



Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
IDENTIFICATION															
001a	Interviewer's name: Is this your name? [ODK will display the name associated with the phone's serial number.] <i>Check the button next to the name if that is your name and select 'yes' here. Do not check the button if that is not your name and select 'no' here (long press to remove response next to the name if needed).</i>	Yes 1 No 0	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" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">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	COUNTY <i>Please select the name of the county where the facility is located.</i>	BUNGOMA 1 KERICHO 2 KIAMBU 3 KILIFI 4 KITUI 5 NAIROBI 6 NANDI 7 NYAMIRA 8 SIAYA 9 KAKAMEGA 10 WEST POKOT 11	Always												
003b	DISTRICT (SUB-COUNTY) <i>Please select the name of the district where the facility is located.</i>	ODK will populate a list of appropriate Divisions based on the district (sub-county) selected.	Always												
003c	DIVISION <i>Please select the name of the division where the facility is located.</i>	ODK will populate a list of appropriate Divisions based on the district (sub-county) selected.	Always												
003d	LOCATION	ODK will populate a list of appropriate locations based on the division selected	Always												
004	Enumeration area	ODK will populate a list of appropriate enumeration areas based on location selected	Always												

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005	Facility number <i>Please record the number of the facility from the listing form.</i>	Facility number <input type="text"/>	Always
006	Type of facility <i>Please select the type of facility.</i>	Hospital..... 1 Health Center 2 Health Clinic 3 Dispensary..... 4 Pharmacy/Clinic..... 5 Nursing/Maternity Homes 6 Other..... 96	Always
007	Managing authority <i>Please select the managing authority for the facility.</i>	Government..... 1 NGO 2 Faith-based organization 3 Private 4 Other..... 5	Always
008	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	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. Read the greeting on the next screen:</i>			
Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics 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?			
009a	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	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: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	009a=1

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011	Name of the facility <i>Please record the name of the facility.</i>	<input type="text"/>	009a=1																								
011b	MFL number of the facility ENTER -88 FOR DO NOT KNOW, -77 FOR NOT APPLICABLE (MFL NUMBER DOES NOT EXIST)																										
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																								
013	When did you first begin working at this facility? <i>Enter Jan 2020 for do not know.</i>	Month <input type="text"/> Year <input type="text"/>	009a=1																								
014	Have you previously participated in the PMA2020 service delivery point survey at this facility?	Yes 1 No 0 Do not know -88 No response -99	009a=1																								
Section 1 – Information about services <i>Now I would like to ask about the services provided at this facility</i>																											
101	What year did this facility first begin offering health services / products? <i>Enter Jan 2020 for do not know.</i>	Month <input type="text"/> Year <input type="text"/>	009a =1																								
102	How many days each week is the facility routinely open? <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 type="text"/>	009a =1																								
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 1 No, no 24-hr staff 0 No response -99	006 ≠ 5,6																								
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. <i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i>	<table border="1"> <thead> <tr> <th></th> <th>Actual #</th> <th>Present today</th> </tr> </thead> <tbody> <tr> <td>Doctor</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Clinical Officer</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Nurse/midwife</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Medical Assistant/Nurse Aids</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Pharmacist</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Pharmaceutical Technologist</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other Medical Staff</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Actual #	Present today	Doctor	<input type="text"/>	<input type="text"/>	Clinical Officer	<input type="text"/>	<input type="text"/>	Nurse/midwife	<input type="text"/>	<input type="text"/>	Medical Assistant/Nurse Aids	<input type="text"/>	<input type="text"/>	Pharmacist	<input type="text"/>	<input type="text"/>	Pharmaceutical Technologist	<input type="text"/>	<input type="text"/>	Other Medical Staff	<input type="text"/>	<input type="text"/>	009a =1
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105a	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 No response -99	006 ≠ 5,6
105b	What is the size of the catchment population? <i>Record the number of people living in the area served by this facility.</i>	Number of people <input type="text"/>	105a =2
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>	Number of beds <input type="text"/>	006 ≠ 5,6
107	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	009a =1
108a	Does this facility have electricity at this time? <i>Select for running electricity only.</i>	Yes 1 No 0 No response -99	009a =1
108b	At any point today, has the electricity been out for two or more hours?	Yes 1 No 0 Don't know -88 No response -99	009a =1
109a	Does this facility have running water at this time? <i>Select for running water only.</i>	Yes 1 No 0 No response -99	009a =1
109b	At any point today, has running water been unavailable for two or more hours?	Yes 1 No 0 Don't know -88 No response -99	009a =1
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>	Number of facilities <input type="text"/>	006 ≠ 5
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>	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	110≠0
Section 2 – Family Planning Service Availability <i>Now I would like to ask about family planning services provided at this facility.</i> <i>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.</i>			
201	Do you usually offer family planning services / products?	Yes 1 No 0 No response -99	009a =1

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202	<p>What year did this facility first begin offering family planning services / products?</p> <p><i>The respondent reported that the facility opened in [YEAR AND MONTH FROM SQ101]</i></p> <p><i>Enter Jan 2020 for do not know.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	201=1
203	<p>How many days in a week are family planning services / products offered / sold here?</p> <p>The facility is open [DAYS FROM SQ102] per week.</p> <p><i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i></p>	<p>Number of days <input type="text"/></p>	201=1
204	<p>Are family planning services / products offered here today?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	201=1
205	<p>Does this facility provide family planning supervision, support, or supplies to community health volunteers?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	006=1-4,7
20Err or! Reference source not found.	<p>How many community health volunteers are supported by this facility to provide family planning services?</p> <p><i>Record only CHVs who receive supervision, support, or supplies for family planning.</i></p> <p><i>If CHVs were recorded as employees in SQ 103, please do not include them here as well.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	<p>Number of CHVs <input type="text"/></p>	205=1
207	<p>Do the community health volunteers provide any of the following contraceptives:</p>	<p>Condoms 1/0</p> <p>Pills 1/0</p> <p>Injectables 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	205=1
208	<p>How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?</p> <p><i>Enter -88 for do not know, -99 for no response. 0 is a possible answer.</i></p>	<p>Number of times <input type="text"/></p>	201 = 1
209	<p>Which of the following family planning services do you offer to unmarried adolescents?</p> <p><i>Read all options and select all that apply.</i></p>	<p>Counsel for contraceptive methods 1/0</p> <p>Provide contraceptive methods 1/0</p> <p>Prescribe / refer contraceptive methods ... 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	201=1
SECTION 3: CLIENT FEEDBACK			

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301	<p>Do you collect information about clients' opinion in any of the following ways?</p> <p><i>Read each option out loud and select all methods that apply.</i></p>	Suggestion box 1/0 Client survey form 1/0 Structured interviews with clients 1/0 Official meeting with community leaders ... 1/0 Informal discussion with client/ community 1/0 Other 1/0 None of the above -77 Don't know -88 No response -99	009a =1
302a	<p>Is there a procedure for reviewing or reporting on clients' opinions?</p>	Yes 1 No 0	301≠ -77
302b	<p>Ask to see a report or form on which data are compiled or discussion is reported.</p>	Report seen 1 Report not seen 2	302= 1
303	<p>In the past 12 months, have any changes been made in the program as a result of client opinion?</p> <p><i>If yes, indicate if the change(s) are related to any of the listed topics.</i></p>	No 1/0 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 No response -99	301 ≠ -77
SECTION 4: PROVISION OF FAMILY PLANNING METHODS			
401a	<p>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?</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 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 LAM 1/0 Rhythm method 1/0 Withdrawal 1/0 None of the above -77 No response -99	201= 1
401b	<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 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

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401c	<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 SQ 401b]</i></p>	Female sterilization 1/0 Male sterilization 1/0 Implant 1/0 IUD 1/0 Injectables 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 charge for any method..... -77 No response -99	201=1																										
401d	<p>For which of the following methods do you provide a referral or prescription for the client to obtain the method elsewhere?</p> <p><i>Read all options out loud.</i></p> <p><i>[ODK will only display methods that were not selected in SQ 401bb]</i></p>	Female sterilization 1/0 Male sterilization 1/0 Implant 1/0 IUD 1/0 Injectables 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																										
402	<p>How much do you charge for one unit of each method that you provide?</p> <p><i>Enter all prices in Kenyan Shillings</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p><i>[ODK will only display the methods for which the facility charges from SQ 401c]</i></p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">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 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 month supply of pills		A single dose of emergency contraception		One male Condom		One female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads		401c ≠ -77
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403	<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>	<p>Yes 1 No 0</p>	201=1
404	<p>Are the official fees posted so that the client can easily see them?</p> <p><i>If yes, posted fees must be observed.</i></p>	<p>Yes, all fees are posted 1 Some, not all, fees posted 2 No posted fees 0 No response -99</p>	403=1
405	<p>On days when you offer family planning services, does this facility have trained personnel able to insert implants?</p>	<p>Yes 1 No 0 No response -99</p>	006 ≠ 5 and 401b: implant=1
406	<p>On days when you offer family planning services, does this facility have trained personnel able to remove implants?</p>	<p>Yes 1 No 0 No response -99</p>	006 ≠ 5 and 401b: implant=1
407	<p>On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?</p>	<p>Yes 1 No 0 No response -99</p>	006 ≠ 5 and 401b: IUD=1
408	<p>On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?</p>	<p>Yes 1 No 0 No response -99</p>	006 ≠ 5 and 401b: IUD=1
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>	<p>Clean Gloves 1/0 Antiseptic 1/0 Sterile Gauze Pad or Cotton Wool 1/0 Local anesthetic 1/0 Sealed Implant Pack 1/0 Surgical Blade 1/0 None of the above -77 No response -99</p>	006 ≠ 5 and 401b: implant=1
410	<p>Does this facility have the following supplies needed to insert and/or remove IUDs:</p> <p><i>Read out all supplies and select all that apply. Supplies do not need to be observed, but must be available on the day of the interview.</i></p>	<p>Sponge-holding forceps 1/0 Speculums (large and medium) 1/0 Tenaculum 1/0 Clamp 1/0 None of the above -77 No response -99</p>	006 ≠ 5 and 401b: IUD=1

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411a	<p>From family planning register, record: (1) The total number of family planning visits (new and continuing) in the last completed month, for each method. (2) The number of new clients who received family planning services in the last completed month, for each method. <i>Past completed month. Enter -88 for no not know, enter -99 for no response.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Total # 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</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			Pill			Emergency contraception			Male Condom			Female Condom			Diaphragm			Foam/Jelly			Std. Days/Cycle beads			006 ≠ 5
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411b	<p>From family planning record book, record: The total number of family planning products sold in the last completed month, for each method. <i>The total number of family planning products sold in the last completed month, for each method.</i> <i>Enter -88 for do not know, enter -99 for no response.</i></p>	<table border="1"> <thead> <tr> <th></th> <th># of units sold or provided</th> </tr> </thead> <tbody> <tr><td>Implants</td><td></td></tr> <tr><td>IUD</td><td></td></tr> <tr><td>Injectables</td><td></td></tr> <tr><td>Pill</td><td></td></tr> <tr><td>Emergency contraception</td><td></td></tr> <tr><td>Male Condom</td><td></td></tr> <tr><td>Female Condom</td><td></td></tr> <tr><td>Diaphragm</td><td></td></tr> <tr><td>Foam/Jelly</td><td></td></tr> <tr><td>Std. Days/Cycle beads</td><td></td></tr> </tbody> </table>		# of units sold or provided	Implants		IUD		Injectables		Pill		Emergency contraception		Male Condom		Female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads		006= 5																	
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412	<p>In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?</p>	Yes 1 No 0 No response -99	201= 1																																							
413	<p>May I see any wall charts, graphs, written reports, minutes or other written materials produced with service data from the 12 months? <i>Select all relevant types of documentation observed. Posters or other IEC materials that do not contain any service data should not be counted.</i></p>	Observed wall chart / graph 1/0 Observed written report / minutes 1/0 Observed other means of reviewing service data 1/0 Other 1/0 Nothing observed -77	412= 1																																							
414a	<p>May I see the room where examinations for family planning are conducted?</p>	Yes 1 No 0 No response -99	201= 1																																							

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414b	<p>For each of the following items, check to see whether item is either in room where examinations are conducted or in an adjacent room.</p> <p>Running water (piped)..... Other running water (bucket with tap or pour pitcher) Water in bucket or basin (water reused) Hand-washing soap..... Single-use hand drying towels Waste receptacle with lid and plastic liner.. Sharps container Disposable latex gloves..... Disinfectant..... Disposable needles and syringes..... Auditory privacy..... Visual privacy Examination table..... Client educational materials on FP.....</p>	<table border="1"> <thead> <tr> <th data-bbox="820 344 1002 383">Observed</th> <th data-bbox="1002 344 1182 383">Reported but unseen</th> <th data-bbox="1182 344 1362 383">Not available</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>-77</td></tr> </tbody> </table>	Observed	Reported but unseen	Not available	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	1	2	-77	414a =1
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415	<p>OBSERVE: Assess condition of family planning service area</p> <p><i>Must answer all or none.</i></p>	<p>Floors: swept, no obvious dirt or waste 1/0 Surfaces: wiped clean, no obvious dirt or waste 1/0 Area is tidy and uncluttered..... 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 damage 1/0</p>	414a =1																																																			
416a	<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>[416a-c will repeat for each of the methods that are provided at the facility according to SQ 401b, except Female and Male Sterilization]</p>	<p>In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99</p>	201= 1																																																			
416b	<p>How many days has the [METHOD] been out of stock?</p> <p>[416a-c will repeat for each of the methods that are provided at the facility according to 401b, except Female and Male Sterilization]</p> <p>Enter 1 if only for today. Enter -88 for Do not know. Enter -99 for No response.</p>	<p>Number of days <input data-bbox="1037 1563 1254 1648" type="text"/></p>	416a =3																																																			
416c	<p>Has the [METHOD] been out of stock at any time in the last 3 months?</p> <p>[416a-c will repeat for each of the methods that are provided at the facility, except Female and Male Sterilization]</p>	<p>Yes 1 No 0 Don't know -88 No response -99</p>	416a =1 or 2																																																			

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:															
417a	<p>May I see the room where contraceptive supplies are stored?</p> <p>If you are already in the room, select "Yes"</p>	<p>Yes 1</p> <p>No 0</p>	201=1															
417b	<p>Observe the place where contraceptive supplies are stored and report on the following condition:</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Are all the methods off the floor?</td> <td>1</td> <td>0</td> </tr> <tr> <td>Are all the methods protected from water?</td> <td>1</td> <td>0</td> </tr> <tr> <td>Are all the methods protected from the sun?</td> <td>1</td> <td>0</td> </tr> <tr> <td>Is the room clean of evidence of rodents (bats, rats) or pests (roaches)?</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	Are all the methods off the floor?	1	0	Are all the methods protected from water?	1	0	Are all the methods protected from the sun?	1	0	Is the room clean of evidence of rodents (bats, rats) or pests (roaches)?	1	0	417a=1
	Yes	No																
Are all the methods off the floor?	1	0																
Are all the methods protected from water?	1	0																
Are all the methods protected from the sun?	1	0																
Is the room clean of evidence of rodents (bats, rats) or pests (roaches)?	1	0																
SECTION 5: FAMILY PLANNING SERVICE INTEGRATION																		
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>	<p>Antenatal 1/0</p> <p>Delivery 1/0</p> <p>Postnatal 1/0</p> <p>Post-abortion 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	009a=1 AND 006 ≠ 5															
502	<p>Which of the following is discussed with the mother after delivery or during the first postnatal visit?</p> <p><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>	<p>Return to fertility 1/0</p> <p>Healthy timing and spacing of pregnancies 1/0</p> <p>Immediate and exclusive breastfeeding ... 1/0</p> <p>Family planning methods available to use while breastfeeding 1/0</p> <p>Lactational Amenorrhea Method and transition to other methods 1/0</p> <p>Long-acting method options 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	501: Delivery=1 OR Postnatal=1															
503	<p>Is the woman offered a method of family planning during the postnatal visit?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	501: postnatal = 1															
504	<p>During post-abortion visits, which of the following is discussed with the client:</p> <p><i>Read all options and select all that apply.</i></p>	<p>Post-abortion mental health 1/0</p> <p>Return to fertility 1/0</p> <p>Healthy timing and spacing of pregnancies 1/0</p> <p>Long-acting method options 1/0</p> <p>FP methods for birth spacing 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	501: Post-abortion= 1															
505	<p>Is the woman offered a method of family planning during the post-abortion visit?</p>	<p>Yes 1</p> <p>No 0</p>	501: Post-abortion= 1															

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
506	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes 1 No 0 No response -99	009a =1
507	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?	Yes 1 No 0 No response -99	009a =1
508a	When a client comes in for HIV services, are they given condoms by the HIV service provider? <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>	Yes 1 No 0 Don't know -88 No response -99	506=1 AND 006a≠5
508b	Does the HIV service provider offer them any other method of contraception besides condoms?	Yes 1 No 0 Don't know -88 No response -99	506=1 AND 006a≠5
508c	Are HIV clients given information on where they can obtain contraception elsewhere?	Yes 1 No 0 Don't know -88 No response -99	508b =0 AND 006a≠5
508d	Are HIV clients referred for family planning services within the facility, outside the facility, or both?	Within facility only 1 Outside facility only 2 Both 3 Don't know -88 No response -99	508c=1 AND 006a≠5
LOCATION AND QUESTIONNAIRE RESULT			
094	Ask permission to take a photo of the entrance of the facility. Did you get consent to take the photo?	Yes 1 No 0	009a =1
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>			
095	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE	094=1
096	Location Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.	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 Kiswahili 2 Other 96	009a =1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
099	Record the result of the Service Delivery Point Questionnaire.	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	Always