

Service Delivery Point Follow-Up Questionnaire



Date: Feb 9 2021

Version: v2

new question
country specific

Service Delivery Point (SDP) Follow-up Questionnaire

IDENTIFICATION															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
001a	Your name: Is this your name? [ODK will display the name associated with the phone's serial number]	Yes.....1 No.....0	Always												
001b	Enter your name below. <i>Please record your name</i>	Interviewer's Name	001a = 0												
002a	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes.....1 No.....0	Always												
002b	Record the correct date and time.	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Hours</td> <td>Min</td> <td>AM/PM</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				Hours	Min	AM/PM				002a = 0
Day	Month	Year													
Hours	Min	AM/PM													
003a	LOCATION INFORMATION 1	LOCATION INFORMATION 1a1 LOCATION INFORMATION 1b2 LOCATION INFORMATION 1c3 LOCATION INFORMATION 1d4 LOCATION INFORMATION 1e5 LOCATION INFORMATION 1f6 LOCATION INFORMATION 1g7	Always												
003b	LOCATION INFORMATION 2	ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected	Always												
003c	LOCATION INFORMATION 3	ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected.	Always												
003d	LOCATION INFORMATION 4	ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected	Always												
004	Enumeration area	ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected	Always												
005	Facility number <i>Please record the number of the facility from the listing form.</i>	Facility number <input style="width: 100px; height: 20px;" type="text"/>	Always												

Service Delivery Point Follow-Up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
006	<p>Type of facility</p> <p><i>Please select the type of facility.</i></p>	<p>FACILITY TYPE 1 1</p> <p>FACILITY TYPE 2 2</p> <p>FACILITY TYPE 3 3</p> <p>FACILITY TYPE 4 4</p> <p>FACILITY TYPE 5 5</p> <p>FACILITY TYPE 6 6</p> <p>Other 7</p>	Always
006a	<p>CALCULATE: ADVANCED FACILITY</p> <p><i>This will not appear on the screen but is used in subsequent relevancies</i></p>	<p>Yes 1</p> <p>No 0</p>	006 = #
007	<p>Managing authority</p> <p><i>Please select the managing authority for the facility.</i></p>	<p>Government 1</p> <p>NGO 2</p> <p>Faith-based organization 3</p> <p>Private 4</p> <p>Other 5</p>	Always
008	<p>Is a competent respondent present and available to be interviewed today?</p>	<p>Yes 1</p> <p>No 0</p>	Always

INFORMED CONSENT			
<i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Administer the consent procedures.</i>			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
009a	Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text. May I begin the interview now?	Yes..... 1 No..... 0	008 = 1
009b	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	Gather signature: Check box: <input type="checkbox"/>	009a = 1
010	Interviewer's name: <i>Mark your name as a witness to the consent process.</i>	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>	009a = 1
011	Name of the facility <i>Please record the name of the facility.</i>	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>	009a = 1
012	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 No response..... -99	009a = 1

Section 1 – Information about Services																											
Now I would like to ask about the services provided at this facility.																											
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																								
101	<p>Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility and provide family planning services.</p> <p>Finally, tell me the total number present at any time today. 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Actual #</th> <th style="width: 10%; text-align: center;">Present today</th> </tr> </thead> <tbody> <tr><td>MEDICAL STAFF 1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>MEDICAL STAFF 2</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>MEDICAL STAFF 3</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>MEDICAL STAFF 4</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>MEDICAL STAFF 5</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>MEDICAL STAFF 6</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> <tr><td>Other Medical Staff</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;"><input type="text"/></td></tr> </tbody> </table>		Actual #	Present today	MEDICAL STAFF 1	<input type="text"/>	<input type="text"/>	MEDICAL STAFF 2	<input type="text"/>	<input type="text"/>	MEDICAL STAFF 3	<input type="text"/>	<input type="text"/>	MEDICAL STAFF 4	<input type="text"/>	<input type="text"/>	MEDICAL STAFF 5	<input type="text"/>	<input type="text"/>	MEDICAL STAFF 6	<input type="text"/>	<input type="text"/>	Other Medical Staff	<input type="text"/>	<input type="text"/>	009a = 1
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MEDICAL STAFF 6	<input type="text"/>	<input type="text"/>																									
Other Medical Staff	<input type="text"/>	<input type="text"/>																									
102	<p>Does this facility have electricity at this time?</p> <p><i>Select for running electricity only.</i></p>	Yes..... 1 No 0 No response -99	009a = 1																								
103	<p>At any point today, has the electricity been out for two or more hours?</p>	Yes..... 1 No 0 Don't know -88 No response -99	009a = 1																								
104	<p>Does this facility have running water at this time?</p> <p><i>Select for running water only.</i></p>	Yes..... 1 No 0 No response -99	009a = 1																								
105	<p>At any point today, has running water been unavailable for two or more hours?</p>	Yes..... 1 No 0 Don't know -88 No response -99	009a = 1																								
106	<p>How many hand-washing facilities are available on site for staff to use?</p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	Number of facilities <input style="width: 100px; height: 20px;" type="text"/>	006a = 1																								
107	<p>May I see a nearby handwashing facility that is used by staff?</p> <p><i>Handwashing facility must be accessible to most health workers in the facility.</i></p> <p><i>At the handwashing facility, OBSERVE: (Select all that apply)</i></p>	Soap is present..... 1/0 Stored water is present..... 1/0 Running water is present..... 1/0 Handwashing area is near a sanitation facility 1/0 None of the above -77 Did not see the facility -99	106 > 0																								

Section 2 – Family Planning Service Availability			
Now I would like to ask about family planning services provided at this facility. If there is another provider who would be better able to answer my questions on family planning services in this facility, I would appreciate if you could refer me to the appropriate person.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
201	Do you usually offer family planning services / products?	Yes..... 1 No 0 No response -99	009a = 1
202	How many days in a week are family planning services / products offered / sold here? <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 style="width: 100px; height: 30px;" type="text"/>	201 = 1
203	Does this facility provide family planning supervision, support, or supplies to community health volunteers?	Yes..... 1 No 0 No response -99	006a = 1
204	How many community health volunteers are supported by this facility to provide family planning services? <i>Record only CHVs who receive supervision, support, or supplies for family planning.</i> <i>If CHVs were recorded as employees in 101, 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: 30px;" type="text"/>	203 = 1
205	Do the community health volunteers provide any of the following contraceptives:	Condoms 1/0 Pills 1/0 Injectables..... 1/0 None of the above -77 No response -99	203 = 1
206	How many times in the last 6 months (insert 6 months if biannual SDP surveys) 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: 30px;" type="text"/>	201 = 1 AND 006a = 1
207	Which of the following family planning services do you offer to unmarried adolescents age 10-19? <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 -77 No response -99	201 = 1

Section 4 – Provision of Family Planning Methods			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
401	<p>Which of the following methods are provided to clients at this facility?</p> <p><i>Read all options out loud.</i></p>	Female sterilization..... 1/0 Male sterilization 1/0 Implant 1/0 IUD..... 1/0 Injectables - Depo Provera 1/0 Injectables - Sayana Press..... 1/0 Pill 1/0 Emergency Contraception 1/0 Male Condom 1/0 Female Condom 1/0 Diaphragm 1/0 Foam/Jelly 1/0 Std. Days / Cycle beads 1/0 None of the above -77 No response -99	201 = 1
402	<p>Are clients charged for obtaining any of the following methods at this facility?</p> <p><i>Read all options out loud.</i></p> <p><i>[ODK will only display methods selected in 401]</i></p>	Female sterilization..... 1/0 Male sterilization 1/0 Implant 1/0 IUD..... 1/0 Injectables - Depo Provera 1/0 Injectables - Sayana Press..... 1/0 Pill 1/0 Emergency Contraception 1/0 Male Condom 1/0 Female Condom 1/0 Diaphragm 1/0 Foam/Jelly 1/0 Std. Days / Cycle beads 1/0 No response -99	201 = 1

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																												
403	<p>How much do you charge for one unit of each method that you provide?</p> <p><i>Enter all prices in LOCAL CURRENCY.</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 402.]</p>	<table border="1"> <thead> <tr> <th data-bbox="802 353 1161 1108"></th> <th data-bbox="1168 286 1350 353">Amount per Unit</th> </tr> </thead> <tbody> <tr><td>Female Sterilization (full cost of procedure)</td><td></td></tr> <tr><td>Male Sterilization (full cost of procedure)</td><td></td></tr> <tr><td>Implants (full cost of implant and insertion)</td><td></td></tr> <tr><td>IUD (full cost of IUD and insertion)</td><td></td></tr> <tr><td>One shot of 3-month injectable (Depo Provera)</td><td></td></tr> <tr><td>One shot of 3-month injectable (Sayana Press)</td><td></td></tr> <tr><td>One month supply of pills</td><td></td></tr> <tr><td>A single dose of emergency contraception</td><td></td></tr> <tr><td>One male Condom</td><td></td></tr> <tr><td>One 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>		Amount per Unit	Female Sterilization (full cost of procedure)		Male Sterilization (full cost of procedure)		Implants (full cost of implant and insertion)		IUD (full cost of IUD and insertion)		One shot of 3-month injectable (Depo Provera)		One shot of 3-month injectable (Sayana Press)		One month supply of pills		A single dose of emergency contraception		One male Condom		One female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads		402 = 1 for each method charged
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404	<p>Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?</p> <p>These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients.</p>	Yes..... 1 No 0 No response -99	201 = 1																												
405	<p>On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	Yes..... 1 No 0 No response -99	401 implant = 1																												
406	<p>On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	Yes..... 1 No 0 No response -99	401 implant = 1																												
407	<p>On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	Yes..... 1 No 0 No response -99	401 IUD = 1																												
408	<p>On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	Yes..... 1 No 0 No response -99	401 IUD = 1																												

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409	<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>	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 Mosquito forceps (straight or curved) 1/0 None of the above -77 No response -99	401 implant = 1																																										
410	<p>If a woman came in today needing an implant inserted, could that service be provided to her today onsite?</p>	Yes..... 1 No 0 No response -99	401 implant = 1																																										
411	<p>If a woman came today needing her implant removed, could that service be provided to her today onsite?</p>	Yes..... 1 No 0 No response -99	401 implant = 1																																										
412	<p>If a woman comes to your facility today needing her implant removed, but it is deeply placed, could that service be provided to her today onsite?</p>	Yes..... 1 No 0 No response -99	401 implant = 1																																										
413	<p>Would someone at this facility know where to send her to have the implant removed?</p>	Yes..... 1 No 0 No response -99	412 = 0																																										
414	<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>	Exam gloves 1/0 Antiseptic (povidone iodine) 1/0 Drapes 1/0 Scissors 1/0 Sponge-holding forceps..... 1/0 Speculums (large and medium) 1/0 Tenaculum 1/0 Uterine sound 1/0 None of the above -77 No response -99	401 IUD = 1																																										
415a	<p>May I see your family planning register from last completed month?</p> <p><i>From family planning register, record:</i> (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. Past completed month. Enter -88 for do not know, enter -99 for no response.</p>	<table border="1"> <thead> <tr> <th></th> <th>Total # visits</th> <th># new clients</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-3 month (Depo Provera)</td><td></td><td></td></tr> <tr><td>Injectables-3 month (Sayana Press)</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 # visits	# new clients	Female Sterilization			Male Sterilization			Implants			IUD			Injectables-3 month (Depo Provera)			Injectables-3 month (Sayana Press)			Pill			Emergency contraception			Male Condom			Female Condom			Diaphragm			Foam/Jelly			Std. Days/Cycle beads			006a = 1
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415b	<p>May I see your family planning register from last completed month?</p> <p><i>From family planning record book, record:</i> The total number of family planning products sold in the last completed month, for each method.</p> <p><i>Enter -88 for do not know, enter -99 for no response.</i></p>	<table border="1"> <thead> <tr> <th data-bbox="807 286 1139 347"></th> <th data-bbox="1147 286 1326 347"># of units sold or provided</th> </tr> </thead> <tbody> <tr> <td data-bbox="807 351 1139 389">Implants</td> <td data-bbox="1147 351 1326 389"></td> </tr> <tr> <td data-bbox="807 394 1139 432">IUD</td> <td data-bbox="1147 394 1326 432"></td> </tr> <tr> <td data-bbox="807 436 1139 497">Injectables-3 month (Depo Provera)</td> <td data-bbox="1147 436 1326 497"></td> </tr> <tr> <td data-bbox="807 501 1139 562">Injectables-3 month (Sayana Press)</td> <td data-bbox="1147 501 1326 562"></td> </tr> <tr> <td data-bbox="807 566 1139 604">Pill</td> <td data-bbox="1147 566 1326 604"></td> </tr> <tr> <td data-bbox="807 609 1139 647">Emergency contraception</td> <td data-bbox="1147 609 1326 647"></td> </tr> <tr> <td data-bbox="807 651 1139 689">Male Condom</td> <td data-bbox="1147 651 1326 689"></td> </tr> <tr> <td data-bbox="807 694 1139 732">Female Condom</td> <td data-bbox="1147 694 1326 732"></td> </tr> <tr> <td data-bbox="807 736 1139 775">Diaphragm</td> <td data-bbox="1147 736 1326 775"></td> </tr> <tr> <td data-bbox="807 779 1139 817">Foam/Jelly</td> <td data-bbox="1147 779 1326 817"></td> </tr> <tr> <td data-bbox="807 822 1139 860">Std. Days/Cycle beads</td> <td data-bbox="1147 822 1326 860"></td> </tr> </tbody> </table>		# of units sold or provided	Implants		IUD		Injectables-3 month (Depo Provera)		Injectables-3 month (Sayana Press)		Pill		Emergency contraception		Male Condom		Female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads		006a = 0
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
417a	<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>[417a-e will repeat for each of the methods that are provided at the facility according to 401, except Female and Male Sterilization]</p>	In-stock and observed1 In-stock but not observed2 Out of stock3 No Response -99	201 = 1
417b	<p>How many days has the [METHOD] been out of stock?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility according to 401, except Female and Male Sterilization]</p> <p><i>Enter 1 if only for today. Enter -88 for Do not know. Enter -99 for No response.</i></p>	Number of days <input style="width: 100px; height: 20px;" type="text"/>	417a = 3
417c	<p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p>	Yes.....1 No0 Don't know -88 No response -99	417a = 1 or 2
417d	<p>Why is this facility out of stock for [METHOD]?</p> <p>PROBE IF MULTIPLE REASONS GIVEN: What was the main reason?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p>	Did not place order for shipment1 Ordered but did not receive shipment2 Did not order right quantities3 Ordered but did not receive right quantities ..4 Unexpected increase in consumption5 Other96 Don't know -88 No response -99	417a = 3
417e	<p>When do you expect to receive your next shipment of [METHOD]?</p> <p>[417a-e will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p>	Weeks (1) <input style="width: 50px; height: 20px;" type="text"/> Months (2) <input style="width: 50px; height: 20px;" type="text"/> Don't know -88 No response -99	417a = 3

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
418	Is Miso-Kare (misoprostol) available in the facility for management of postpartum hemorrhage or other gynecologic issues?	Yes 1 No 0 Don't know -88 No response -99	009a = 1 AND 006a = 1
419	Can you show it to me? If no, probe: Is it out of stock today?	In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99	418 = 1
420	Is Ma-Kare (mifepristone & misoprostol) available in the facility for management of postpartum hemorrhage or other gynecologic issues?	Yes 1 No 0 Don't know -88 No response -99	009a = 1 AND 006a = 1
421	Can you show it to me? If no, probe: Is it out of stock today?	In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99	420 = 1

Section 5 – Family Planning Service Integration			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
501	<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..... 1/0 Delivery 1/0 Postnatal..... 1/0 Post-abortion 1/0 None of the above -77 No response -99	009a = 1 AND 006a = 1
502	<p>Which of the following is discussed with the mother during an antenatal care visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in antenatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	Return to fertility..... 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding ... 1/0 Family planning methods available to use while breastfeeding..... 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99	501 antenatal = 1
503	<p>Which of the following is discussed with the mother after delivery and before discharge from the facility?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in delivery care, ask if they can refer you to someone at the facility who provides these services.</i></p>	Return to fertility..... 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding ... 1/0 Family planning methods available to use while breastfeeding..... 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99	501 delivery = 1
504	<p>Is the woman offered a method of family planning before discharge from the facility?</p>	Yes..... 1 No 0 No response -99	501 delivery = 1 AND 201 = 1
505	<p>Which of the following is discussed with the mother during a postnatal care visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	Return to fertility..... 1/0 Healthy timing and spacing of pregnancies 1/0 Immediate and exclusive breastfeeding ... 1/0 Family planning methods available to use while breastfeeding..... 1/0 Lactational Amenorrhea Method and transition to other methods 1/0 Long-acting method options 1/0 None of the above -77 No response -99	501 postnatal = 1
506	<p>Is the woman offered a method of family planning during a postnatal care visit?</p>	Yes..... 1 No 0 No response -99	501 postnatal = 1 AND 201 = 1

Service Delivery Point Follow-Up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
507	<p>Which of the following is discussed with the mother during a post-abortion visit?</p> <p><i>Read all options and select all that apply. If your respondent is not involved in post-abortion care, ask if they can refer you to someone at the facility who provides these services.</i></p>	Post-abortion mental health..... 1/0 Return to fertility..... 1/0 Healthy timing and spacing of pregnancies 1/0 Long-acting method options 1/0 Family planning methods..... 1/0 None of the above-77 No response-99	501 post-abortion = 1
508	<p>Is the woman offered a method of family planning during a post-abortion visit?</p>	Yes..... 1 No 0 No response -99	501 post-abortion = 1 AND 201 = 1
509	<p>Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	Yes..... 1 No 0 No response -99	009a = 1
510	<p>When a client comes in for HIV services, are they offered condoms by the HIV service provider?</p> <p><i>If your respondent is not involved in HIV service provision, ask if they can refer you to someone at the facility who provides these services.</i></p>	Yes..... 1 No 0 Don't know-88 No response -99	509 = 1 AND 006a = 1
511	<p>Does the HIV service provider offer them any other method of contraception besides condoms?</p>	Yes..... 1 No 0 Don't know-88 No response -99	509 = 1 AND 006a = 1

LOCATION AND QUESTIONNAIRE RESULT			
094	<p>Ask permission to take a photo of the entrance of the facility.</p> <p>Did you get consent to take the photo?</p>	Yes..... 1 No 0	009a = 1
<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>			
095	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	094 = 1
096	<p>Take a GPS point outside near the entrance to the facility.</p> <p><i>Record location when the accuracy is smaller than 6m.</i></p>	RECORD LOCATION	Always
097	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	Always
098	In what language was this interview conducted?	English 1 French 2 Language 3 3 Language 4 4 Language 5 5 Language 6 6 Other 96	009a = 1
099	Record the result of the Service Delivery Point Questionnaire.	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Temporarily closed 6 Permanently closed / destroyed 7 No longer serves EA (lost to follow-up) 8 Other 9	Always