Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning

We are interested in understanding the horizontal **scale - or geographic coverage** - of where your organization is supporting the implementation of **Immediate Postpartum Family Planning (IPPFP)**. Please fill in the table below, adding a new section for each district where your organization is working. You can also add more lines for facilities within a district. Instead of leaving a field blank, please use"N/A" for not applicable. For Column E on status, this is asking about whether your organization was continuing to implement or provide implementation support for IPPFP as of that date. Use the example in green for response options.

District Name	Facility Name Where Implementer was Supporting HIP as of January 2021	Facility Type	Start Date for Implementation (MM/YYYY)	Status as of July 1, 2022
Kampala	Kampala Private Clinic	Private Clinics or Hospitals	10/2015	No longer supporting
	Enter Facility Name Here	Health Centre II	10/2017	No longer supporting
	Enter Facility Name Here	Health Centre III	10/2018	Active
	Enter Facility Name Here	Health Centre IV	10/2018	Active
	Enter Facility Name Here	Regional Referral Hospital	10/2018	Active
	Enter Facility Name Here	National Referral & Teaching Hospital	6/2018	Active
Enter District Name Here	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
Enter District Name Here	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			

Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning

We are interested in understanding the horizontal **scale - or geographic coverage** - of where your organization is supporting the implementation of **Community Health Workers (CHWs)**. Please fill in the table below, adding a new section for each district where your organization is working. You can also add more lines for facilities within a district. Instead of leaving a field blank, please use"N/A" for not applicable. For Column E on status, this is asking about whether your organization was continuing to implement or provide implementation support for CHWs as of that date. Use the example in green for response options.

District Name	Facility Name Where Implementer was Supporting HIP as of January 2021	Facility Type	Start Date for Implementation (MM/YYYY)	Status as of July 1, 2022
Kampala	Kampala Private Clinic	Private Clinics or Hospitals	10/2015	No longer supporting
	Enter Facility Name Here	Health Centre II	10/2017	No longer supporting
	Enter Facility Name Here	Health Centre III	10/2018	Active
	Enter Facility Name Here	Health Centre IV	10/2018	Active
	Enter Facility Name Here	Regional Referral Hospital	10/2018	Active
	Enter Facility Name Here	National Referral & Teaching Hospital	6/2018	Active
Enter District Name Here	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
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Enter District Name Here	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			
	Enter Facility Name Here			

Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning

We are interested in understanding the horizontal **scale - or geographic coverage** - of where your organization is supporting the implementation of **Drug Shops & Pharmacies**. Please fill in the table below, adding a new section for each district where your organization is working. You can also add more lines for facilities within a district. Instead of leaving a field blank, please use"N/A" for not applicable. For Column F on status, this is asking about whether your organization was continuing to implement or provide implementation support for drug shops as of that date. Use the example in green for response options.

District Name	Name of Drug Shop Where Implementer was Supporting HIP as of January 2021	Name of Health Facility Where Drug Shop is Linked for Reporting	Facility Type	Start Date for Implementation (MM/YYYY)	Status as of July 1, 2022
Kampala	Kampala Drug Shop	Kampala Hospital	Private Clinics or Hospitals	10/2015	No longer supporting
	Bunamwaya Drug Shop	Bunamwaya Health Center	Health Centre II	10/2017	No longer supporting
	Komamboga Drug Shop	Komamboga Health Center	Health Centre III	10/2018	Active
	Add More Lines as Needed				
Enter District Name Here	Enter Facility Name Here				
	Enter Facility Name Here				
	Enter Facility Name Here				
	Enter Facility Name Here				
	Enter Facility Name Here				
	Enter Facility Name Here				
Enter District Name Here	Enter Facility Name Here				
	Enter Facility Name Here				
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