

Service Delivery Point Sampling Memo

Purpose

Early in its planning FP2020 identified seven facility-based indicators for tracking progress in the delivery of services (see table 1). As a result PMA2020 designed an SDP survey to accompany the household (HH) and eligible female (F) survey that covers both public and private sectors. Key to the successful delivery of contraceptive services are proximity of services to local populations, having essential and affordable commodities to reduce stock-outs, having trained staff on site, and providing quality and integrated services.

The SDP survey also offers important analytic opportunities to assess the relationship between program supply and consumer demand by linking the facility and household records. One can investigate how the environment of available public and private facilities influences female contraceptive behaviors.

Objective

To conduct an annual national-level survey with sample of health facilities in tandem with the annual HH and female surveys

Design

The selection of health facilities is based on the probability sample of enumeration areas (EAs) selected for the household/female survey. The SDPs thus represent facilities accessible to the female population in the EA.

The PMA2020 surveys average 100 to 150 enumeration areas per country. The expected size of each EA is 200 households or about 10,000 residents of all ages. Each EA is expected to have on average 1 private SDP (such as a pharmacy) within its boundary and is expected to have approximately 2-3 public SDPs that are designated as the primary, secondary or tertiary levels of care for the area.

Sample selection

The sampling protocols for the SDP survey that should be followed are:

1. The resident enumerator lists and maps all private facilities within the EA boundary using the ODK listing form.
 - a. The listing/mapping is repeated at the beginning of each annual round.

- b. Supervisors randomly selects up to 3 private SDPs from her listing and conducts the interview with the SDP questionnaire.
 - c. She visits up to 3 times for the interview (with consent obtained).
 2. The supervisors consult district/local health authorities for the name, facility type and location of public sector facilities designated to cover the residents of each EA.
 - a. The supervisor locates the lowest level health post/clinic, the intermediate level health center, and the district or referral hospital for the EA
 - b. The supervisor visits up to 3 times for the interview (with consent obtained).
 - c. The supervisor conducts the interview with knowledgeable respondent(s) for each of the 3 SDPs
 - d. In the event that a larger public SDP serves multiple EAs in the sample, each public SDP interview is linked with the associated EAs. This enables subsequent linkage to the HH and F records.
 3. The REs and supervisors should make every effort to collect global positioning system (GPS) coordinates for all SDPs and households. This information enables calculating physical distances between the two units.