



**Service Delivery Point (SDP) Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
<b>IDENTIFICATION</b>						
A	<b>Interviewer's name: Is this your name?</b> [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				
	<b>Enter your name below.</b> <i>Please record your name</i>	Interviewer's Name				
B	<b>Current date and time.</b> [ODK will display on screen]  <b>Is this date and time correct?</b>	Yes ..... 1 No ..... 0				Skip to D if Yes
C	<b>Record the correct date and time.</b>	Date	Day	Month	Year	
		Time	Hour	Min	AM/PM	
D	<b>Commune</b>	Barumba ..... 1 Bumbu ..... 2 Kalamu ..... 3 Kimbanseke ..... 4 Kinshasa ..... 5 Kintambo ..... 6 Kisenso ..... 7 Lemba ..... 8 Limete ..... 9 Lingwala ..... 10 Masina ..... 11 Matete ..... 12 Mont-Ngafula ..... 13 Ngaba ..... 14 Ngaliema ..... 15 Ngiringiri ..... 16 Salembao ..... 17				
D1	<b>Quartier</b>	ODK will populate a list of appropriate quartiers based on the commune selected previously				
D2	<b>Health zone</b>	ODK will populate a list of appropriate Health zones based on the quartier selected previously.				
E	<b>Facility number</b> <i>Please record the number of the facility from the listing form.</i>	# _____				

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F	<p><b>Type of facility</b></p> <p><i>Please select the type of facility.</i></p>	Hospital / Polyclinic..... 1 Clinique..... 2 Centre de sante ..... 3 Poste de sante..... 4 Pharmacie ..... 5 Boutique ..... 6 Ligablo ..... 7 Autre ..... 8	
G	<p><b>Managing authority</b></p> <p><i>Please select the managing authority for the facility.</i></p>	Government..... 1 NGO ..... 2 Faith-based organization ..... 3 Private ..... 4 Other..... 5	
H	<p><b>Is a competent respondent present and available to be interviewed today?</b></p>	Yes ..... 1 No ..... 0	Skip to O if No
<p><b>INFORMED CONSENT</b></p> <p><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>			
<p>"Hello. My name is _____ . I am here representing the Ministry of Health and the School of Public Health Kinshasa to learn more about health services in Kinshasa. Now I will read a statement explaining this survey.</p> <p>Our team seeks to identify and visit health facilities providing family planning services in Kinshasa. We would like to ask you about family planning services offered in your facility and look at your data collection logs. Information about your property will be used by healthcare organizations to improve family planning services or for studies on health services. The data collected on your property may also be used by researchers for analysis.</p> <p>We ask you to help us ensure the accuracy of the information we collect. If another person would be more able to answer some survey questions, please let us know and kindly introduce us to that person.</p> <p>You can refuse to answer questions that will be asked as many times as you want, and decide to stop the survey at any time. Do you have questions about this survey? "</p>			
I	<p>Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask:</p> <p><b>May I begin the interview now?</b></p>	Yes ..... 1 No ..... 0	Skip to O if No
	<p><b>Respondent's signature</b></p> <p><i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	Gather signature: Check box: <input type="checkbox"/>	
J	<p><b>Interviewer's name</b></p> <p><i>Please record your name as a witness to the consent process. You previously entered "[NAME FROM HQ A]."</i></p>		
K	<p><b>Name of the facility</b></p> <p><i>Please record the name of the facility.</i></p>		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
L	<p><b>What is your position in this facility?</b>  <i>Select the highest managerial qualification of the respondent.</i></p>	Owner .....	1	
		In-charge / manager .....	2	
		Staff .....	3	
M	<p>When did you first begin working at this facility?  <i>Enter Jan 2020 for do not know.</i></p>	Months:		
		Years:		
N	<p>Have you previously participated in the PMA2020 service delivery point survey at this facility?</p>	Yes .....	1	
		No .....	0	
		Don't know .....	-88	
		No response .....	-99	
<b>Section 1 – Information about services</b>				
<i>Now I would like to ask about the services provided at this facility</i>				
1	<p><b>What year did this facility first begin offering health services / products?</b>  <i>Enter Jan 2020 for do not know.</i></p>	Month:		
		Year:		
2	<p><b>How many days each week is the facility routinely open?</b>  <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		
3	<p><b>Now I have some questions about staffing for this facility.</b>  <b>For the following questions, please tell me how many staff with this qualification are currently assigned to this facility.</b>  <b>Finally, tell me the total number present at any time today.</b>  <b>We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.</b>  <i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	Doctor/Medical Officer ..... Nurse/midwife ..... Nursing Assistant/Aide ..... Paramedic ..... Clinic Officer/Medical Assistant ..... Dispenser ..... Pharmacist..... Other medical staff .....	Actual # — — — — — — —	Present today — — — — — — —
	<p><b>CHECK F: type of facility?</b></p>	Hospital / Polyclinic..... Clinique..... Centre de sante ..... Poste de sante..... Pharmacie ..... Boutique ..... Ligablo ..... Autre .....	1 2 3 4 5 6 7 8	Skip to 8 if F is #
4	<p><b>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?</b></p>	Yes, 24-hr staff ..... No, no 24-hr staff..... No response .....	1 0 -99	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																					
5	<b>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?</b>	No catchment area ..... 1 Yes, knows size of catchment area ..... 2 Doesn't know size of catchment area ..... 3 No response ..... -99		Skip to 7 if No or DK																					
6	<b>What is the size of the catchment population?</b> <i>Record the number of people living in the area served by this facility.</i>	Number of people																							
7	<b>How many beds does the facility have?</b> <i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i>	Number of beds																							
8	<b>When was the last time an owner / supervisor from outside this facility came here to visit?</b>	Never external supervision ..... 0 Within the past 6 months ..... 1 More than 6 months ago ..... 2 Don't know ..... -88 No response ..... -99																							
9	<b>Does this facility have electricity today?</b> <i>Select for running electricity only. If electricity was off for more than two hours today, mark no.</i>	Yes ..... 1 No ..... 0																							
10	<b>Does this facility have running water today?</b> <i>Select for running water only. If water was off for more than two hours today, mark no.</i>	Yes ..... 1 No ..... 0																							
	<b>CHECK F:</b> type of facility?	Hospital / Polyclinic ..... 1 Clinique ..... 2 Centre de sante ..... 3 Poste de sante ..... 4 Pharmacie ..... 5 Boutique ..... 6 Ligablo ..... 7 Autre ..... 8		Skip to 13 if F is #																					
11	<b>How many hand-washing facilities are available on site for staff to use?</b> <i>Enter -88 for do not know, -99 for no response.</i>	Number of facilities		Skip to 13 if 0																					
12	<b>Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE:</b> <i>Select all that apply.</i>		<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Soap is present .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Water source is present: stored water .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Water source is present: running water .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Hand washing area is near a sanitation facility .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>None of the above .....</td> <td>-88</td> <td></td> </tr> <tr> <td>Did not see the facility .....</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	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 .....	1	0	
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Soap is present .....	1	0																							
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Did not see the facility .....	1	0																							

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
13	<p><b>Does the facility have a functioning computer?</b></p> <p><i>No need to observe</i></p>	Yes ..... 1 No ..... 0		
	<p><b>CHECK F: type of facility?</b></p>	Hospital / Polyclinic ..... 1 Clinique ..... 2 Centre de sante ..... 3 Poste de sante ..... 4 Pharmacie ..... 5 Boutique ..... 6 Ligablo ..... 7 Autre ..... 8		Skip to 15 if F is #
14	<p><b>How does this facility finally dispose of sharp items or filled sharps boxes?</b></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><b>Section 2 – Family Planning Services</b></p> <p><i>Now I would like to ask about family planning services provided at this facility.</i></p>				
15	<p><b>Do you usually offer family planning services / products?</b></p>	Yes ..... 1 No ..... 0		Skip to 19 if No
16	<p><b>What year did this facility first begin offering family planning services / products?</b></p> <p><b>The respondent reported that the facility opened in [YEAR MONTH FROM SQ1]</b></p> <p><i>Enter Jan 2020 for do not know.</i></p>	Month: Year:		
17	<p><b>How many days in a week are family planning services / products offered / sold here?</b></p> <p><b>The facility is open [DAYS FROM SQ2] per week.</b></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		
18	<p><b>Are family planning services / products offered here today?</b></p>	Yes ..... 1 No ..... 0		
	<p><b>CHECK F: type of facility?</b></p>	Hospital / Polyclinic ..... 1 Clinique ..... 2 Centre de sante ..... 3 Poste de sante ..... 4 Pharmacie ..... 5 Boutique ..... 6 Ligablo ..... 7 Autre ..... 8		Skip to 23 if F is #

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
19	<b>Does this facility provide family planning supervision, support, or supplies to community health volunteers?</b>	Yes ..... 1 No ..... 0		Skip to if No
20	<b>How many community health volunteers are supported by this facility?</b> <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i>  <i>If any health workers were recorded as paid staff of the facility in SQ3 they should not be listed as health volunteers as well.</i>  <i>Enter -88 for do not know, -99 for no response.</i>	Number of CHVs		
21	<b>Do the community health volunteers provide any of the following contraceptives:</b> Condoms ..... Pills ..... Injectables..... None of the above ..... No response .....	<u>Yes</u> 1 1 1 -77 -99	<u>No</u> 0 0 0	
22	<b>How many times in the last 6 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?</b> <i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i>	Number of times:		
	<b>CHECK 15: Offer FP services/products?</b>	Yes ..... 1 No ..... 0		Skip to 25 if No
23	<b>Does this facility have any routine user-fees or charges for any services related to family planning?</b> <i>This includes any fees, including those for registration or for client health records.</i>	Yes ..... 1 No ..... 0		Skip to 25 if No
24	<b>Are the official fees posted so that the client can easily see them?</b> <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		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
25	<p><b>Do you collect information about clients' opinion in any of the following ways?</b></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 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;">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;">-88</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> <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="text-align: center;">0</p> <p style="text-align: center;">0</p>	Skip to 29 if "None of the above"
26	<p><b>Is there a procedure for reviewing or reporting on clients' opinions?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p>			Skip to 28 if No
27	<p><b>Ask to see a report or form on which data are compiled or discussion is reported.</b></p>	<p>Report seen ..... 1</p> <p>Report not seen ..... 2</p>			
28	<p><b>In the past 6 months, have any changes been made in the program as a result of client opinion?</b></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><b>CHECK 15: Offer FP services/products?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p>			Skip to 30 if No
29	<p><b>In the past 6 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p>			
30	<p><b>Do you use any of the following to review service data for monitoring and evaluation?</b></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>		<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><b>CHECK 15: Offer FP services/products?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p>			Skip to 40 if No

NO	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP		
31	<p><b>Which of the following methods of contraception are counseled, provided, prescribed/referred and/or charged?</b></p> <p>[IMAGE OF SAYANA PRESS WILL APPEAR ON SCREEN FOR REFERENCE]</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>Injectable- Sayana Press</p> <p>Injectable- Depo Provera .....</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>	<u>Cou</u> Yes	<u>Cou</u> No	<u>Pro</u> Yes	<u>Pro</u> No	<u>Pre</u> Yes	<u>Pre</u> No	<u>Chg</u> Yes	Skip to 33 if no charges	
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
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	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	1	0	1	0	1	0	1			
	32	<p><b>How much do you charge for one unit of each method that you provide?</b></p> <p><i>Enter all prices in Congolese Francs.</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>Injectable- Sayana Press</p> <p>Injectable- Depo Provera .....</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>	Amount per unit				<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			



NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	<b>CHECK F:</b> type of facility?	Hospital / Polyclinic.....	1		Skip to 39b if F is #
		Clinique.....	2		
		Centre de sante.....	3		
		Poste de sante.....	4		
		Pharmacie.....	5		
		Boutique.....	6		
		Ligablo.....	7		
		Autre.....	8		
	<b>CHECK 31:</b> Are implants provided?	Yes.....	1		Skip to 35 if No
		No.....	0		
33	<b>On days when you offer family planning services, does this facility have trained personnel able to insert implants?</b>	Yes.....	1		
		No.....	0		
34	<b>On days when you offer family planning services, does this facility have trained personnel able to remove implants?</b>	Yes.....	1		
		No.....	0		
	<b>CHECK 31:</b> Are IUDs provided?	Yes.....	1		Skip to 37 if No
		No.....	0		
35	<b>On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</b>	Yes.....	1		
		No.....	0		
36	<b>On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</b>	Yes.....	1		
		No.....	0		
	<b>CHECK 31:</b> Are implants provided?	Yes.....	1		Skip to 38 if No
		No.....	0		
37	<p><b>Does this facility have the following supplies needed to insert and/or remove implants:</b></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>				
	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.....		-88		
	No response.....		-99		
	<b>CHECK 31:</b> Are IUDs provided?	Yes.....	1		Skip to 38a if No
		No.....	0		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
38	<p><b>Does this facility have the following supplies needed to insert and/or remove IUDs:</b></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 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;">-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> <p style="text-align: center;">0</p>	
	<p><b>CHECK 31:</b> Is Sayana Press provided?</p>	<p>Yes ..... 1</p> <p>No ..... 0</p>			<p>Skip to 39 if No</p>
38a	<p>How many Sayana Press injections were given in the last complete month?</p> <p><i>Enter -88 for Do not know; -99 for No response.</i></p>	<p>Number _____</p>			
38b	<p>How many Sayana Press injections to new users (new visits)?</p> <p><i>Enter -88 for Do not know; -99 for No response.</i></p>	<p>Number _____</p>			
38c	<p>How many Sayana Press injections to continuing users (continuing visits)?</p> <p><i>Enter -88 for Do not know; -99 for No response.</i></p>	<p>Number _____</p>			
38d	<p>How many SP injections were sold in last complete month?</p> <p><i>Enter -88 for Do not know; -99 for No response.</i></p>	<p>Number _____</p>			
	<p><b>CHECK F:</b> type of facility?</p>	<p>Hospital / Polyclinic..... 1</p> <p>Clinique..... 2</p> <p>Centre de sante..... 3</p> <p>Poste de sante..... 4</p> <p>Pharmacie..... 5</p> <p>Boutique..... 6</p> <p>Ligablo..... 7</p> <p>Autre..... 8</p>			<p>39a if Fis #</p> <p>39b if F is #</p>

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
39a	<p><b>From family planning register, record:</b>                      (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>	Female Sterilization ..... Male Sterilization ..... Implant insertions ..... IUD insertion ..... Pill ..... Male Condom ..... Female Condom ..... Emergency Contraception .. Diaphragm ..... Foam/Jelly ..... Std. Days/Cycle beads .....	Total # of visits _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	# of new clients _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
39b	<p><b>From family planning record book, record:</b>                      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>	Implant ..... IUD ..... Pill ..... Condom ..... Female Condom ..... Emergency Contraception .. Diaphragm ..... Foam/Jelly ..... Std. Days/Cycle beads .....	# of units sold _____ _____ _____ _____ _____ _____ _____ _____ _____		
40	<p><b>Which of the following services are provided at this facility:</b>  <i>Read all options and select all that apply.</i></p> Antenatal ..... Delivery ..... Postnatal ..... Post-abortion.....	..... ..... ..... .....	Yes _____ _____ _____ _____	No _____ _____ _____ _____	Skip to 45 if no post-natal, delivery and post-abortion. Skip to 43 if no postnatal & delivery and yes post-abortion
41	<p><b>Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery:</b>  <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 ..... Advice on: Lactational Amenorrhea Method ..... Long-acting methods ..... FP methods for birth spacing ..... None of the above ..... No response .....	..... ..... ..... ..... ..... ..... ..... ..... .....	Yes _____ _____ _____ _____ _____ _____ _____ _____ _____	No _____ _____ _____ _____ _____ _____ _____ _____ _____	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
42	Is the woman offered a method of family planning during the postnatal visit?	Yes .....	1		
		No .....	0		
	<b>CHECK 40:</b> Are post-abortion services offered?	Yes .....	1		Skip to 45 if No
		No .....	0		
43	<p><b>During post-abortion visits, which of the following is discussed with the client:</b></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>.....</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>		<u>Yes</u>	<u>No</u>	
			1	0	
			1	0	
			1	0	
			1	0	
			1	0	
			1	0	
44	Is the woman offered a method of family planning during the post-abortion visit?	Yes .....	1		
		No .....	0		
45	<p><b>Which of the following family planning services do you offer to unmarried adolescents?</b></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	
			1	0	
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		
	<b>CHECK F:</b> type of facility?	Hospital / Polyclinic.....	1		Skip to 52 if F is #
		Clinique.....	2		
		Centre de sante .....	3		
		Poste de sante.....	4		
		Pharmacie .....	5		
		Boutique .....	6		
		Ligablo .....	7		
		Autre .....	8		
	<b>CHECK 46:</b> Offers HIV services?	Yes .....	1		Skip to 50 if No
		No .....	0		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
48	<b>Which of the following family planning services do you offer to clients who come in for HIV services:</b>		<u>Yes</u>	<u>No</u>	
	<i>Read all options and select all that apply.</i>				
	Counsel for contraceptive methods? .....		1	0	
	Provide contraceptive methods? .....		1	0	
	Prescribe / refer contraceptive methods? .....		1	0	
	None of the above .....		1	0	
49	<b>During an HIV consultation does the provider:</b>		<u>Yes</u>	<u>No</u>	<u>DK</u>
	Ask the client about reproductive intentions? .....		1	0	-88
	Discuss the FP method preferred by the client?.....		1	0	-88
	Discuss dual method use?.....		1	0	-88
	Provide condoms? .....		1	0	-88
	Discuss instructions and side effects of chosen FP method?.....		1	0	-88
	Offer an FP method? .....		1	0	-88
	<b>CHECK 15: Offer FP services/products?</b>	Yes .....	1		Skip to 57 if No
		No .....	0		
50	<b>May I see the room where examinations for family planning are conducted?</b>		<u>O</u>	<u>RU</u>	<u>NA</u>
	<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>	Running water (piped).....	1	2	-77
		Other running water (bucket with tap or pour pitcher).....			
		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	
			1	2	-77
51	<b>OBSERVE: Assess condition of family planning service area</b>		<u>Yes</u>	<u>No</u>	
	<i>Must answer all of the above or none of the above.</i>				
		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	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
52a	<p><b>You mentioned that you typically provide the [METHOD] at this facility, can you show it to me?</b></p> <p><b>If no, probe: Is the [METHOD] out of stock today?</b></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><b>How many days has the [METHOD] been out of stock?</b></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><b>Has the [METHOD] been out of stock at any time in the last 3 months?</b></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><b>May I see the room where contraceptive supplies are stored?</b></p> <p>If you are already in the room, select “Yes”</p>	Yes ..... 1 No ..... 0		
53	<p><b>Observe the place where contraceptive supplies are stored and report on the following condition:</b></p> <p><b>Are all the methods off the floor?</b></p>	Yes ..... 1 No ..... 0		
54	<p><b>Are all the methods protected from water?</b></p>	Yes ..... 1 No ..... 0		
55	<p><b>Are all the methods protected from the sun?</b></p>	Yes ..... 1 No ..... 0		
56	<p><b>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</b></p>	Yes ..... 1 No ..... 0		
57	<p><b>Ask permission to take a photo of the entrance of the facility.</b></p> <p><b>Did you get consent to take the photo?</b></p>	Yes ..... 1 No ..... 0		
<p><b>Thank the respondent for her / his time.</b>  <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>				

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>LOCATION AND QUESTIONNAIRE RESULT</b>			
O.	<b>Location</b> Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.	RECORD LOCATION	
	<b>CHECK 57:</b> Permission to take photo?		Skip to Q if No
P.	<b>Ensure that no people are in the photo</b>	TAKE PICTURE CHOOSE IMAGE	
Q.	<b>How many times have you visited this service delivery point for this interview?</b>	1 <sup>st</sup> time ..... 1 2 <sup>nd</sup> time ..... 2 3 <sup>rd</sup> time ..... 3	
R.	<b>Record the result of the Service Delivery Point Questionnaire.</b>	Completed ..... 1 Not at facility ..... 2 Postponed ..... 3 Refused ..... 4 Partly completed ..... 5 Other ..... 6	