

Ghana Round 6 – Service Delivery Point Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region <i>Please select the name of the region where the facility is located.</i>	<i>['A list of regions.']</i>
003b. Locality <i>Please select the name of the locality where the facility is located.</i>	<i>['A list of localities.']</i>
004. Enumeration Area	<i>['A list of EAs.']</i>
005. Facility number <i>Please record the number of the facility from the listing form.</i>	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Hospital / Polyclinic <input type="radio"/> Health center <input type="radio"/> Health clinic <input type="radio"/> CHPS <input type="radio"/> Pharmacy <input type="radio"/> Chemist shop <input type="radio"/> Retail outlet <input type="radio"/> Other
007. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> 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 greeting on the next screen:

Hello. My name is _____. We are here on behalf of Kwame Nkrumah University of Science and Technology, and the Ghana Health Service to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.
 [IF APPLICABLE: We appreciate this facility's earlier participation in 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. We will also collect information on available drugs, supplies, and equipment as well as information about provider workload, training, decision-making, and performance review. We will not need to look at or record any identifiable patient data.

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?

009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?

- Yes
- No

009b. Respondent's signature

Please ask the respondent to sign or check the box in agreement of their participation.

Checkbox

WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.

You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

010. Interviewer's name: \${your_name}

Mark your name as a witness to the consent process.

010. Interviewer's name

Please record your name as a witness to the consent process.
You previously entered "\${name_typed}."

011. Name of the facility [*'A list of facilities.'*]

011. Name of the facility
Please record the name of the facility.

012. What is your position in this facility?
Select the highest managerial qualification of the respondent.

Owner
 In-charge / manager
 Staff
 No response

013. When did you begin working at this facility? <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future.
You entered: \${work_begin_lab} Today: \${today}

014. Have you previously participated in the PMA2020 service delivery point survey at this facility?

Yes
 No
 Do not know
 No response

Section 1 – Information About Services
Now I would like to ask about the services provided at this facility.

101. When did this facility first begin offering health services / products? <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i>	
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Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future.
 You entered: \${year_open_lab} Today: \${today}

102. How many days each week is the facility routinely open?
*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.*

103. 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
 No, no 24-hr staff
 No response

104. 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. 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.

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of doctors	
Number of doctors present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of nurses / midwives	
Number of nurses / midwives present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical assistants	
Number of medical assistants present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of ambulance staff	
Number of ambulance staff present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of pharmacists	
Number of pharmacists present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical counter assistants / dispensary technician	
Number of medical counter assistants / dispensary technicians present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of other medical staff	
Number of other medical staff present today.	

105a. Do you have an estimate of the size of the current catchment population that this facility serves, that is, the target or total population living in the area served by this facility?	<input type="radio"/> No catchment area <input type="radio"/> Yes, knows size of catchment area <input type="radio"/> Doesn't know size of catchment area <input type="radio"/> No response
105b. What is the size of the catchment population? <i>Record the number of people living in the area served by this facility.</i>	
106. How many beds does the facility have? <i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i>	
107. When was the last time an owner / supervisor from outside this facility came here to visit?	

	<input type="radio"/> Never external supervision <input type="radio"/> Within the past 6 months <input type="radio"/> More than 6 months ago <input type="radio"/> Don't know <input type="radio"/> No response
<p>108a. Does this facility have electricity at this time? <i>Select for running electricity only.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>108b. At any point today, has the electricity been out for two or more hours?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>109a. Does this facility have running water at this time? <i>Select for running water only.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>109b. At any point today, has running water been unavailable for two or more hours?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>110. 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>	
<p>111. May I see a nearby handwashing facility that is used by staff? <i>Handwashing facility must be accessible to most health workers in the facility.</i> <i>At the handwashing facility, OBSERVE:</i> <i>(select all that apply)</i></p>	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above <input type="checkbox"/> Did not see the facility.

Section 2 – Family Planning Services

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.

<p>201. Do you usually offer family planning services / products?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>202. When did this facility first begin offering family planning services / products? The respondent reported that the facility opened in $\{\text{facility_open_string}\}$. <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i></p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year:</p>

<p>Date cannot be in the future. You entered: $\{\text{fp_begin_lab}\}$ Today: $\{\text{today}\}$</p>	
<p>Date of facility first offering family planning services cannot be earlier than date the facility opened. You entered: $\{\text{fp_begin_lab}\}$ Date facility opened: $\{\text{year_open_lab}\}$</p>	
<p>Year of facility first offering family planning services cannot be earlier than date the facility opened. You entered: $\{\text{fpb_y_lab}\}$ Year facility opened: $\{\text{year_open_lab}\}$</p>	
<p>203. 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 the facility is open: $\{\text{days_open}\}$</p>	
<p>204. Are family planning services / products offered here today?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>205. Does this facility provide family planning supervision, support, or supplies to community health volunteers?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>206. 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></p>	

<p><i>If any HEWs were recorded as paid staff of the facility in 104 they should not be listed as CHVs as well.</i> <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>207. Do the community health volunteers provide any of the following contraceptives:</p>	<input type="checkbox"/> Condoms <input type="checkbox"/> Pills <input type="checkbox"/> Injectables <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>208. How many times in the last 12 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></p>	
<p>209. Which of the following family planning services do you offer to unmarried adolescents? <i>Read all options and select all that apply.</i></p>	<input type="checkbox"/> Counsel for contraceptive methods <input type="checkbox"/> Provide contraceptive methods <input type="checkbox"/> Prescribe / refer for contraceptive methods <input type="checkbox"/> None of the above <input type="checkbox"/> No response

Section 3: Client Feedback

<p>301. Do you collect information about clients' opinion in any of the following ways? <i>Read each option out loud and select all methods that apply.</i></p>	<input type="checkbox"/> Suggestion box <input type="checkbox"/> Client survey form <input type="checkbox"/> Structured interviews with clients <input type="checkbox"/> Official meeting with community leaders <input type="checkbox"/> Informal discussion with client or community <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>302a. Is there a procedure for reviewing or reporting on clients' opinions?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>302b. Ask to see a report or form on which data are compiled or discussion is reported.</p>	<input type="radio"/> Report seen <input type="radio"/> Report not seen
<p>303. In the past 12 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></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, change in services or times offered or way services are provided <input type="checkbox"/> Yes, change for client comfort <input type="checkbox"/> Other

	<input type="checkbox"/> Don't know <input type="checkbox"/> No response
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Section 4: Provision of Family Planning Methods
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<p>401a. For which of the following methods do providers at this facility counsel women about the characteristics of the method, its benefits, and its side effects? <i>Read all options out loud.</i></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables - 3 month <input type="checkbox"/> Injectables - 1 month <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> N-tablet <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / jelly <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other modern <input type="checkbox"/> No response
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<p>401b. Which of the following methods are provided to clients at this facility? <i>Read all options out loud.</i></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables - 3 month <input type="checkbox"/> Injectables - 1 month <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> N-tablet <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / jelly <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> Other modern <input type="checkbox"/> No response
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<p>401c. Are clients charged for obtaining any of the following methods at this facility? <i>Read all options out loud.</i></p>					
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Yes</td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes		No
	Yes				
	No				

Female sterilization	<input type="radio"/>	<input type="radio"/>
Male sterilization	<input type="radio"/>	<input type="radio"/>
Implant	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>
Injectables - 3 month	<input type="radio"/>	<input type="radio"/>
Injectables - 1 month	<input type="radio"/>	<input type="radio"/>
Pill	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>
N-tablet	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>
Female condom	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>
Foam / jelly	<input type="radio"/>	<input type="radio"/>
Standard days / cycle beads	<input type="radio"/>	<input type="radio"/>
Other modern	<input type="radio"/>	<input type="radio"/>
Did the respondent answer the questions or give no response?	<input type="radio"/> Respondent answered <input type="radio"/> No response	

401d. For which of the following methods do you provide a referral or prescription for the client to obtain the method elsewhere? <i>Read all options out loud.</i>		
	Yes	No
Female sterilization	<input type="radio"/>	<input type="radio"/>
Male sterilization	<input type="radio"/>	<input type="radio"/>
Implant	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>
Injectables - 3 month	<input type="radio"/>	<input type="radio"/>
Injectables - 1 month	<input type="radio"/>	<input type="radio"/>
Pill	<input type="radio"/>	<input type="radio"/>
Emergency contraception	<input type="radio"/>	<input type="radio"/>
N-tablet	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>
Female condom	<input type="radio"/>	<input type="radio"/>

Diaphragm	<input type="radio"/>	<input type="radio"/>
Foam / jelly	<input type="radio"/>	<input type="radio"/>
Standard days / cycle beads	<input type="radio"/>	<input type="radio"/>
Other modern	<input type="radio"/>	<input type="radio"/>
Did the respondent answer the questions or give no response?	<input type="radio"/> Respondent answered <input type="radio"/> No response	

402. How much do you charge for one unit of each method that you provide? <i>Enter all prices in Ghana Cedis.</i> <i>Enter -88 for do not know, -99 for no response.</i>	
Female sterilization (full cost of procedure)	
Male sterilization (full cost of procedure)	
Implants (full cost of the implant and insertion)	
IUD (full cost of the IUD and insertion)	
One shot of 3-month injectable	
One shot of 1-month injectable	
One month supply of pills	
A single dose of emergency contraception	
A single dose of N-tablet	
One male condom	
One female condom	
A diaphragm	
Foam / jelly	
Standard days / cycle beads	
Other modern	

403. 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? These may be consultation or registration fees charged to everyone who is seen in this facility or may be specific to family planning clients. <i>This does not include method-specific charges for obtaining a method of family planning.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
404. Are the official fees posted so that the client can easily see them? <i>If yes, posted fees must be observed.</i>	<input type="radio"/> Yes, all fees are posted <input type="radio"/> Some, not all fees posted <input type="radio"/> No posted fees <input type="radio"/> No response

<p>405. On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>406. On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>407. On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>408. On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>409. Does this facility have the following supplies needed to insert and/or remove implants: <i>Read out all supplies and select all that apply. Supplies do not need to be observed.</i> <i>Supplies must be available on the day of the interview</i></p>	<p><input type="checkbox"/> Clean Gloves <input type="checkbox"/> Antiseptic <input type="checkbox"/> Sterile Gauze Pad or Cotton Wool <input type="checkbox"/> Local Anesthetic <input type="checkbox"/> Sealed Implant Pack <input type="checkbox"/> Surgical Blade <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>410. Does this facility have the following supplies needed to insert and/or remove IUDs: <i>Read out all supplies and select all that apply. Supplies do not need to be observed.</i> <i>Supplies must be available on the day of the interview</i></p>	<p><input type="checkbox"/> Sponge-holding forceps <input type="checkbox"/> Speculums (large and medium) <input type="checkbox"/> Tenaculum <input type="checkbox"/> Uterine sound <input type="checkbox"/> Long forceps <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>411a. 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.</p>	
<p>411a. Total number of visits: Female Sterilization</p>	<p>Enter for past completed month. Enter -88 for do not know, enter -99 for no response.</p>
	<p>Enter for past completed month. Enter -88 for do not know, enter -99 for no response.</p>

411a. Total number of visits: Male Sterilization	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Implants	
411a. Number of new clients: Implants	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: IUD	
411a. Number of new clients: IUD	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - 3 month	
411a. Number of new clients: Injectables - 3 month	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Injectables - 1 month	
411a. Number of new clients: Injectables - 1 month	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Pill	
411a. Number of new clients: Pill	
	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Emergency contraception	
411a. Number of new clients: Emergency contraception	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: N-tablet	
411a. Number of new clients: N-tablet	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Male condom	
411a. Number of new clients: Male condom	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Female condom	
411a. Number of new clients: Female condom	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Diaphragm	
411a. Number of new clients: Diaphragm	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Foam / jelly	
411a. Number of new clients: Foam / jelly	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Standard days / cycle beads	
411a. Number of new clients: Standard days / cycle beads	

	Enter for past completed month. Enter -88 for do not know, enter -99 for no response.
411a. Total number of visits: Other modern	
411a. Number of new clients: Other modern	

411b. From family planning record book, record: <i>The total number of family planning products sold in the last completed month, for each method.</i>	
(1) Number of units sold or provided: Female sterilization	
(2) Number of units sold or provided: Male sterilization	
(3) Number of units sold or provided: Implants	
(4) Number of units sold or provided: IUD	
(5) Number of units sold or provided: Injectables - 3 months	
(6) Number of units sold or provided: Injectables - 1 month	
(7) Number of units sold or provided: Pill	
(8) Number of units sold or provided: Emergency contraception	
(9) Number of units sold or provided: N-tablet	
(10) Number of units sold or provided: Male condom	
(11) Number of units sold or provided: Female condom	
(12) Number of units sold or provided: Diaphragm	
(13) Number of units sold or provided: Foam / jelly	
(14) Number of units sold or provided: Standard days / cycle beads	
(15) Number of units sold or provided: Other modern	

412. In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?

- Yes
 No
 No response

413. May I see any wall charts, graphs, written reports, minutes or other written materials produced with service data from the past 12 months?

Select all relevant types of documentation observed. Posters or other information, education and communication (IEC) materials that do not contain service data should not be counted.

- Observed wall chart / graph
 Observed written report / minutes
 Observed other means of reviewing service data
 Other
 Nothing observed

414a. May I see the room where examinations for family planning are conducted?

- Yes
 No
 No response

414b. 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

	O	RU	NA
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Running water (piped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other running water (bucket with tap or pour pitcher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water in bucket or basin (water reused)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand-washing soap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single-use hand drying towels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste receptacle with lid and plastic liner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharps container	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable latex gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfectant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable needles and syringes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examination table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client educational materials on FP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

415. OBSERVE: Assess condition of family planning service area		
	Yes	No
Floor: swept, no obvious dirt or waste	<input type="radio"/>	<input type="radio"/>
Surfaces: wiped clean, no obvious dirt or waste	<input type="radio"/>	<input type="radio"/>
Area is tidy and uncluttered	<input type="radio"/>	<input type="radio"/>
Walls: reasonably clean	<input type="radio"/>	<input type="radio"/>
Doors: no or minor damage	<input type="radio"/>	<input type="radio"/>
Walls: no or minor damage	<input type="radio"/>	<input type="radio"/>
Roof: no or minor damages	<input type="radio"/>	<input type="radio"/>

NOTE: Questions 416a-c will repeat for each of the methods provided at this SDP. Methods selected in 401b: \${methods_selected}	
416a. You mentioned that you typically provide Implants at this facility, can you show them to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Implants been out of stock?	

<p><i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Implants been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide IUDs at this facility, can you show them to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days have IUDs been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have IUDs been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide Injectables - 3 month at this facility, can you show them to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days have Injectables - 3 month been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Injectables - 3 month been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide Injectables - 1 month at this facility, can you show them to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days have Injectables - 1 month been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Injectables - 1 month been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Pills at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Pills been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Pills been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Emergency Contraception at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days has Emergency Contraception been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Has Emergency Contraception been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide N-tablets at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days has N-tablet been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Has N-tablet been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Male condoms at this facility, can you show it to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response

<p>416b. How many days have Male condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Male condoms been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide Female condoms at this facility, can you show it to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days have Female condoms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Female condoms been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide Diaphragms at this facility, can you show it to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days have Diaphragms been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Have Diaphragms been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>416a. You mentioned that you typically provide Foam/Jelly at this facility, can you show it to me?</p>	<p> <input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response </p>
<p>416b. How many days has Foam/Jelly been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i></p>	
<p>416c. Has Foam/Jelly been out of stock at any time in the last 3 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Standard Days/Cycle Beads at this facility, can you show them to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Standard Days/Cycle Beads been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Standard Days/Cycle Beads been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
416a. You mentioned that you typically provide Other modern methods at this facility, can you show them to me?	<input type="radio"/> In-stock and observed <input type="radio"/> In-stock but not observed <input type="radio"/> Out of stock <input type="radio"/> No response
416b. How many days have Other modern methods been out of stock? <i>Enter 1 if only today. Enter -88 for do not know. Enter -99 for no response.</i>	
416c. Have Other modern methods been out of stock at any time in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
417a. May I see the room where contraceptive supplies are stored? <i>If you are already in the room, select "yes."</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

417b. Observe the place where contraceptive supplies are stored and report on the following condition.		
	Yes	No
Are all the methods off the floor?	<input type="radio"/>	<input type="radio"/>
Are all the methods protected from water?	<input type="radio"/>	<input type="radio"/>
Are all the methods protected from the sun?	<input type="radio"/>	<input type="radio"/>
Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?	<input type="radio"/>	<input type="radio"/>

Section 5: Family Planning Service Integration

<p>501. Which of the following services are provided at this facility? <i>Read all options and select all that apply.</i></p>	<input type="checkbox"/> Antenatal <input type="checkbox"/> Delivery <input type="checkbox"/> Postnatal <input type="checkbox"/> Post-abortion <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>502. Which of the following is discussed with the mother after delivery or during the first postnatal visit? <i>Read all options and select all that apply. If your respondent is not involved in delivery or postnatal care, ask if they can refer you to someone at the facility who provides these services.</i></p>	<input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Immediate and exclusive breastfeeding <input type="checkbox"/> Family planning methods available to use while breastfeeding <input type="checkbox"/> Lactational Amenorrhea Method and transition to other methods <input type="checkbox"/> Long-acting method options <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>503. Is the woman offered a method of family planning during the postnatal visit?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>504. During post-abortion visits, which of the following is discussed with the client: <i>Read all options and select all that apply.</i></p>	<input type="checkbox"/> Post-abortion mental health <input type="checkbox"/> Return to fertility <input type="checkbox"/> Healthy timing and spacing of pregnancies <input type="checkbox"/> Long-acting method options <input type="checkbox"/> FP methods for birth spacing <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>505. Is the woman offered a method of family planning during the post-abortion visit?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>506. Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>507. Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>508a. When a client comes in for HIV services, are they offered condoms by the HIV service provider?</p>	<input type="radio"/> Yes <input type="radio"/> No

<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>	<input type="radio"/> Do not know <input type="radio"/> No response
<p>508b. Does the HIV service provider offer them any other method of contraception besides condoms?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>508c. Are HIV clients given information on where they can obtain contraception elsewhere?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>508d. Are HIV clients referred for family planning services within the facility, outside the facility, or both?</p>	<input type="radio"/> Within facility only <input type="radio"/> Outside facility only <input type="radio"/> Both <input type="radio"/> Don't know <input type="radio"/> No response
<p>094. Ask permission to take a photo to the entrance of the facility. Did you get consent to take the photo?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Thank the respondent for his / her time. <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>	
<p>095. Take a GPS point outside near the entrance to the facility. <i>Record location when the accuracy is smaller than 6m.</i></p>	
<p>096. Ensure that no people are in the photo.</p>	
<p>097. How many times have you visited this service delivery point for this interview?</p>	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
<p>098. In what language was this interview conducted?</p>	<input type="radio"/> English <input type="radio"/> Akan <input type="radio"/> Ga <input type="radio"/> Ewe <input type="radio"/> Nzema <input type="radio"/> Dagbani <input type="radio"/> Other
<p>099. Record the result of the service delivery point survey</p>	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other