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes.....	1		
		No.....	0		
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes.....	1		
		No.....	0		
	CHECK 31: Are implants provided?	Yes.....	1	Skip to 38 if No	
		No.....	0		
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.....</p> <p>Antiseptic.....</p> <p>Sterile Gauze Pad or Cotton Wool.....</p> <p>Local Anesthetic.....</p> <p>Sealed Implant Pack.....</p> <p>Surgical Blade.....</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>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>0</p> <p>0</p>	
	CHECK 31: Are IUDs provided?	Yes.....	1	Skip to 39 if No	
		No.....	0		
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.....</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>	

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<p>39a</p>	<p>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. <i>Past completed month. Enter -88 for no not know, enter -99 for no response.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Total</th> <th>New</th> </tr> </thead> <tbody> <tr><td>Female Sterilization</td><td></td><td></td></tr> <tr><td>Male Sterilization</td><td></td><td></td></tr> <tr><td>Implants</td><td></td><td></td></tr> <tr><td>IUD</td><td></td><td></td></tr> <tr><td>Injectables</td><td></td><td></td></tr> <tr><td>Pill</td><td></td><td></td></tr> <tr><td>Emergency Contraception</td><td></td><td></td></tr> <tr><td>Male Condom</td><td></td><td></td></tr> <tr><td>Female Condom</td><td></td><td></td></tr> <tr><td>Diaphragm</td><td></td><td></td></tr> <tr><td>Foam/Jelly</td><td></td><td></td></tr> <tr><td>Std. Days/Cycle beads</td><td></td><td></td></tr> </tbody> </table>		Total	New	Female Sterilization			Male Sterilization			Implants			IUD			Injectables			Pill			Emergency Contraception			Male Condom			Female Condom			Diaphragm			Foam/Jelly			Std. Days/Cycle beads			
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<p>39b</p>	<p>From family planning record book, record: The total number of family planning products sold in the last completed month, for each method. <i>The total number of family planning products sold in the last completed month, for each method.</i> <i>Enter -88 for do not know, enter -99 for no response.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Total</th> </tr> </thead> <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>Emergency Contraception</td><td></td></tr> <tr><td>Male Condom</td><td></td></tr> <tr><td>Female Condom</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>		Total	Female Sterilization		Male Sterilization		Implants		IUD		Injectables		Pill		Emergency Contraception		Male Condom		Female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads															
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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> <p>Antenatal.....</p> <p>Delivery.....</p> <p>Postnatal.....</p> <p>Post-abortion</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0</p> <p style="text-align: center;">0</p> <p style="text-align: center;">0</p> <p style="text-align: center;">0</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Skip to 45 if no post-natal, delivery and post-abortion. Skip to 43 if no postnatal & delivery and yes post-abortion</p>
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> <p>Diet, nutrition, and exercises</p> <p>Postpartum mental health</p> <p>Return to fertility.....</p> <p>Healthy timing and spacing of pregnancies</p> <p><u>Advice on:</u></p> <p>Lactational Amenorrhea Method</p> <p>Long-acting methods.....</p> <p>FP methods for birth spacing</p> <p>None of the above</p> <p>No response.....</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1</p> <p style="text-align: center;">-77</p> <p style="text-align: center;">-99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0</p>	
42	<p>Is the woman offered a method of family planning during the postnatal visit?</p>	<p>Yes.....1</p> <p>No0</p>			
	<p>CHECK 40: Are post-abortion services offered?</p>	<p>Yes.....1</p> <p>No0</p>			<p>Skip to 45 if No</p>
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><u>Advice on:</u></p> <p>Long-acting methods</p> <p>FP methods for birth spacing</p> <p>None of the above</p> <p>No response.....</p>		<p style="text-align: center;"><u>Yes</u></p> <p style="text-align: center;">1</p> <p style="text-align: center;">-77</p> <p style="text-align: center;">-99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0</p>	
44	<p>Is the woman offered a method of family planning during the post-abortion visit?</p>	<p>Yes.....1</p> <p>No0</p>			
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 style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">-77</p> <p style="text-align: center;">-99</p>	<p style="text-align: center;"><u>No</u></p> <p style="text-align: center;">0</p> <p style="text-align: center;">0</p> <p style="text-align: center;">0</p>	

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
46	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes.....	1		
		No	0		
		No response	-99		
47	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?	Yes.....	1		
		No	0		
		No response	-99		
	CHECK F: type of facility?	Hospital	1		Skip to 52 if F is 5 or 6
		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.....	96		
	CHECK 46: Offers HIV services?	Yes.....	1		Skip to 50 if No
		No	0		
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>		<u>Yes</u>	<u>No</u>	
			1	0	
			1	0	
			1	0	
			-77		
			-99		
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 condom?</p>		<u>Yes</u>	<u>No</u>	<u>DK</u>
			1	0	-88
			1	0	-88
			1	0	-88
			1	0	-88
			1	0	-88
			1	0	-88
	CHECK 15: Offer FP services/products?	Yes.....	1		Skip to 57 if No
		No	0		
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	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

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP														
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	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>1</td> <td>0</td> </tr> </table>	Yes	No	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																	
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> <p>Enter 1 if only for today. Enter -88 for Do not know. Enter -99 for No response.</p>	Number of Days <input data-bbox="1038 913 1257 994" type="text"/>	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 Don't know -88 No response -99																
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																
55	<p>Are all the methods protected from the sun?</p>	Yes..... 1 No 0																
56	<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	Yes..... 1 No 0																

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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</p> <p>No 0</p>	
<p>Thank the respondent for her / his time.</p> <p><i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>			
<p>LOCATION AND QUESTIONNAIRE RESULT</p>			
O.	<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>	RECORD LOCATION	
	CHECK 57: Permission to take photo?		Skip to U if No
P.	Ensure that no people are in the photo	<p>TAKE PICTURE</p> <p>CHOOSE IMAGE</p>	
Q.	How many times have you visited this service delivery point for this interview?	<p>1st time 1</p> <p>2nd time 2</p> <p>3rd time 3</p>	
R	Record the result of the Service Delivery Point Questionnaire.	<p>Completed 1</p> <p>Not at facility 2</p> <p>Postponed 3</p> <p>Refused 4</p> <p>Partly completed 5</p> <p>Other 6</p>	