

<b>Service Delivery Point (SDP) Questionnaire</b>
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
<b>IDENTIFICATION</b>															
001a	<b>Interviewer's name: Is this your name?</b> [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	<b>Enter your name below.</b> <i>Please record your name</i>	Interviewer's Name	001a=0												
002a	<b>Current date and time.</b> [ODK will display on screen] <b>Is this date and time correct?</b>	Yes ..... 1 No ..... 0	Always												
002b	<b>Record the correct date and time.</b>	<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	<b>COUNTY</b> <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	<b>DISTRICT (SUB-COUNTY)</b> <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	<b>DIVISION</b> <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	<b>LOCATION</b>	ODK will populate a list of appropriate locations based on the division selected	Always												
004	<b>Enumeration area</b>	ODK will populate a list of appropriate enumeration areas based on location selected	Always												
005	<b>Facility number</b> <i>Please record the number of the facility from the listing form.</i>	Facility number <input style="width: 100px; height: 20px;" type="text"/>	Always												

Service Delivery Point Questionnaire

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006	<b>Type of facility</b> <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	<b>Managing authority</b> <i>Please select the managing authority for the facility.</i>	Government..... 1 NGO ..... 2 Faith-based organization ..... 3 Private ..... 4 Other..... 5	Always
008	<b>Is a competent respondent present and available to be interviewed today?</b>	Yes ..... 1 No ..... 0	Always
<b>INFORMED CONSENT</b>			
<i>Find the competent respondent responsible for patient services (main administrator and maternal-child health in-charge) who is present at the facility. Read the greeting on the next screen:</i>			
<p>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.</p> <p>Your facility was randomly selected to participate in this study. 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.</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: <b>May I begin the interview now?</b>	Yes ..... 1 No ..... 0	008=1
009b	<b>Respondent's signature</b> <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	<b>Interviewer's name:</b> [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	009a=1
011	<b>Name of the facility</b> <i>Please record the name of the facility.</i>	<input type="text"/>	009a=1
012	<b>What is your position in this facility?</b> <i>Select the highest managerial qualification of the respondent.</i>	Owner..... 1 In-charge / manager ..... 2 Staff ..... 3 No response ..... -99	009a=1

Service Delivery Point Questionnaire

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<b>Section 1 – Information about services</b> <i>Now I would like to ask about the services provided at this facility</i>																														
101	<p><b>How many days each week is the facility routinely open?</b></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 style="width: 100px; height: 20px;" type="text"/></p>	009a =1																											
102	<p><b>Now I have some questions about staffing for this facility.</b></p> <p><b>For the following questions, please tell me how many staff with this qualification are currently assigned to this facility.</b></p> <p><b>Finally, tell me the total number present at any time today.</b></p> <p><b>We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.</b></p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Actual #</th> <th style="width: 30%; text-align: center;">Present today</th> </tr> </thead> <tbody> <tr><td>Nutritionist</td><td style="width: 10%;"></td><td style="width: 30%;"></td></tr> <tr><td>Doctors</td><td></td><td></td></tr> <tr><td>Clinical officers</td><td></td><td></td></tr> <tr><td>Nurses/midwives</td><td></td><td></td></tr> <tr><td>Medical assistants/Nurse Aids</td><td></td><td></td></tr> <tr><td>Pharmacists</td><td></td><td></td></tr> <tr><td>Pharmaceutical technologists</td><td></td><td></td></tr> <tr><td>Other Medical Staff</td><td></td><td></td></tr> </tbody> </table>		Actual #	Present today	Nutritionist			Doctors			Clinical officers			Nurses/midwives			Medical assistants/Nurse Aids			Pharmacists			Pharmaceutical technologists			Other Medical Staff			009a =1
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<b>Section 2: Maternal Child Health Services</b>																														
201a	<p><b>Does this facility provide antenatal services?</b></p>	<p>Yes ..... 1 No ..... 0 No response ..... -99</p>	006=1-4,6,7																											
201b	<p><b>How many days in a week are antenatal care services offered at this facility?</b></p> <p><b>The facility is open [DAYS FROM SQ101] per week.</b></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 style="width: 100px; height: 20px;" type="text"/></p>	201a =1																											
202	<p><b>Is there a healthcare worker who is skilled in delivery present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?</b></p>	<p>Yes, 24-hr staff ..... 1 No, no 24-hr staff ..... 0 No response ..... -99</p>	006 ≠ 5,6																											

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
203	<p><b>Which of the following activities are performed as part of routine ANC services? That is, each client has this test at least once or receives the service at every visit.</b></p> <p><i>Read all options aloud.</i></p>	Weighing clients ..... 1/0 Taking blood pressure..... 1/0 Group education for Maternal, Infant and Young Child Feeding..... 1/0 Individual counseling for Maternal, Infant and Young Child Feeding (1-on-1)..... 1/0 Blood test for anemia ..... 1/0 Blood test for syphilis ..... 1/0 Blood test for Rh factor ..... 1/0 Blood test for HIV ..... 1/0 Iron supplementation..... 1/0 Intermittent preventive treatment- malaria 1/0 Tetanus toxoid vaccination..... 1/0 None of the above .....-77 Don't know .....-88 No response .....-99	201a =1
204	<p><b>Does each woman who comes for antenatal care to the health clinic get a Mother Baby Booklet?</b></p>	Yes ..... 1 No..... 0 No response .....-99	201a =1
205	<p><b>Is this a certified Baby Friendly Hospital?</b></p>	Yes ..... 1 No..... 0 No response .....-99	006=1
206a	<p><b>Does this facility provide consultation or curative services for sick children?</b></p>	Yes ..... 1 No..... 0 No response .....-99	006=1-4,7
206b	<p><b>How many days in a week are sick-child consultations offered at this facility?</b></p> <p><b>The facility is open [DAYS FROM SQ102] per week.</b></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 type="text"/>	206a =1
207	<p><b>Does this facility provide routine Vitamin A supplementation to children?</b></p>	Yes ..... 1 No..... 0 No response .....-99	006=1-4,7
208	<p><b>Does the facility have any posters publicly displayed about nutrition? Can you show them to me?</b></p>	Yes, observed ..... 1 Yes, not observed ..... 2 No..... 0 No response .....-99	006=1-4,7
<p><b>Section 3- CHV Services</b></p> <p><i>Now I would like to ask about any services provided by community health volunteers supported by this facility</i></p>			
301a	<p><b>Does this facility provide supervision, support, or supplies to community health volunteers to provide nutrition services in the community?</b></p> <p><b>PROMPT: like supplementary food, IFA or other nutritional supplements, nutrition counseling and education, or measuring weight, height or arm circumference.</b></p>	Yes ..... 1 No..... 0 No response .....-99	006=1-4,7

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
301b	<p><b>How many community health volunteers are supported by this facility to provide nutrition services?</b></p> <p><i>Record only CHVs who receive supervision, support, or supplies for nutrition outreach services.</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>	301a =1
302	<p><b>Do the community health volunteers provide any of the following services:</b></p>	<p>Group education for Maternal, Infant and Young Child Feeding..... 1/0</p> <p>Individual counseling for Maternal, Infant and Young Child Feeding (1-on-1)..... 1/0</p> <p>Iron supplementation..... 1/0</p> <p>Multiple micronutrient supplements/powder/sachets..... 1/0</p> <p>Supplementary food ..... 1/0</p> <p>Cooking demonstrations ..... 1/0</p> <p>Zinc supplementation ..... 1/0</p> <p>Vitamin A supplementation ..... 1/0</p> <p>None of the above ..... -77</p> <p>No response ..... -99</p>	302a =1
<b>Section 4: Child Growth Monitoring and Feeding Counseling</b>			
401	<p><b>Does the facility have a well-baby clinic where staff are trained to monitor child growth and development, or growth monitoring?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p> <p>No response ..... -99</p>	006= 1-4,7
402	<p><b>How many days in a week are well baby services offered at this facility?</b></p> <p><b>The facility is open [DAYS FROM SQ102] per week.</b></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>	401= 1
403	<p><b>What measurements do staff take for growth monitoring?</b></p>	<p>Height ..... 1/0</p> <p>Weight ..... 1/0</p> <p>No response ..... -99</p>	401a =1
404a	<p><b>Does the facility have staff trained in the following guidelines?</b></p>	<p>Maternal, infant and young child nutrition . 1/0</p> <p>PMTCT ..... 1/0</p> <p>Infant feeding during HIV ..... 1/0</p> <p>CMAM ..... 1/0</p> <p>None of the above ..... -77</p> <p>No response ..... -99</p>	401a =1
404b	<p><b>Can you show me the job aids for [EACH GUIDELINE FROM 404]?</b></p>	<p>Yes, seen ..... 1</p> <p>No, not seen ..... 0</p>	404a≠ -77 OR -99

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		Relevant if:	
405a	<b>Do you have staff in the facility trained to screen for acute malnutrition in children?</b>	Yes ..... 1 No ..... 0 No response ..... -99		009a =1	
405b	<b>What measurements does staff take to screen for acute malnutrition?</b>	Height ..... 1/0 Weight ..... 1/0 MUAC ..... 1/0 No response ..... -99		405a =1	
405c	<b>How many days in a week is screening for children's malnutrition offered at this facility?</b>  <b>The facility is open [DAYS FROM SQ102] per week.</b>  <i>Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.</i>	Number of days <input style="width: 100px; height: 20px;" type="text"/>		405a =1	
406a	<b>Does this facility provide in-patient treatment for malnutrition with complications for children?</b>	Yes ..... 1 No ..... 0 No response ..... -99		009a =1	
406b	<b>For children identified as being severely malnourished with complications, do you refer them to another facility for treatment?</b>	Yes ..... 1 No ..... 0 No response ..... -99		406a =0	
407a	<b>Do facility staff or CHVs conduct community based screening for malnutrition?</b>	Yes ..... 1 No ..... 0 No response ..... -99		009a =1	
407b	<b>How are community based screening services delivered?</b>	CHV home visits ..... 1/0 Mobile clinic ..... 1/0 No response ..... -99		407a =1	
407c	<b>Do CHVs provide treatment for children identified as being malnourished?</b>	Yes ..... 1 No ..... 0 No response ..... -99		407a =1	
<b>Section 5 – Equipment</b>					
501	<b>Does the facility have the following equipment:</b>		Has equipment Functional today		
		Weighing scale to measure adults or children	0/1	0/1	006=1-4,7
		Weighing scale to measure infants	0/1	0/1	
		Equipment to measure standing height	0/1	0/1	
		Equipment to measure infant/child length	0/1	0/1	
		Tape to measure arm circumference	0/1	0/1	
		Growth chart	0/1	0/1	
		Equipment to measure blood pressure	0/1	0/1	
502	<b>Does the lab facility have the following supplies? Is it functional today?</b>		Has equipment Functional today		
					006=1-3,7

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
		Equipment to measure hemoglobin 0/1 0/1 Equipment to measure blood glucose 0/1 0/1 Equipment to measure urine protein 0/1 0/1 Urine test for pregnancy 0/1 0/1 HIV diagnostic test 0/1 0/1 Syphilis diagnostic test 0/1 0/1 Malaria diagnostic test 0/1 0/1 Equipment to diagnose parasites in stool 0/1 0/1	
<b>Section 6 – Medication stock</b>			
601	<b>Do you have a room or area where medications are stored?</b> <i>Select yes if you are already in the room.</i>	Yes ..... 1 No ..... 0	009a =1
602a	<b>May I see the room?</b>	Yes ..... 1 No ..... 0	601a =1
602b.	<b>Observe the place where supplies and medications are stored and report on the following.</b>	All medications off the floor ..... 1/0 All medications protected from water ..... 1/0 All medications protected from sunlight .... 1/0 Room is clean of evidence of rodents or pests (bats, rats, roaches)..... 1/0	602a =1
603	<b>Which of the following medications are provided to clients?</b> <i>Read all options out loud.</i>	Ready-to-use therapeutic food ..... 1/0 Ready-to-use supplementary food ..... 1/0 Iron folic acid tablets ..... 1/0 Multiple micronutrient supplement (tablet) 1/0 Multiple micronutrient powder ..... 1/0 Zinc supplement ..... 1/0 Vitamin A capsules ..... 1/0 Antibiotics for treatment of malnutrition .... 1/0 IV solution for treatment of malnutrition .... 1/0 Co-trimoxazole ..... 1/0 Oral rehydration solution (ORS) ..... 1/0 Me-/albendazole cap/tablets ..... 1/0 Don't know ..... -88 No response ..... -99	009a =1
604	<b>Are clients charged for obtaining any of the following medications?</b> <i>Read all options out loud.</i>	Ready-to-use therapeutic food ..... 1/0 Ready-to-use supplementary food ..... 1/0 Iron folic acid tablets ..... 1/0 Multiple micronutrient supplement (tablet) 1/0 Multiple micronutrient powder ..... 1/0 Zinc supplement ..... 1/0 Vitamin A capsules ..... 1/0 Antibiotics for treatment of malnutrition .... 1/0 IV solution for treatment of malnutrition .... 1/0 Co-trimoxazole ..... 1/0 Oral rehydration solution (ORS) ..... 1/0 Me-/albendazole cap/tablets ..... 1/0 Don't know ..... -88 No response ..... -99	603=1

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
605	<p><b>Do you provide a referral or prescription for the client to obtain the medication elsewhere?</b></p> <p><i>Read all options out loud.</i></p>	Ready-to-use therapeutic food ..... 1/0 Ready-to-use supplementary food ..... 1/0 Iron folic acid tablets ..... 1/0 Multiple micronutrient supplement (tablet) 1/0 Multiple micronutrient powder ..... 1/0 Zinc supplement..... 1/0 Vitamin A capsules..... 1/0 Antibiotics for treatment of malnutrition .... 1/0 IV solution for treatment of malnutrition ... 1/0 Co-trimoxazole ..... 1/0 Oral rehydration solution (ORS)..... 1/0 Me-/albendazole cap/tablets ..... 1/0 Don't know .....-88 No response .....-99	603=0
606	<p><b>Are the following medications currently in stock?</b></p>	Ready-to-use therapeutic food ..... 1/0 Ready-to-use supplementary food ..... 1/0 Iron folic acid tablets ..... 1/0 Multiple micronutrient supplement (tablet) 1/0 Multiple micronutrient powder ..... 1/0 Zinc supplement..... 1/0 Vitamin A capsules..... 1/0 Antibiotics for treatment of malnutrition .... 1/0 IV solution for treatment of malnutrition ... 1/0 Co-trimoxazole ..... 1/0 Oral rehydration solution (ORS)..... 1/0 Me-/albendazole cap/tablets ..... 1/0 Don't know .....-88 No response .....-99	009a=1
604	<p><b>For how many days has [MEDICATION] been unavailable in the past month?</b></p>	Number of days <input type="text"/> Don't know .....-88 Item not stocked.....-77	606=0
605	<p><b>Are there any other storage rooms for medications?</b></p>	Yes ..... 1 No..... 0 No response.....-99	601=1
Repeat section for other rooms where medications are stored.			
<b>SECTION 7: Fees and Referrals</b>			
701	<p><b>Do clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain any medications?</b></p> <p><b>These may be consultation or registration fees charged to everyone who is seen in this facility.</b></p>	Yes ..... 1 No..... 0 No response .....-99	009a=1
702	<p><b>Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility?</b></p>	Fixed fee ..... 1 Charge fee for separate items..... 0 No response .....-99	701=1



Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
703	<b>Are the official fees posted so that the client can easily see them?</b> <i>If yes, posted fees must be observed.</i>	Yes, all fees are posted..... 1 Some, not all, fees posted..... 2 No posted fees ..... 0 No response .....-99	701=1
<b>LOCATION AND QUESTIONNAIRE RESULT</b>			
094	<b>Ask permission to take a photo of the entrance of the facility.</b> <b>Did you get consent to take the photo?</b>	Yes ..... 1 No..... 0	009a=1
<p><b>Thank the respondent for her / his time.</b> <i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>			
095	<b>Ensure that no people are in the photo</b>	TAKE PICTURE CHOOSE IMAGE	094=1
096	<b>Location</b> <b>Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.</b>	RECORD LOCATION	Always
097	<b>How many times have you visited this service delivery point for this interview?</b>	1 <sup>st</sup> time ..... 1 2 <sup>nd</sup> time ..... 2 3 <sup>rd</sup> time..... 3	Always
098	<b>In what language was this interview conducted?</b>	English ..... 1 Kiswahili ..... 2 Other ..... 96	009a=1
099	<b>Record the result of the Service Delivery Point Questionnaire.</b>	Completed ..... 1 Not at facility..... 2 Postponed ..... 3 Refused ..... 4 Partly completed ..... 5 Other ..... 6	Always