

SERVICE PROVISION ASSESSMENT (SPA) INDICATORS¹

Appendix G.1 Family Planning Services

Objectives and Priority Indicators		Tool
FP-I	IMPROVE EFFECTIVENESS OF FAMILY PLANNING THROUGH QUALITY FAMILY PLANNING SERVICES ASSESSMENT	
1.1	% of facilities where at least 80% of the observed FP consultations included the following: <ul style="list-style-type: none"> ◀ new FP client consultations include assessment of essential components of reproductive and health information required to screen for method appropriateness ◀ pelvic examinations or method insertions met the all standards for quality (Aggregate indicator) 	Observation
1.2	% of facilities where STI diagnosis and treatment is a part of the FP service	Inventory
1.3	Of facilities which use individual client cards, % where: <ul style="list-style-type: none"> ◀ during at least 80% of observed FP consultations, the Provider referred to the card either prior to or during the consultation ◀ for 100% of the observed FP consultations, the Provider wrote on the card 	Inventory Observation
COUNSELING		
1.4	% of facilities where at least 80% of the observed FP consultations included the following: <ul style="list-style-type: none"> ◀ clients were encouraged to express concerns or questions about methods ◀ clients who left with a method or referral for a method, received the specified key point on use and side effects ◀ a return visit was discussed with clinical method users ◀ some discussion occurred about risk of STIs and use of condoms for preventing STIs 	Observation
1.5	% of facilities where at least 80% of interviewed clients <ul style="list-style-type: none"> ◀ who report a method problem also report discussing this with the provider ◀ who report a method problem also report discussing other methods with the provider ◀ report receiving information related to method use which includes possible side effects, what to do if they have problems, and when to return for follow-up ◀ report discussions which include all elements specified for good quality provider-client interaction ◀ respond correctly to a relevant question for their method ◀ report correctly if their method protects against STIs and AIDS 	Exit Interview

¹ MEASURE DHS+/Macro, 2001.

FP-II	PROVIDE FAMILY PLANNING SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities with all equipment and supplies for providing each clinical method of FP which is offered, including medications for treating STIs and blank individual client cards, if applicable, available (Aggregate indicator)	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where FP services have: <ul style="list-style-type: none"> ◄ space routinely used for FP consultations that offers privacy ◄ space routinely used for FP examinations that offers privacy ◄ available elements for adequate infection prevention ◄ written protocols or guidelines for FP methods ◄ written protocols or guidelines for diagnosing and treating STIs ◄ visual aids for providing education to FP clients about FP methods ◄ visual aids for providing education to FP clients about STIs ◄ information booklet/pamphlets about FP which client can take home ◄ information booklet/pamphlets about STIs which client can take home 	Inventory
2.3	% of facilities where, among observed consultations for FP clients <ul style="list-style-type: none"> ◄ at least 80% were conducted under conditions which assured both visual and auditory privacy ◄ at least 50% received instruction about family planning or related topics where visual aids or models were used 	Observation
	INFORMATION SYSTEMS	
2.4	% of facilities where FP services: <ul style="list-style-type: none"> ◄ maintain up-to-date register which provides minimum standard (country specific) information on FP clients ◄ use individual FP client cards 	Inventory
	MANAGEMENT	Observation
2.5	% of facilities where, of interviewed Providers who provide FP services: <ul style="list-style-type: none"> ◄ at least 50% report having received training in issues related to FP within the prior 12 months. ◄ at least 50% services report having received at least one supervisory visit in the past six months 	Provider Interview
FP-III	PROVIDE FAMILY PLANNING SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
3.1	Average and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities where at least 80% of observed new FP clients were given verbal assurances of confidentiality	Observation
3.4	% of facilities where: <ul style="list-style-type: none"> ◄ Space routinely used for FP consultations offers privacy. ◄ full range of clinical contraceptive methods as well as sterilization for males and females are provided 	Inventory

Appendix G.2 Sexually Transmitted Infection (STI) Services

STI-I	Objectives and Priority Indicators	Tool
	DECREASE HEALTH EFFECTS THROUGH QUALITY DIAGNOSIS AND TREATMENT SERVICES FOR STIS	
	ASSESSMENT	
1.1	% of facilities where at least 80% of the observed STI consultations included the following: <ul style="list-style-type: none"> ◄ elicited basic information required for diagnosis using Syndromic Approach ◄ used some form of laboratory examination (referral, taking specimen, or laboratory test actually conducted) as a part of diagnostic process ◄ included physical examination (external genitalia or pelvic examination) using appropriate methods for visualizing STI symptoms ◄ at least 80 % of observed physical examinations met all quality standards (Aggregate indicator) 	Observation
1.2	% of facilities where at least 80% of interviewed STI clients reported: <ul style="list-style-type: none"> ◄ providing specimen for laboratory examination or being prescribed a laboratory test ◄ being offered an HIV/AIDS test 	Exit Interview
1.3	% of facilities: <ul style="list-style-type: none"> ◄ where antenatal clients are routinely offered testing for syphilis ◄ using clinical/etiologic diagnosis for STIs 	Inventory
	TREATMENT	
1.4	% of facilities: <ul style="list-style-type: none"> ◄ where partner notification or follow-up is a routine part of the STI consultation system ◄ where ANC or FP clients with STIs can receive treatment through that service 	Inventory
1.5	% of facilities where all observed STI clients who were prescribed medications: <ul style="list-style-type: none"> ◄ leave the facility with condoms ◄ leave the facility with all medications 	Exit Interview
	COUNSELING	
1.6	◄ % of facilities where at least 80% of observed consultations for FP included some discussion of STIs	Observation of FP Consultations
1.7	% of facilities where counseling for all observed STI clients who were prescribed medications included: <ul style="list-style-type: none"> ◄ discussion of partnership status ◄ encouragement to refer their partner(s) for treatment ◄ information on their diagnosis ◄ instruction on the importance of completing the full course of treatment ◄ a follow-up date to return for re-examination ◄ use of the condom for preventing transmission of STIs 	Observation
1.8	% of facilities where: <ul style="list-style-type: none"> ◄ 100% of STI clients who report any laboratory or specimen exam, report they know why the test was ordered/specimen taken ◄ at least 80% of STI clients report that the Provider discussed prevention of STIs and HIV/AIDS and the client can mention at least one strategy ◄ at least 80% of STI clients report that the Provider discussed use of condoms to prevent STIs /HIV/AIDS 	Exit Interview

	Objectives and Priority Indicators	Tool
1.9	% of facilities where all interviewed clients who received prescriptions or medications report that: <ul style="list-style-type: none"> ◀ the Provider discussed use of condoms ◀ they were informed of their diagnosis ◀ they will take their medications until they are completed 	Exit Interview
STI-II	PROVIDE STI SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities where STI services have available: <ul style="list-style-type: none"> ◀ all equipment and supplies for providing STI consultation and examination using syndromic approach ◀ all equipment and supplies for providing STI consultation and examination using clinical/etiologic approach ◀ all essential medications for treating most common STIs ◀ have condoms at the service delivery site for STI consultations 	Inventory
	INFRASTRUCUTRE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where STI services have: <ul style="list-style-type: none"> ◀ space routinely used for STI consultations that offers privacy ◀ space routinely used for STI examinations that offers privacy ◀ elements for adequate infection prevention ◀ written protocols or guidelines for SYNDROMIC APPROACH to diagnosis and treatment of STIs ◀ written protocols or guidelines for CLINICAL/ETIOLOGIC diagnosis and treatment of STIs ◀ visual aids for providing education to STI clients about any aspect of STIs at STI service sites; at FP service sites ◀ information booklet/ pamphlets about STIs which client can take home at STI service sites; at FP service sites 	Inventory
2.3	% of facilities where, among observed consultations for STI clients: <ul style="list-style-type: none"> ◀ least 80% were conducted under conditions which assured both visual and auditory privacy ◀ at least 80% of observed consultation and examination of STI clients were conducted using procedures for prevention of infection % of facilities where, among observed consultations for STI clients: <ul style="list-style-type: none"> ◀ at least 50% receive education/counseling regarding STIs and related topics that used visual aids ◀ all observed STI clients who were prescribed medications received instructions on use of the condom for preventing transmission of STIs which included use of visual aids/model 	Inventory
	INFORMATION SYSTEMS	
2.4	◀ % of facilities where STI services maintain up-to-date register which provides (at minimum) information that STI was diagnosed, and type of STI, along with other minimum standard (country specific) information on STI clients	Inventory
	MANAGEMENT	
2.5	% of facilities where, of interviewed Providers who provide STI services: <ul style="list-style-type: none"> ◀ at least 50% report having received continuing training on STI related issues within the prior 12 months ◀ at least 50% report having received at least one supervisory visit in the past six months 	Provider Interview

	Objectives and Priority Indicators	Tool
STI-III	PROVISION OF STI SERVICES UNDER A SYSTEM WHICH PROMOTE UTILIZATION	
3.1	Average and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities providing: <ul style="list-style-type: none"> ◀ space routinely used for STI consultations that offers privacy ◀ space routinely used for STI examinations that offers privacy ◀ STI services through clinics which cater specifically to STI clients ◀ confidentiality protocols ◀ informed consent for testing for STIs 	Inventory
3.4	% of facilities where: <ul style="list-style-type: none"> ◀ 80 % of observed clients where told about confidentiality of the consultation ◀ all observed clients who had a specimen taken or a laboratory examination ordered were asked for their agreement or permission/the explanation included some explanation it was to check for infection or a specific type of STI 	Observation
STI-IV	IMPROVE THE QUALITY OF LIFE AND MINIMIZE IMPACT OF OPPORTUNISTIC INFECTIONS FOR HIV/AIDS PATIENTS	
	ASSESSMENT	
4.1	% of facilities which: <ul style="list-style-type: none"> ◀ provide laboratory diagnosis of HIV/AIDS and tuberculosis ◀ have laboratory ability to monitor effectiveness of HIV/AIDS therapy 	Inventory
	TREATMENT	
4.2	% of facilities providing: <ul style="list-style-type: none"> ◀ medical management of opportunistic infections associated with HIV/AIDS positive clients ◀ anti-retroviral therapy ◀ programs to support palliative care of HIV/AIDS positive clients ◀ programs to provide social support for HIV/AIDS positive clients ◀ programs to provide service or referral for all essential aspects of HIV/AIDS treatment ◀ family planning counseling as a part of their services for HIV/AIDS clients 	Inventory
STI-V	PROVIDE HIV/AIDS SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	ESSENTIAL EQUIPMENT AND SUPPLIES	
5.1	% of facilities where HIV/AIDS services have available: <ul style="list-style-type: none"> ◀ essential laboratory equipment and supplies for diagnosing HIV/AIDS ◀ essential laboratory equipment and supplies for diagnosing tuberculosis ◀ anti-retroviral medications ◀ supply of essential medications for treating most common opportunistic infections for HIV/AIDS clients 	Inventory

	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
5.2	<p>% of facilities where HIV/AIDS services have:</p> <ul style="list-style-type: none"> ◀ space routinely used for HIV/AIDS consultations that offers privacy ◀ available elements for adequate infection prevention measures ◀ written protocols for clinical management of HIV/AIDS clients ◀ written protocols for referrals of HIV/AIDS clients ◀ booklets/pamphlets on HIV/AIDS available for clients to take home in each service area where HIV/AIDS; STI; FP services are provided ◀ written list of sources for referrals for HIV/AIDS clients 	Inventory
	INFORMATION SYSTEMS	
5.3	<p>% of facilities where HIV/AIDS services maintain:</p> <ul style="list-style-type: none"> ◀ up-to-date register which provides minimum standard (country specific) information on HIV/AIDS clients ◀ records on numbers of clients receiving anti-retroviral therapy 	Inventory
	MANAGEMENT	
5.4	% of facilities where HIV/AIDS services have a system for follow-up on referrals for HIV positive clients	Inventory
5.5	<p>% of facilities where, of interviewed Providers who provide HIV/AIDS services:</p> <ul style="list-style-type: none"> ◀ all either had training in HIV/AIDS during basic professional training or report having received continuing training on HIV/AIDS related issues within the prior 12 months ◀ where at least 50% report having received at least 1 supervisory visit in the past 6 months 	Provider Interview
STI-VI	PROVISION OF HIV/AIDS SERVICES UNDER A SYSTEM WHICH PROMOTE UTILIZATION	
6.1	<p>% of facilities which have/ use:</p> <ul style="list-style-type: none"> ◀ confidentiality protocols for HIV/AIDS ◀ informed consent for testing for HIV/AIDS ◀ HIV/AIDS counseling in space which offers privacy 	Inventory
STI-VII	PRO-ACTIVE ACTIVITIES TO DECREASE TRANSMISSION OF HIV/AIDS	
7.1	<p>% of facilities:</p> <ul style="list-style-type: none"> ◀ offering pregnant women voluntary counseling and testing HIV and education on MTC transmission ◀ providing VCT programs with related referral linkages 	Inventory
7.2	% of facilities where at least 50% of interviewed Providers who offer <5, antenatal, newborn, STI, or HIV/AIDS services have been trained or received continuing education regarding MTC transmission.	Provider Interview

Appendix G.3 Maternal Health Services

	Objectives and Priority Indicators	Tool
MAT-I	IMPROVE PREGNANCY OUTCOMES THROUGH QUALITY ANTENATAL CARE	
	ASSESSMENT	
1.1	% facilities where, among observed ANC consultations: <ul style="list-style-type: none"> ◀ at least 75% of first visits included assessment of essential components of prior pregnancy history ◀ at least 75% were assessed for all major risk symptoms ◀ 100% had blood pressure taken ◀ at least 75% of clients 5+ months pregnant were asked about fetal movement and fetal heart rate was assessed, ◀ at least 75% of clients 8+ months pregnant had abdomen palpated ◀ at least 75% received good quality ANC procedures (aggregate of assessment indicators) 	Observation Exit Inter- view
1.2	% of facilities using individual client cards, where: <ul style="list-style-type: none"> ◀ during at least 75% of observed ANC consultations, the Provider referred to the card either prior to or during the consultation. ◀ during 100% of the observed ANC consultations, the Provider wrote on the card 	Inventory Observation
	TREATMENT	
1.3	% facilities where among observed ANC consultations, at least 75%: <ul style="list-style-type: none"> ◀ first visits had iron pills, tetanus toxoid, and anti-malarial medications discussed or prescribed ◀ clients who were prescribed iron tablets and/or anti-malarials leave the facility with the medications ◀ first visits were offered screening for HIV and/or VCT ◀ first visits were offered VDRL tests 	Observation
1.4	% of facilities that: <ul style="list-style-type: none"> ◀ report routinely offering preventive and/or curative interventions for malaria; HIV/AIDS; STIs. ◀ provide STI treatment by ANC service providers 	Inventory
1.5	% of facilities where at least 75% of interviewed ANC clients: <ul style="list-style-type: none"> ◀ report having been prescribed iron tablets and/or anti-malarial medications during any ANC visit 	Exit Inter- view
	COUNSELING	
1.6	% of facilities where, of interviewed ANC clients: <ul style="list-style-type: none"> ◀ at least 75% report having been prescribed iron tablets and/or anti-malarial medications and having received an explanation about the medications during any ANC visit ◀ at least 75% report having received counseling during any ANC visit about nutrition during pregnancy ◀ at least 75% report having received counseling about exclusive breast feeding for at least six months during any visit ◀ 100% report having been counseled on warning signs or symptoms during pregnancy and can name at least one major symptom ◀ at least 75% report some pre-planning thought for delivery and/or discussion about delivery with the Provider 	Exit Inter- view

	Objectives and Priority Indicators	Tool
MAT-II	PROVIDE ANTENATAL CARE UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities where ANC services: <ul style="list-style-type: none"> ◄ have available all equipment and supplies for providing basic ANC and post-partum examinations, including medications for treating STIs and blank individual client cards, if applicable ◄ have laboratory capacity for diagnostic tests for different risk conditions (malaria, syphilis, HIV/AIDS, anemia, proteinurea) 	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where ANC services: <ul style="list-style-type: none"> ◄ Space routinely used for ANC consultations offers privacy ◄ Space routinely used for ANC examinations offers privacy ◄ have available elements for adequate infection prevention ◄ have written protocols or guidelines for provision of ANC and management of problems during pregnancy ◄ have visual aids for providing education to ANC clients 	Inventory
2.3	% of facilities where, among observed consultations for ANC clients: <ul style="list-style-type: none"> ◄ at least 75% were conducted under conditions which assured both visual and auditory privacy ◄ at least 50% received information about pregnancy or related topics where visual aids were used 	Observation
	INFORMATION SYSTEMS	
2.4	% of facilities where ANC services: <ul style="list-style-type: none"> ◄ maintain up-to-date register which provides minimum standard (country specific) information on ANC clients ◄ monitor ANC coverage for a catchment population ◄ using individual ANC client cards 	Inventory
	MANAGEMENT	
2.5	% of facilities where, of interviewed Providers who provide ANC services: <ul style="list-style-type: none"> ◄ at least 50% report having received training in issues related to maternity within the prior 12 months ◄ where at least 50% report having received at least one supervisory visit in the past 6 months 	Provider Interview
MAT-III	PROVIDE ANC UNDER A SYSTEM THAT PROMOTES UTILIZATION	
3.1	Mean and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities where space routinely used for ANC consultations offers privacy	Inventory

MAT-IV	IMPROVE BIRTH OUTCOMES THROUGH PROVIDING DELIVERY CARE UNDER CONDITIONS WHICH SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
4.1	% of facilities providing delivery services, where delivery services have available: <ul style="list-style-type: none"> ◄ all essential equipment and supplies, including medications for managing common complications of labor and delivery ◄ equipment for managing complications of miscarriage or abortion ◄ all essential equipment and supplies for managing emergency obstetric cases 	Inventory
4.2	% of facilities which report providing caesarean sections and <ul style="list-style-type: none"> ◄ have all essential equipment and have skilled personnel to provide caesarean sections 	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
4.3	% of facilities where delivery services: <ul style="list-style-type: none"> ◄ have space routinely used for deliveries offers privacy ◄ have available elements for adequate infection prevention ◄ have protocols or guidelines for managing normal deliveries and common complications ◄ use the partograph and have blank copies available 	Inventory
	INFORMATION SYSTEMS	
4.4	% of facilities that: <ul style="list-style-type: none"> ◄ maintain up-to-date register which provides minimum standard (country specific) information on delivery clients ◄ monitor coverage for delivery care for a catchment population 	Inventory
4.5	◄ % of facilities conducting caesarean sections that maintain up-to-date register indicating numbers and dates	Inventory
	MANAGEMENT	
4.6	% of facilities that have: <ul style="list-style-type: none"> ◄ a referral system for complicated maternity cases requiring a higher level of care ◄ systems for reviewing maternal deaths and “near miss” deaths 	Inventory
4.7	In areas having high proportions of non-facility deliveries, % of facilities having active programs to increase proportion of safe deliveries	Inventory
4.8	% of facilities where, of interviewed Providers who provide delivery services <ul style="list-style-type: none"> ◄ at least 50% report receiving training in emergency obstetric care issues within the prior 12 months ◄ all interviewed Providers who conduct deliveries report having used a partograph within the prior month 	Provider Interview
MAT-V	PROVIDE DELIVERY SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
5.1	% of facilities offering 24-hour delivery services	Inventory
5.2	% of facilities where space routinely used for deliveries offers privacy	Inventory

MAT-VI	IMPROVE BIRTH OUTCOMES THROUGH PROVIDING NEWBORN CARE UNDER CONDITIONS WHICH SUPPORT QUALITY OF CARE	
	PREVENTIVE HEALTH SERVICES WHICH IMPACT ON NEWBORN	
6.1	% of facilities: <ul style="list-style-type: none"> ◄ providing basic ANC services, including specific components which impact on specific risk factors for newborn health (HIV, STI, Malaria, tetanus) ◄ having specified routine practices which promote a healthy newborn 	Inventory
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
6.2	% of facilities: <ul style="list-style-type: none"> ◄ with basic equipment and supplies for managing fetal distress available ◄ with basic equipment for emergency care of newborn available 	Inventory
	INFORMATION SYSTEMS	
6.3	% of facilities: <ul style="list-style-type: none"> ◄ which routinely weigh newborn ◄ with systems for reviewing newborn deaths and “near miss” deaths 	Inventory
	MANAGEMENT	
6.4	% of facilities where, of interviewed Providers who provide newborn care: <ul style="list-style-type: none"> ◄ least 50% report having been trained in issues related to neonatal care 	Inventory

Appendix G.4 Child Health (CH) Services

Objectives and Priority Indicators		Tool
CH-I	MINIMIZE MISSED OPPORTUNITIES FOR PREVENTIVE HEALTH INTERVENTIONS TO IMPROVE CHILD HEALTH	
	NUTRITIONAL ASSESSMENT	
1.1	% of facilities where sick children are routinely <ul style="list-style-type: none"> ◀ weighed and weight plotted on growth chart ◀ assessed regarding immunization status 	Inventory Observation
1.2	% of facilities where at least 80% of the observed consultations included discussion or consultation about <ul style="list-style-type: none"> ◀ weight/ growth of the child ◀ feeding/breast feeding practices for the child when not ill 	Observation
1.3	% of facilities where at least 80% of the caretakers interviewed report that <ul style="list-style-type: none"> ◀ the sick child was weighed ◀ the child's weight or growth was discussed with them ◀ normal feeding/breast feeding practices when the child is not ill were discussed with them 	Exit Interview
	COMPLETE MISSING IMMUNIZATIONS	
1.4	% of facilities offering immunization services on all days sick children are served	Inventory
1.5	% of facilities where at least 80% of the observed sick children who are below two years of age leave the facility with all needed vaccinations recorded on their cards	Exit Interview
CH-II	IMPROVE HEALTH OUTCOME FOR ILL CHILD	
	ASSESSMENT	
2.1	% of facilities where at least 80% of observed sick children : <ul style="list-style-type: none"> ◀ were assessed for presence of general danger signs ◀ were assessed for presence of cough or difficult breathing, diarrhea, and fever ◀ were assessed for feeding/breast feeding patterns during this illness ◀ had assessment which included all essential items covered in IMCI criteria (aggregate indicator) 	Observation
2.2	% of facilities where routine components of sick child consultations include physical assessment (respiratory rate count, measured temperature, physical check for dehydration and/or anemia)	Inventory Observation
2.3	Of facilities which use individual child health cards, % where: <ul style="list-style-type: none"> ◀ during at least 80% of observed sick child consultations, the Provider referred to the card either prior to or during the consultation ◀ for 100% of the observed sick child consultations, the Provider wrote on the card 	Inventory Observation
	TREATMENT	
2.4	% of facilities where at least 80% of observed sick children receive: <ul style="list-style-type: none"> ◀ appropriate treatment according to the classification of illness protocols for IMCI % of facilities where giving the first dose of oral medication to the sick child prior to leaving the facility is a routine component of care	Observation

	COUNSELING	
2.5	% of facilities where at least 80% of caretakers of sick children were advised about: <ul style="list-style-type: none"> ◀ continued feeding or increasing amounts of food/breast-milk during this illness ◀ counseling covering all major issues recommended in IMCI guidelines ◀ how to give prescribed medications 	Observation
2.6	% of facilities where at least 80% of caretakers of observed sick children: <ul style="list-style-type: none"> ◀ who are prescribed medications, leave facility with all prescribed medications ◀ report having received instructions on how to give oral medicines ◀ report feeling comfortable that they can provide the medications correctly ◀ report that the child was give a dose of at least one of the oral medications ◀ report receiving information on giving fluids and/or continued feeding for the child during this illness ◀ report being told about the illness and signs for which they should return to the facility 	Exit Interview
2.7	% of facilities where visual aids were used during at least 50% of observed sick child consultations, when providing instruction/education to the caretaker	Observation
CH-III	PROVIDE SICK CHILD CONSULTATION UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
3.1	% of facilities where sick child consultation services: <ul style="list-style-type: none"> ◀ have available all equipment and supplies for conducting examinations of sick children, including all essential medications, all essential supplies for immunization and, if applicable, blank child health cards 	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
3.2	% of facilities where sick child consultation services: <ul style="list-style-type: none"> ◀ have available elements for adequate infection prevention ◀ have written protocols or guidelines for management of childhood illnesses ◀ have visual aids for providing education to caretakers about child health 	Inventory
	INFORMATION SYSTEMS	
3.3	% of facilities that: <ul style="list-style-type: none"> ◀ maintain up-to-date register which provides minimum standard (country specific) information on sick child consultations 	Inventory
	MANAGEMENT	
3.4	% of facilities where, of interviewed Providers who provide care for sick children: <ul style="list-style-type: none"> ◀ at least one has received Integrated Management of Childhood Illness (IMCI) training at any time within the prior 59 months ◀ at least 50% report having received any training in specific health issues related to children within the prior 12 months ◀ at least 50% report having received at least one supervisory visit within the past six months 	Provider Interview
CH-IV	PROVIDE SICK CHILD CONSULTATIONS UNDER A SYSTEM THAT PROMOTES UTILIZATION	
4.1	Average and median out-of-pocket expenditure for interviewed caretakers	Exit Interview
4.2	Compilation of % of interviewed caretakers who identify problems with service environment, by problem	Exit Interview

Ch-V	DECREASE CASES OF CHILDHOOD ILLNESS DUE TO IMMUNIZATION-PREVENTABLE DISEASES	
5.1	<p>% of facilities which:</p> <ul style="list-style-type: none"> ◀ provide both outreach and static vaccination services ◀ have appropriate storage system to maintain quality of vaccines ◀ have consistent supply of quality vaccines at immunization site ◀ have basic resources required to provide immunization services on service days ◀ monitor coverage rates for vaccinations for catchment population ◀ monitor drop-out rate for DPT ◀ have essential elements to provide immunization services under conditions which prevent infection 	Inventory

Appendix G.5 Health Facility Services

Objective and Priority Indicators		Tool
FAC-I	INCREASE AVAILABILITY AND FUNCTIONING LEVEL OF HEALTH SERVICES	
	INFRASTRUCTURE	
1.1	% of facilities with: <ul style="list-style-type: none"> ◄ electricity which is available consistently when services are being provided ◄ functioning generator with fuel ◄ on-site water source 	Inventory
	SERVICE AVAILABILITY	
1.2	% of facilities with: <ul style="list-style-type: none"> ◄ at least one secondary level staff assigned ◄ 24-hour emergency services and at least two secondary level staff assigned ◄ 24-hour access to emergency communication ◄ capacity to manage ill patients overnight ◄ at least some level of service for each of the following: well and sick child care, family planning, maternal health, and services for sexually transmitted illnesses ◄ curative services provided at least five days per week, and preventive child, maternal, and family planning services provided at least one day per week 	Inventory
FAC-II	OPERATE HEALTH SERVICES USING SYSTEMS WHICH PROMOTE QUALITY OF SERVICES	
	MEDICINE AND SUPPLIES LOGISTICS	
2.1	% of facilities with: <ul style="list-style-type: none"> ◄ an up-to-date inventory for medicines, vaccines, and contraceptives ◄ reported routine system for ordering medications, vaccines, and contraceptives ◄ first-in first-out stock storage for medications and vaccines, to minimize drug expiration ◄ all medications (including vaccines) stored under conditions conducive to maintaining quality of items ◄ ___% of all essential drugs, 100% of offered contraceptive methods, 100% of offered vaccines, available the day of the facility visit. ◄ ___% of essential consumable supplies available the day of the facility visit ◄ no expired medications mixed with good medications. ◄ evidence of well-functioning logistic system for medications and consumable supplies (aggregate indicator with all of the above items) 	Inventory
	EQUIPMENT MAINTENANCE	
2.2	% of facilities with: <ul style="list-style-type: none"> ◄ reported routine program for maintenance of major equipment ◄ more than ___ pieces of major equipment reported not functioning at the time of the facility visit ◄ reported routine system for maintaining or replacing small equipment ◄ more than ___ pieces (or %) of small equipment reported not functioning at the time of the facility visit 	Inventory

	SYSTEMS FOR INFECTION PREVENTION	
2.3	<p>% of facilities with:</p> <ul style="list-style-type: none"> ◄ functioning equipment and reported systems for sterilizing/ high level disinfection of equipment that meets standards ◄ safe disposal of sharp objects in all service provision areas where relevant ◄ decontamination solution in examination room, where relevant ◄ hand-washing soap and water available for all services surveyed during facility visit ◄ adequate disposal practices for hazardous waste ◄ evidence of well-functioning systems for prevention of infection (aggregate indicator with all of the above items) 	Inventory
	MANAGEMENT	
2.4	<p>% of facilities with:</p> <ul style="list-style-type: none"> ◄ a formal system for reviewing administrative issues which meets routinely at least every six months ◄ a supervision visit from outside the facility at least once during the prior six months ◄ a known catchment population ◄ all interviewed secondary level staff having received continued education on a topic related to care of the sick child, maternal health, family planning, STIs, or HIV/AIDS at least once during the prior 12 months 	<p>Inventory</p> <p>Provider Interview</p>
FAC-III	PROVIDE HEALTH SERVICES UNDER CONDITIONS THAT PROMOTE UTILIZATION	
	COMMUNITY COMPONENTS	
3.1	<p>% of facilities with:</p> <ul style="list-style-type: none"> ◄ community members as routine participants in the formal system for reviewing administrative issues for the facility ◄ participation in some type of formal plan which includes community/client financial support *plan will vary by country* 	Inventory
	CLIENT COMFORT	
3.2	<p>% of facilities with:</p> <ul style="list-style-type: none"> ◄ protected client waiting area ◄ facilities with functioning latrine for client use ◄ maintenance at acceptable level of cleanliness 	Inventory