



mADDS –Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
IDENTIFICATION											
Please record the following identifying information prior to beginning the interview.											
A	How many times have you visited this service delivery point for this interview?	1 st time 1 2 nd time 2 3 rd time 3									
B	Interviewer's name: Is this your name? <i>ODK will display the name associated with the phone's serial number.</i> If not, please record your name:	Yes 1 No 0									
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN. Is this date and time correct?	Yes 1 No 0	Skip to E if Yes								
D	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>Time</td> <td>Hour</td> <td>Min</td> <td>AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hour	Min	AM/PM	
Date	Day	Month	Year								
Time	Hour	Min	AM/PM								
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.	Tigray 1 Afar 2 Amhara 3 Oromia 4 Ethiopia Somali 5 Benishangul Gumuz 6 SNNPR 7 Gambella 8 Harari 9 Addis Ababa 10 Dire Dawa 11									
F	Zone PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate zones based on the region selected for SQ F</i>									
G	District PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate districts based on the zone selected for SQ F</i>									
H	Locality name PLEASE RECORD THE NAME OF THE LOCALITY WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate localities based on the district selected for SQ G</i>									
I	Enumeration area PLEASE RECORD THE NUMBER OF THE ENUMERATION AREA WHERE THE FACILITY IS LOCATED OR TO WHICH IT IS ASSIGNED.	<i>ODK will populate a list of appropriate EA numbers based on the locality selected for SQ H</i>									
J	Facility number PLEASE RECORD THE NUMBER OF THE FACILITY FROM THE LISTING FORM.										
K	Type of facility	Hospital / Polyclinic 1									

Service Delivery Point Questionnaire

	PLEASE SELECT THE TYPE OF FACILITY.	Health center 2 Health post 3 Health clinic 4 Pharmacy 5 Retail outlet 6 Other 96	
L	Managing authority PLEASE SELECT THE MANAGING AUTHORITY FOR THE FACILITY.	Government..... 1 NGO 2 Faith-based organization..... 3 Private 4 Other 5	
M	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to S if No
INFORMED CONSENT			
Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the following greeting:			
Hello. My name is _____. We are here on behalf of 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.			
Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.			
We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.			
You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?			
M	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to R if No
N	Interviewer's name MARK YOUR NAME AS A WITNESS TO THE CONSENT PROCESS	Checkbox: <input type="checkbox"/>	
O	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
P	Name of the facility PLEASE RECORD THE NAME OF THE FACILITY.		
Q	What is your position in this facility? SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT.	Owner..... 1 In-charge / manager 2 Staff 3	
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 1 – Information about services			

Service Delivery Point Questionnaire

Now I would like to ask about the services provided at this facility																												
1	What year did this facility first begin offering health services / products? ENTER JAN 2020 FOR DO NOT KNOW.	Year																										
2	How many days each week is the facility routinely open? NUMBER MUST BE BETWEEN 1 AND 7. ENTER 0 FOR LESS THAN 1 DAY PER WEEK. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of days																										
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. 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. ENTER -88 FOR DO NOT KNOW, -77 FOR NOT APPLICABLE, AND -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.</p>		<table border="1"> <thead> <tr> <th></th> <th>Total number</th> <th>Present today</th> </tr> </thead> <tbody> <tr> <td>Doctor.....</td> <td>—</td> <td>—</td> </tr> <tr> <td>Nurse/midwife.....</td> <td>—</td> <td>—</td> </tr> <tr> <td>Health Officer.....</td> <td>—</td> <td>—</td> </tr> <tr> <td>Ambulance staff.....</td> <td>—</td> <td>—</td> </tr> <tr> <td>Pharmacist.....</td> <td>—</td> <td>—</td> </tr> <tr> <td>Medical counter assistants..</td> <td>—</td> <td>—</td> </tr> <tr> <td>Other medical staff.....</td> <td>—</td> <td>—</td> </tr> </tbody> </table>		Total number	Present today	Doctor.....	—	—	Nurse/midwife.....	—	—	Health Officer.....	—	—	Ambulance staff.....	—	—	Pharmacist.....	—	—	Medical counter assistants..	—	—	Other medical staff.....	—	—	
	Total number	Present today																										
Doctor.....	—	—																										
Nurse/midwife.....	—	—																										
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Ambulance staff.....	—	—																										
Pharmacist.....	—	—																										
Medical counter assistants..	—	—																										
Other medical staff.....	—	—																										
	CHECK J: type of facility?	Hospital / Polyclinic 1 Health center 2 Health post 3 Health clinic 4 Pharmacy 5 Retail outlet 6 Other 96		Skip to 8 if I: 5, 6 or 7																								
4	Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?	Yes, 24-hr staff 1 No, no 24-hr staff..... 0 No response -99																										
5	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility?	No catchment area 1 Yes, knows size of catchment area 2 Doesn't know size of catchment area..... -88		Skip to 7 if No or DK																								
6	What is the size of the catchment population? RECORD THE NUMBER OF PEOPLE LIVING IN THE AREA SERVED BY THIS FACILITY.	Number of people																										
7	How many beds does the facility have? 0 IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of beds																										
8	When was the last time an owner / supervisor from outside this facility came here to visit?	Never external supervision..... 0 Within the past 6 months..... 1 More than 6 months ago 2 Don't know..... -88 No response -99																										

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9	Does this facility have electricity today?	Yes 1 No 0	
10	Does this facility have water today?	Yes 1 No 0	
	CHECK J: type of facility?	Hospital / Polyclinic 1 Health center 2 Health post 3 Health clinic 4 Pharmacy 5 Retail outlet 6 Other 96	Skip to 13 if 1: 5, 6 or 7
11	How many hand washing facilities are available on site for staff to use? ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of facilities	Skip to 13 if 0
12	Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE: Soap is present Water source is present: stored water Water source is present: tap water Hand washing area is near a sanitation facility None of the above Did not see the facility SELECT ALL THAT APPLY		Yes No 1 0 1 0 1 0 1 0 -77 -99
13	Does the facility have a functioning computer? NO NEED TO OBSERVE	Yes 1 No 0	
	CHECK J: type of facility?	Hospital / Polyclinic 1 Health center 2 Health post 3 Health clinic 4 Pharmacy 5 Retail outlet 6 Other 96	Skip to 15 if 1: 5, 6 or 7
14	How does this facility finally dispose of sharp items or filled sharps boxes?	Never have sharps waste 0 Burn in incinerator 1 Open Burning 2 Dump without burning 3 Remove offsite 4 Other 5 No response -99	
Section 2 – Family Planning Services			
Now I would like to ask about family planning services provided at this facility.			
15	Do you usually offer family planning services / products?	Yes 1 No 0	Skip to 19 if No
16	What year did this facility first begin offering family planning services / products? ENTER JAN-2020 FOR DO NOT KNOW.	Year	

Service Delivery Point Questionnaire

17	How many days in a week are family planning services / products offered / sold here? MUST BE BETWEEN 0 AND 7, OR EQUAL -88 OR -99. CANNOT EXCEED THE NUMBER OF DAYS THE FACILITY IS OPEN.	Number of days		
18	Are family planning services / products offered here today?	Yes 1 No 0		
	CHECK J: 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 1, 5, 6 or 7
19	Does this facility provide family planning supervision, support, or supplies to community health volunteers?	Yes 1 No 0 No response -99		Skip to 22 if No
20	How many community health volunteers are supported by this facility? ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of CHWs		
21	Do the community health volunteers provide any of the following contraceptives: Condoms Pills Injectables None of the above		Yes No	
			1 0 1 0 1 0 -77	
22	How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.	Number of times:		
	CHECK 15: Offer FP services/products?	Yes 1 No 0		Skip to 25 if No
23	Does this facility have any routine user-fees or charges for any services related to family planning? THIS INCLUDES ANY FEES, INCLUDING THOSE FOR REGISTRATION OR FOR CLIENT HEALTH RECORDS.	Yes 1 No 0		Skip to 25 if No
24	Are the official fees posted so that the client can easily see them? IF YES, POSTED FEES MUST BE OBSERVED.	Yes, all fees are posted 1 Yes, some, not all fees posted 2 No posted fees 0 No response -99		
25	Do you collect information about clients' opinion in any of the following ways? SELECT ALL METHODS		Yes No	Skip to 29 if "None of the

Service Delivery Point Questionnaire

	Suggestion box			1	0	above” is selecte d			
	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	0				
	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 12 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.	No.....	1	Yes	No				
		Yes, change in services or times offered or way services are provided	1	0					
		Yes, change for client comfort..	1	0					
		Other	1	0					
		Don't know.....	-88						
29	In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes	1						
		No	0						
30	Do you use any of the following to review service data for monitoring and evaluation? Wall chart / graph			Yes	No				
	Written report / minutes.....			1	0				
	Other			1	0				
	Nothing observed.....			1	0				
	ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. SELECT ALL RELEVANT TYPES OF DOCUMENTATION OBSERVED.								
	CHECK 15: Offer FP services/products?	Yes	1			Skip to 40 if No			
		No	0						
31	Which of the following methods of contraception are counseled, provided, prescribed, and/or charged? Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred ; Chg: charge ALL OPTIONS SHOULD BE READ ALOUD	<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>Pre</u> <u>No</u>	<u>Ch</u> <u>g</u> <u>Ye</u> <u>s</u>	Skip to 33 if no charges
	Female sterilization	1	0	1	0	1	0	1	
	Male sterilization	1	0	1	0	1	0	1	

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	IUD	1	0	1	0	1	0	1	
	Progestin Only Pill	1	0	1	0	1	0	1	
	Injectables – 3 months	1	0	1	0	1	0	1	
	Implants.....	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	
	Standard Days/Cycle beads.....	1	0	1	0	1	0	1	
	LAM.....	1	0	1	0	1	0	1	
	Rhythm method.....	1	0	1	0	1	0	1	
	Withdrawal	1	0	1	0	1	0	1	
	Other Traditional Method.....	1	0	1	0	0	0	1	
32	How much do you charge for one unit of each method that you provide?							_____	
	Fem. sterilization							_____	
	Male sterilization							_____	
	IUD							_____	
	Progestin Only Pill.....							_____	
	Injectables – 3 months							_____	
	Implants.....							_____	
	Pill							_____	
	Male condom.....							_____	
	Female condom							_____	
	Emergency Contraception.....							_____	
	Standard Days/ Cycle beads.....							_____	
	ENTER ALL PRICES IN NEW CURRENCY AND CEDIS. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE							_____	
	<i>ODK will only display the methods for which the facility charges from SQ 31</i>							_____	
	CHECK J: type of facility?	Hospital / Polyclinic	1						
		Health center	2						
		Health post	3						
		Health clinic	4						Skip to 39b if I: 5, 6 or 7
		Pharmacy	5						
		Retail outlet	6						
		Other	96						

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	CHECK 31: Are implants provided?	Yes 1 No 0			Skip to 35 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				
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 No 0			Skip to 37 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				
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 No 0			Skip to 38 if No	
37	Does this facility have the following supplies needed to insert and/or remove implants: Clean Gloves..... Antiseptic..... Sterile Gauze Pad or Cotton Wool..... Local Anesthetic..... Sealed Implant Pack..... Blade..... No response..... READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.		<u>Yes</u> 1 1 1 1 1 1 -99	<u>No</u> 0 0 0 0 0 0		
	CHECK 31: Are IUDs provided?	Yes 1 No 0			Skip to 39 if No	
38	Does this facility have the following supplies needed to insert and/or remove IUDs: Sponge-holding forceps..... Speculums (large and medium)..... Tenaculum..... Clamp..... No response..... READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.		<u>Yes</u> 1 1 1 1 -99	<u>No</u> 0 0 0 0		
	CHECK J: type of facility?	Hospital / Polyclinic 1 Health center 2 Health post 3 Health clinic 4 Pharmacy 5 Retail outlet 6 Other 96			39a if I: 1-4, or 8 39b if I: 5, 6 or 7	
39a	FROM FAMILY PLANNING REGISTER, RECORD: (1) the total number of family planning visits		<u>Total # of visits</u>	<u># of new clients</u>		

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	(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. PAST COMPLETED MONTH. ENTER -88 FOR DO NOT KNOW, ENTER -99 FOR NO RESPONSE.	Fem. sterilization Male sterilization..... IUD Progestin-only pill Injectables – 3 months Implants..... Pill..... Male Condom Female condom..... Emergency contraception.. Standard Days/ Cycle beads.....	— — — — — — — — — — —	— — — — — — — — — — —	
39b	FROM FAMILY PLANNING RECORD/SALES BOOK, RECORD: The total number of family planning products sold in the last completed month, for each method.	IUD Progestin-only pill Injectables – 3 months Implants..... Pill..... Condom..... Female condom..... Emergency contraception.....		<u># of units sold</u> — — — — — — —	
	CHECK J: type of facility?	Hospital / Polyclinic Health center Health post Health clinic Pharmacy Retail outlet Other	1 2 3 4 5 6 96		Skip to 45 if 1: 5, 6 or 7
40	Which of the following services are provided at this facility? a. Antenatal b. Delivery c. Postnatal d. Post-abortion None of the above No response..... READ ALL OPTIONS AND SELECT ALL THAT APPLY.		<u>Yes</u> 1 1 1 1 -77 -99	<u>No</u> 0 0 0 0	Skip to 45 if no post-natal, delivery and post-abortion . Skip to 43 if no postnatal & delivery and yes post-abortion
41	Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: Diet, nutrition, and exercises Postpartum mental health Return to fertility Healthy timing and spacing of pregnancies . <u>Advice on:</u> Lactational Amenorrhea Method Manesterial Method.....		<u>Yes</u> 1 1 1 1 1 1	<u>No</u> 0 0 0 0	

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	Long-acting family planning methods..... Spacing family planning methods None of the above..... No response..... READ ALL OPTIONS AND SELECT ALL THAT APPLY.	1 1 -77 -99	0 0	
42	Is the woman offered a method of family planning during the postnatal visit?	Yes No.....	1 0		
	CHECK 40: Are post-abortion services offered?	Yes No.....	1 0		Skip to 45 if No
43	During post-abortion visits, which of the following is discussed with the client: Post-abortion mental health Return to fertility Healthy timing and spacing of pregnancies <u>Advice on family planning methods:</u> Long-acting family planning methods..... Spacing family planning methods None of the above..... No response..... READ ALL OPTIONS AND SELECT ALL THAT APPLY.	<u>Yes</u> 1 1 1 1 1 -77 -99	<u>No</u> 0 0 0 0 0	
44	Is the woman offered a method of family planning during the post-abortion visit?	Yes No.....	1 0		
45	Which of the following family planning services do you offer to unmarried adolescents? Counsel for contraceptive methods..... Provide contraceptive methods..... Prescribe / refer for contraceptive methods None of the above..... No response..... READ ALL OPTIONS AND SELECT ALL THAT APPLY	<u>Yes</u> 1 1 1 -77 -99	<u>No</u> 0 0 0	
46	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs?	Yes No.....	1 0		
47	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes No.....	1 0		Skip to 30 if No
	CHECK J: type of facility?	Hospital / Polyclinic Health center Health post Health clinic Pharmacy Retail outlet Other	1 2 3 4 5 6 96		Skip to 52 if 1, 5, 6 or 7
48	Which of the following family planning services do you offer to clients who come in for HIV services: Counsel for contraceptive methods?..... Provide contraceptive methods?..... Prescribe / refer contraceptive methods? None of the above.....	<u>Yes</u> 1 1 1 -77	<u>No</u> 0 0 0	

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	No response.....			-99		
	READ ALL OPTIONS AND SELECT ALL THAT APPLY					
49	During an HIV consultation does the provider: ask the client about reproductive intentions?..... discuss the FP method preferred by the client?..... discuss dual method use?..... provide condoms?..... discuss instructions and side effects of chosen FP method?		<u>Yes</u>	<u>No</u>	<u>DK</u>	
		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 R if No
		No.....	0			
50	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN ROOM WHERE EXAMINATIONS ARE CONDUCTED OR IN AN ADJACENT ROOM. O: Observed; RU: Reported, Unseen; NA: Not Available	Running water (piped)..... Other running water (bucket with tap or pour pitcher)..... Water in bucket or basin (water reused)..... Hand-washing soap	<u>O</u> 1 1 1 1 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 2 2 2	<u>NA</u> -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77 -77	
51	ASSESS CONDITION OF FAMILY PLANNING SERVICE AREA	Floor: swept, no obvious dirt or waste		<u>Yes</u> 1	<u>No</u> 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	
52	You said you provide the following methods. Can you show them to me? For all observed methods: have any been out of stock in the last 12 months?		<u>O</u>	<u>N.O.</u>	<u>OOS in last 12 mos</u>	
	IUD	1	0			
	Pill for breastfeeding mother (Progestin Only Pill).....	1	0	1		
	Injectables – 3 months	1	0	1		
	Implants.....	1	0	1		
	Pill	1	0	1		
	Male condom	1	0	1		
	Female condom	1	0	1		
	Emergency Contraception.....	1	0	1		
	Standard Days / Cycle beads.....	1	0	1		

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	<p>O: Observed; N.O.: Not Observed; OOS last 12 mo.: Out of stock in last 12 months</p> <p>SELECT OOS <12 MO IF THE METHOD HAS EVER BEEN OUT OF STOCK IN THE PAST 12 MONTHS, EVEN IF IT IS IN STOCK ON THE DAY OF THE INTERVIEW.</p> <p>IF N.O. IS CHECKED, OOS ALSO NEEDS TO BE CHECKED; CANNOT CHECK BOTH O AND N.O.; EITHER O. OR N.O. MUST BE CHECKED.</p> <p><i>ODK will only display the methods which are provided at the facility from SQ 31</i></p>					
53	<p>FOR FQ53-56, 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</p> <p>No 0</p>				
54	<p>Are all the methods protected from water?</p>	<p>Yes 1</p> <p>No 0</p>				
55	<p>Are all the methods protected from the sun?</p>	<p>Yes 1</p> <p>No 0</p>				
56	<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	<p>Yes 1</p> <p>No 0</p>				

Thank the respondent for his / her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 3 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE FACILITY.			
LOCATION AND QUESTIONNAIRE RESULT			
Ra	Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.	<i>Instructions are given directly by the ODK software:</i> RECORD LOCATION	
Rb	Ask permission to take a photo of the entrance of the facility Did you get consent to take the photo?	Yes 1 No 0	Skip to T if No
S	Ensure that no people are in the photo	<i>Instructions are given directly by the ODK software</i> TAKE PICTURE CHOOSE IMAGE	
T	Record the result of the Service Delivery Point Survey	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	