



Uganda Round 6 Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
IDENTIFICATION															
001a	<p>Interviewer's name: Is this your name? [ODK will display the name associated with the phone's serial number.] 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).</p>	Yes 1 No 0	Always												
001b	<p>Enter your name below. Please record your name</p>	Interviewer's Name	001a=0												
002a	<p>Current date and time. [ODK will display on screen] Is this date and time correct?</p>	Yes 1 No 0	Always												
002b	<p>Record the correct date and time.</p>	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <th>Hours</th> <th>Min</th> <th>AM/PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Day	Month	Year				Hours	Min	AM/PM				002a=0
Day	Month	Year													
Hours	Min	AM/PM													
003a	<p>Region Please select the name of the region where the facility is located.</p>	Karamoja 1 North 2 West-Nile 3 Eastern 4 East-Central 5 Central2 6 Central1 7 Western 8 South-West 9 Kampala 10	Always												
003b	<p>District Please select the name of the district where the facility is located.</p>	ODK will populate a list of appropriate districts based on the region selected for SQ 003a.	Always												
003c	<p>Subcounty Please select the name of the subcounty where the facility is located.</p>	ODK will populate a list of appropriate subcounties based on the district selected for SQ 003b.	Always												
004	<p>Enumeration area</p>	ODK will populate a list of appropriate enumeration areas based on location selected	Always												
005	<p>Facility number Please record the number of the facility from the listing form.</p>	Facility number <input type="text"/>	Always												

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
006	Type of facility <i>Please select the type of facility.</i>	Hospital 1 Health Center IV 2 Health Center III 3 Health Center II 4 Health Clinic 5 Pharmacy 6 Chemist/Drug Shop 7 Other 96	Always
006a	Advanced facility	Yes 1 No 0	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>			
<p>Hello. My name is _____. We are working with the School of Public Health, college of Health Sciences, Makerere University, in collaboration with the Ministry of Health, and the Uganda Bureau of statistics. Your facility was randomly selected to participate in this study. We would like to ask you questions about family planning, post-abortion care, and other reproductive health services and will ask to see client registers. No client 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's data will only present information in aggregate form so that your facility cannot be identified.</p> <p>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.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?</p>			
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
011	Name of the facility <i>Please record the name of the facility.</i>	<input type="text"/>	009a=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																		
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	What year did you first begin working at this facility? <i>Enter 2020 for do not know.</i>	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 2020 for do not know.</i>	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																		
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. 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 40%; text-align: center;">Actual #</th> </tr> </thead> <tbody> <tr> <td>Doctor/Medical Officer</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Nurse/midwife</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Nursing Assistant/Aide</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Paramedic staff</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Clinic Officer/Medical Assistant</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Dispenser</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Pharmacist</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> </tr> </tbody> </table>		Actual #	Doctor/Medical Officer	<input type="text"/>	Nurse/midwife	<input type="text"/>	Nursing Assistant/Aide	<input type="text"/>	Paramedic staff	<input type="text"/>	Clinic Officer/Medical Assistant	<input type="text"/>	Dispenser	<input type="text"/>	Pharmacist	<input type="text"/>	Other Medical Staff	<input type="text"/>	009a=1
	Actual #																				
Doctor/Medical Officer	<input type="text"/>																				
Nurse/midwife	<input type="text"/>																				
Nursing Assistant/Aide	<input type="text"/>																				
Paramedic staff	<input type="text"/>																				
Clinic Officer/Medical Assistant	<input type="text"/>																				
Dispenser	<input type="text"/>																				
Pharmacist	<input type="text"/>																				
Other Medical Staff	<input type="text"/>																				
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?	No catchment area..... 1 Yes, knows size of catchment area..... 2 Doesn't know size of catchment area -88 No response..... -99	006a = 1																		
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"/>	006a = 1																		

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
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"/>	006a = 1
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
GGR_201	Has this facility received any funding or other support in the past 12 months, such as training or technical support, from non-governmental organizations to support its family planning services?	Yes 1 No..... 0 Don't know -88 No response..... -99	201=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR_202	<p>Which non-governmental organizations provide this funding or other support? <i>Probe: Any others?</i></p> <p><i>Reminder, "other support" can include training, technical assistance, or supplies.</i></p> <p><i>Do not read responses out loud. Select all that apply.</i></p> <p><i>Scroll down to see all response options</i></p>	Marie Stopes International (MSI).....0/1 Reproductive Health Uganda.....0/1 Pathfinder.....0/1 PATH.....0/1 EngenderHealth.....0/1 JHPIEGO.....0/1 Family Health International (FHI360).....0/1 Strides for Family Health.....0/1 HEPS Uganda.....0/1 Intrahealth Uganda.....0/1 CEHURD.....0/1 Other (Specify).....0/1 Don't know-88 No response.....-99	GGR_201=1
202	<p>When did this facility first begin offering family planning services / products?</p> <p><i>The respondent reported that the facility opened in [YEAR FROM SQ101]</i></p> <p><i>Enter 2020 for do not know.</i></p>	Year <input data-bbox="1002 725 1214 786" type="text"/>	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>	Number of days <input data-bbox="994 949 1214 1028" type="text"/>	201=1
204	<p>Does this facility provide family planning supervision, support, or supplies to community health volunteers?</p>	Yes 1 No..... 0 No response..... -99	006a = 1
205	<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 104, please do not include them here as well.</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	Number of CHVs <input data-bbox="994 1397 1214 1476" type="text"/>	205=1
207	<p>Do the community health volunteers provide any of the following contraceptives:</p>	Condoms 1/0 Pills..... 1/0 Injectables 1/0 None of the above.....-77 No response.....-99	205=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR_203	<p>Did any non-governmental organizations provide funding or other support to these community health volunteers?</p> <p><i>Reminder, "other support" can include training, technical assistance, or supplies.</i></p>	Yes 1 No..... 0 Don't know-88 No response-99	207=1 for any method
GGR_204	<p>Which non-governmental organizations provide this funding or other support?</p> <p><i>Probe: Any others?</i></p> <p><i>Reminder, "other support" can include training, technical assistance, or supplies.</i></p> <p><i>Do not read responses out loud. Select all that apply.</i></p> <p><i>Scroll down to see all response options</i></p>	Marie Stopes International (MSI).....0/1 Reproductive Health Uganda.....0/1 Pathfinder.....0/1 PATH.....0/1 EngenderHealth.....0/1 JHPIEGO.....0/1 Family Health International (FHI360).....0/1 Strides for Family Health.....0/1 HEPS Uganda.....0/1 Intrahealth Uganda.....0/1 CEHURD.....0/1 Other (Specify).....0/1 Don't know-88 No response-99	GGR_203=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>	Number of times <input type="text"/>	201 = 1
GRR_205	<p>What contraceptive methods were offered by these mobile outreach services in the past 12 months?</p> <p><i>Read all options out loud and select all that apply.</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 Other modern 1/0 No response -99	208>0
GGR_206	<p>Approximately how many family planning clients were served through these mobile outreach services in the past 12 months?</p>	Number of Clients <input type="text"/>	GGR_205=1 for any method
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>	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
<u>SECTION 4: PROVISION OF FAMILY PLANNING METHODS</u>			

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
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 – 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 LAM..... 1/0 Rhythm method 1/0 Withdrawal 1/0 Other modern 1/0 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 – 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 Other modern 1/0 No response-99	201=1
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 – 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 charge for any method.....-77 No response-99	201=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																												
402	<p>How much do you charge for one unit of each method that you provide?</p> <p><i>Enter all prices in Ugandan Shillings</i></p> <p><i>Enter -88 for do not know, -99 for no response.</i></p> <p>[ODK will only display the methods for which the facility charges from SQ 401c]</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 shot of 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 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		401c ≠ -77
	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 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																															
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><i>This does not include method-specific charges for obtaining a method of family planning.</i></p>	<p>Yes 1 No 0 No response -99</p>	201=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>	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>	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>	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>	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 anaesthetic 1/0 Sealed Implant Pack 1/0 Surgical Blade 1/0 None of the above -77 No response -99</p>	401b: implant=1																												

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																																										
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>	401b: IUD=1																																										
411a	<p>May I see your family planning register from last completed month?</p> <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 - Depo Provera</td><td></td><td></td></tr> <tr><td>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 - Depo Provera			Sayana Press			Pill			Emergency contraception			Male Condom			Female Condom			Diaphragm			Foam/Jelly			Std. Days/Cycle beads			006a = 1
	Total # visits	# new clients																																											
Female Sterilization																																													
Male Sterilization																																													
Implants																																													
IUD																																													
Injectables - Depo Provera																																													
Sayana Press																																													
Pill																																													
Emergency contraception																																													
Male Condom																																													
Female Condom																																													
Diaphragm																																													
Foam/Jelly																																													
Std. Days/Cycle beads																																													
411b	<p>May I see your family planning record book for the past month?</p> <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. 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 - Depo Provera</td><td></td></tr> <tr><td>Sayana Press</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 - Depo Provera		Sayana Press		Pill		Emergency contraception		Male Condom		Female Condom		Diaphragm		Foam/Jelly		Std. Days/Cycle beads		006=6,7,8																		
	# of units sold or provided																																												
Implants																																													
IUD																																													
Injectables - Depo Provera																																													
Sayana Press																																													
Pill																																													
Emergency contraception																																													
Male Condom																																													
Female Condom																																													
Diaphragm																																													
Foam/Jelly																																													
Std. Days/Cycle beads																																													

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:																																																
412	In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes 1 No 0 No response -99	201=1																																																
413	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>	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	May I see the room where examinations for family planning are conducted?	Yes 1 No 0 No response -99	201=1 AND 006a = 1																																																
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. 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	<table border="1"> <thead> <tr> <th><u>Observed</u></th> <th><u>Reported but unseen</u></th> <th><u>Not available</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>-77</td></tr> </tbody> </table>	<u>Observed</u>	<u>Reported but unseen</u>	<u>Not available</u>	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
<u>Observed</u>	<u>Reported but unseen</u>	<u>Not available</u>																																																	
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																																																	
416a	You mentioned that you typically provide the [METHOD] at this facility, can you show it to me? If no, probe: Is the [METHOD] out of stock today? [416a-c will repeat for each of the methods that are provided at the facility according to SQ 401b, except Female and Male Sterilization]	In-stock and observed 1 In-stock but not observed 2 Out of stock 3 No Response -99	201=1																																																

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:															
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.</p> <p>Enter -88 for Do not know.</p> <p>Enter -99 for No response.</p>	<p>Number of days <input style="width: 100px; height: 20px;" 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</p> <p>No 0</p> <p>Don't know -88</p> <p>No response -99</p>	416a=1 or 2															
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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Are all the methods off the floor?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Are all the methods protected from water?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Are all the methods protected from the sun?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Is the room clean of evidence of rodents (bats, rats) or pests (roaches)?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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																
<u>SECTION 5: FAMILY PLANNING SERVICE INTEGRATION</u>																		
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>	009=1 AND 006a = 1															
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>Diet, nutrition, and exercises 1/0</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>Postpartum mental health 1/0</p> <p>None of the above -77</p> <p>No response -99</p>	501: Delivery=1 OR Postnatal=1															

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
503	Is the woman offered a method of family planning during the postnatal visit?	Yes 1 No 0 No response -99	501: postnatal = 1 AND 201 =1
504	During post-abortion visits, which of the following is discussed with the client: <i>Read all options and select all that apply.</i>	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 FP methods for birth spacing 1/0 None of the above -77 No response -99	501: Post- abortion= 1
505	Is the woman offered a method of family planning during the post-abortion visit?	Yes 1 No 0 No response -99	501: Post- abortion= 1 AND 201 = 1
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
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 = 1
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 = 1
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 = 1
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 = 1
GGR_501	Do you keep a written record of HIV client family planning referrals to other departments within your facility or to outside facilities?	Yes 1 No 0 Don't know -88 No response -99	508d=1 OR 2 OR 3
GGR_502	May I see your HIV client family planning referral register from last completed month?	Yes 1 No 0 No response -99	GGR_501=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:		
GGR_503_a	<p>From HIV client register, record:</p> <p>(1) The total number of family planning referrals within the facility in the last completed month</p> <p>(2) The total number of family planning referrals outside the facility in the last completed month</p> <p><i>Records for last completed month can be found in HMIS 05 page 10, test by purpose, "Determine" total.</i></p> <p><i>Enter -88 for no not know, enter -99 for no response.</i></p>	<p>Within facility</p> <p>Outside facility</p> <p># recorded referrals</p> <table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>			508d=1 OR 2 OR 3 & GGR_502=1
GGR_503_b	<p>What is your estimate of how many HIV patients were referred for family planning services within the facility in the last completed month?</p> <p><i>Last completed month. Enter -88 for no not know, enter -99 for no response.</i></p>	<p>Within facility</p> <p># estimated referrals</p> <table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>		508d=1 OR 3 & GGR_501=0	
GGR_503_c	<p>What is your estimate of how many HIV patients were referred for family planning services outside the facility in the last completed month?</p> <p><i>Last completed month. Enter -88 for no not know, enter -99 for no response.</i></p>	<p>Outside facility</p> <p># estimated referrals</p> <table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> </tr> </table>		508d=2 OR 3 & GGR_501=0	
GGR_504	<p>Does this facility offer HIV testing either on site or through outreach?</p>	<p>Yes 1</p> <p>No..... 0</p> <p>Don't know-88</p> <p>No response-99</p>	507=1		
GGR_505	<p>How many HIV tests were performed by this facility during the last completed month?</p> <p><i>If don't keep a record, ask for estimate.</i></p> <p><i>If records are kept, enter -77 in # estimated field.</i></p> <p><i>If records are not kept, enter -77 in # recorded field.</i></p> <p><i>Enter -88 in both fields for do not know</i></p> <p><i>Enter -99 in both fields for no response.</i></p>	<p>HIV tests</p> <table border="1"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table> <p># recorded # estimated</p>			GGR_504=1
GGR_506	<p>Does this facility offer first line or second line antiretroviral therapy?</p>	<p>None..... 0</p> <p>First line..... 1</p> <p>Second line 2</p> <p>Both..... 3</p> <p>ART available but not sure if first or second line.....4</p> <p>Don't know-88</p> <p>No response-99</p>	507=1		
GGR_507	<p>Are the antiretroviral drugs currently out of stock?</p> <p><i>If offer first and second line, probe to determine if only one line or both lines are currently out of stock. Select all that apply.</i></p>	<p>Yes, first line..... 1/0</p> <p>Yes, second line..... 1/0</p> <p>Yes, ART line unknown 1/0</p> <p>No..... 1/0</p> <p>Don't know-88</p> <p>No Response-99</p>	GGR_506=1 OR 2 OR 3		

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR_508	<p>Have the antiretroviral drugs been out of stock at any time in the last 3 months?</p> <p><i>If offer first and second line, probe to determine if only one line or both lines are currently out of stock. Select all that apply.</i></p>	Yes, first line..... 1/0 Yes, second line..... 1/0 Yes, ART line unknown..... 1/0 No..... 1/0 Don't know -88 No response -99	GGR_507= No OR Don't know
GGR_509_a	<p>Approximately how many days during the last 3 months have the first line antiretroviral drugs been out of stock?</p> <p><i>Enter -88 for no not know, enter -99 for no response</i></p>	Number of days <input type="text"/>	GGR_507=first line OR GGR_508=first line
GGR_509_b	<p>Approximately how many days during the last 3 months have the second line antiretroviral drugs been out of stock?</p> <p><i>Enter -88 for no not know, enter -99 for no response</i></p>	Number of days <input type="text"/>	GGR_507=second line OR GGR_508=second line
GGR_509_c	<p>Approximately how many days during the last 3 months have the antiretroviral drugs been out of stock?</p> <p><i>Enter -88 for no not know, enter -99 for no response</i></p>	Number of days <input type="text"/>	GGR_507=line unknown OR GGR_508=line unknown
SECTION 6: POST-ABORTION CARE			
GGR_601	<p>Does this facility provide post-abortion care to women with complications from either miscarriage or induced abortion?</p>	Yes 1 No..... 0 Don't know -88 No response -99	009=1 AND 006a = 1
GGR_602	<p>Has this facility treated at least 1 PAC patient in the last 12 months?</p>	Yes 1 No..... 0 Don't know -88 No response -99	GGR_601=1
GGR_603	<p>Which of the following methods are used for treatment of post-abortion complications in this facility?</p> <p><i>Read all options out loud and select all that apply.</i></p>	Dilation & curettage (D&C)..... 1/0 Dilation & evacuation (D&E)..... 1/0 Manual vacuum aspiration (MVA)/electric vacuum aspiration (EVA) 1/0 Misoprostol (not in combination with other methods) 1/0 Mifepristone and Misoprostol (not in combination with other methods) 1/0 Laparotomy 1/0 Anything else? (specify) 1/0 Don't know -88 No response -99	GGR_601=1
GGR_604	<p>Can you show me the manual vacuum aspirator (MVA) equipment? Is it functional?</p>	Functional and observed.....1 Function and not observed.....2 Not functional and observed.....3 Not functional and not observed.....4 Don't know.....-88 No response.....-99	GGR_603=MVA

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR _605	<p>Does this {facility_type} provide any of the following medicines? Anything else that a woman could use to bring back her period or have an abortion?</p> <p><i>Read all options out loud and select all that apply.</i></p>	Mifepristone..... 1/0 Misoprostol..... 1/0 Contraceptive pills for the purpose of bringing back one's period1/0 Other (specify)..... 1/0 Don't know-88 No response -99	006=6 OR 006=7
GGR _606 a	<p>Can you show me this facility's current stock of mifepristone?</p> <p><i>If no, probe: is mifepristone out of stock?</i></p>	In-stock and observed..... 1 In-stock but not observed.....2 Out of stock3 Don't know-88 No Response-99	GGR_603= Mife OR GGR_605= Mife
GGR _606 b	<p>Can you show me this facility's current stock of misoprostol?</p> <p><i>If no, probe: is misoprostol out of stock?</i></p>	In-stock and observed..... 1 In-stock but not observed.....2 Out of stock3 Do no stock.....4 Don't know-88 No Response-99	GGR_603= Miso OR GGR_605= Miso
GGR _607	<p>In this facility, are post-abortion patients treated as outpatients only, inpatients only, or both?</p> <p><i>Hint: If respondent is unsure, you can remind them that outpatients are not admitted and inpatients are admitted.</i></p>	Inpatients only 1 Outpatients only 2 Both 3 Don't know-88 No response-99	GGR_601=1 AND GGR_602=1
<p>For the next questions, please provide your responses from memory without referring to log books.</p>			
GGR _608	<p>During an <u>AVERAGE</u> month, about how many post-abortion care patients would you estimate are treated as <u>OUTPATIENTS</u> in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced.</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	Number of PAC outpatients <input type="text"/>	GGR_607=2 OR 3
GGR _609	<p>In the <u>LAST COMPLETED</u> month, about how many post-abortion care patients would estimate are treated as <u>OUTPATIENTS</u> in this facility as a whole?</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	Number of PAC outpatients <input type="text"/>	GGR_607=2 OR 3

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR_610	<p>During an AVERAGE month, about how many post-abortion care patients would you estimate are treated as INPATIENTS in this facility as a whole? Please remember to include all patients treated for extremely serious or minor abortion complications, whether the abortions were spontaneous or induced.</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	<p>Number of PAC inpatients <input data-bbox="995 387 1214 472" type="text"/></p>	GGR_607=1 OR 3
GGR_611	<p>In the LAST COMPLETED month, about how many post-abortion care patients would you estimate are treated as INPATIENTS in this facility as a whole?</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	<p>Number of PAC inpatients <input data-bbox="995 710 1214 795" type="text"/></p>	GGR_607=1 OR 3
CALC_AVG_PAC	<p>Just to confirm what you have told me, in an AVERAGE month, your facility treated {GGR_608} OUTPATIENTS and {GGR_610} INPATIENTS for abortion complications, for a total of {GGR_608+GGR_610} cases. Is this correct?</p>	<p>GGR_608 + <input data-bbox="1099 898 1318 983" type="text"/> GGR_610</p> <p>Yes..... 1 No..... 0</p>	GGR_601=1 AND GGR_602 = 1
CALC_LST_PAC	<p>And in the LAST COMPLETED month, your facility treated {GGR_609} OUTPATIENTS and {GGR_611} INPATIENTS for abortion complications, for a total of {GGR_609+GGR_611}. Is this correct?</p>	<p>GGR_609 + <input data-bbox="1099 1090 1318 1176" type="text"/> GGR_611</p> <p>Yes..... 1 No..... 0</p>	GGR_601=1 AND GGR_602 = 1
GGR_612	<p>How many of the {CALC_LST_PAC} post-abortion care patients treated in the last completed month had complications that included a perforated uterus or gut requiring laparotomy, intensive care unit admission, or organ failure? Please include cases whether or not the patient survived.</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Probe: If don't know, ask for the approximate number of patients</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	<p>Number of severe PAC complications <input data-bbox="995 1429 1214 1514" type="text"/></p>	CALC_LST_PAC >0
GGR_613	<p>How many of the {CALC_LST_PAC} post-abortion care patients were referred to your facility after having been treated at another facility in the last completed month?</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Probe: If don't know, ask for the approximate number of patients</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	<p>Number of referred PAC patients <input data-bbox="995 1816 1214 1901" type="text"/></p>	CALC_LST_PAC >0

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
GGR_614	<p>How many of the {CALC_LST_PAC} post-abortion care patients did you refer to another facility to complete treatment, after having treated them (either as inpatients or outpatients), in the last completed month?</p> <p><i>Hint: 0 is a possible answer</i></p> <p><i>Probe: If don't know, ask for the approximate number of patients.</i></p> <p><i>Enter -88 for don't know and -99 for no response</i></p>	<p>Number of PAC patients referred <input type="text"/></p>	CALC_LST_PAC >0
GGR_615	<p>Which of the following services and drugs does this facility provide?</p> <p><i>Read all options aloud. Select all that apply</i></p>	<p>Antibiotics.....1/0</p> <p>Analgesics.....1/0</p> <p>Local anesthesia.....1/0</p> <p>Intravenous replacement fluids.....1/0</p> <p>Oxytocics.....1/0</p> <p>Blood transfusion.....1/0</p> <p>Laparotomy.....1/0</p>	
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>	<p>Yes 1</p> <p>No..... 0</p>	009a=1
<p>Thank the respondent for her / his time.</p> <p><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	<p>TAKE PICTURE</p> <p>CHOOSE IMAGE</p>	094=1
096	<p>Location</p> <p>Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.</p>	RECORD LOCATION	Always
097	How many times have you visited this service delivery point for this interview?	<p>1st time 1</p> <p>2nd time 2</p> <p>3rd time 3</p>	Always
098	In what language was this interview conducted?	<p>English 1</p> <p>Ateso 2</p> <p>Luganda 3</p> <p>Lugbara 4</p> <p>Lusoga 5</p> <p>Luo 6</p> <p>Runyankole-Rukiga 7</p> <p>Runyoro-Rutoro..... 8</p> <p>Ngakaramojong 9</p> <p>Other 96</p>	009a=1
099	Record the result of the Service Delivery Point Questionnaire.	<p>Completed 1</p> <p>Not at facility..... 2</p> <p>Postponed 3</p> <p>Refused 4</p> <p>Partly completed 5</p> <p>Other 6</p>	Always