

Introduction

The Health Facility Survey (Service Provider Assessment [SPA]) is formulated to provide information on facilities that provide priority outpatient services. These have been identified as health services for children, reproductive health services (family planning, sexually transmitted infections, and HIV/AIDS), and maternal health services, including deliveries.

The purpose of the core questionnaire, a facility inventory, is to assess the preparedness, that is, the capacity of a facility to provide good-quality services related to each of the priority topics. Equipment and supplies, qualifications of staff, presence of protocols, and established procedures are inventoried.

A second component of the SPA is an interview with individual providers. This collects information on the training and experience of individual service providers, as well as individual experience in the delivery of the priority services, continuing education related to the priority services, and supervision targeted to the individual provider.

A third component of the SPA is an observation of interactions between providers and clients for each service. The objective of the observation component is to assess whether established protocols, that have been defined as a part of good-quality services, are followed during the consultation between the health worker and the client. Both technical assessments and procedures, as well as information sharing between the client and the provider are assessed. Based on findings from the observation, more in-depth studies might be desired to evaluate the quality of the clinical assessments and their interpretation as well as information gathered from the client in order to determine whether an appropriate intervention occurred.

A fourth component of the SPA is the client interview. The interview occurs after the client sees the provider. The objective is to assess the client's understanding of his or her illness or, in the case of birth spacing, her method. The client's perception of what he or she was told about possible side-effects or risk symptoms, when he or she should return to a health facility, and how to utilize the curative treatment or family planning method is assessed. This information will help health service providers understand whether there is a communication gap between the provider and the client. Further studies might be necessary to determine the cause of the gap and an effective response.

Facility Inventory

The facility inventory describes the resources and systems each facility has for providing child health, family planning, treatment and management of sexually transmitted infections (STIs) and HIV/AIDS, antenatal care (ANC), postnatal care, and delivery services. The resources and systems included in the inventory are those often associated with client utilization of facilities and with the quality and sustainability of services.

On the first page of the questionnaire, the type of facility and geographic location are listed.

This information is valuable for understanding the resources, including staff, that are available. The type of health facility provides information on the level and type of services that may be expected. The operating authority is frequently associated with different management practices as well as different access to resources. This information is important when explaining differences in findings and when developing recommendations for action.

The geographic location will facilitate linking with population information from the same regions, so that relationships between the services and the status of health or health service coverage in the population may be inferred.

MEASURE Service Provision Assessment

Facility Inventory Questionnaire

FACILITY IDENTIFICATION

Name of the facility _____

Facility Location _____

Code of the facility

Type of Health Facility *: (1 = Referral hospital; 2 = Hospital; 3= Health center; 4 = Health post; 6 = Other _____)

Operating Authority*:

10= Government; 20 = Non-governmental organization

30 = Private for profit

96 = Other _____

FACILITY CODE

FACILITY TYPE

OPERATING AUTHORITY

GPS Reading:

Latitude

N/S	Degrees	Minutes	Thousandths
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Longitude

E/W	Degrees	Minutes	Thousandths
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Altitude

_____ Meters

Waypoint

Date: _____

DAY

MONTH

YEAR

Name of the interviewer _____

INTERVIEWER CODE..

NUMBER OF QUESTIONNAIRES COMPLETED AT FACILITY:

- 1 Sick Child Observations
- 2 Sick Child Exit Interviews
- 3 FP Observations
- 4 FP Exit Interviews
- 5 ANC Observations
- 6 ANC Exit Interviews
- 7 STI Observation
- 8 STI Exit Interviews

	OBSERVATION		EXIT	
CHILD	<input type="text"/>	<input type="text"/>	CHILD	<input type="text"/>
FP	<input type="text"/>	<input type="text"/>	FP	<input type="text"/>
ANC	<input type="text"/>	<input type="text"/>	ANC	<input type="text"/>
STI	<input type="text"/>	<input type="text"/>	STI	<input type="text"/>

PROVIDER INTERVIEWS

9 Provider Interviews	
-----------------------	--

Section 1. General Information

Facility-level information is sought about general service availability, infrastructure support, and support systems required to maintain a well-functioning health facility.

Consent (100-100b)

Consent for conducting the inventory is required from the person in-charge of the facility.

SERVICE INFORMATION

Service availability (101-103)

Utilization of services at a facility may be associated with the expectation of finding services open and staff available upon arrival. This is of particular concern for sick child and delivery services where there may be a need for emergency services.

Staff availability (104)

Knowing the number of staff assigned to the outpatient services and the qualifications of these staff provides some indication of the level of services possible and of staffing capacity at any given time when services are being provided.

Section 1. General Information

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
100	<p>FOR OUTPATIENT SERVICES: FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</p> <p>Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. We would be interested in talking to you about this facility and your experiences in providing health services. Please be assured that the information is completely confidential and is not identified with any facility name. We are asking for your help to ensure that the information collected is accurate. If there are sections where someone else is the most appropriate person to provide information, we would appreciate your introducing us to that person. You may choose to stop the interview at any time.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p style="text-align: center;">_____ INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p> <p style="text-align: center;">_____ DATE</p>		
100b	May I begin the interview?	YES 1 NO 2	
101	Routinely, how many days each week is the facility open for outpatient adult curative services?	NUMBER OF DAYS..... <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8	→ STOP
102	Is there a trained health provider present at the facility at all times (24 hours/day)	YES, TRAINED PROVIDER ALWAYS PRESENT 1 NO, 2	→ 104
103	Is there a trained health provider available on call at all times after hours? IF YES, ASK TO SEE ON CALL DUTY SCHEDULE.	YES, SCHEDULE SEEN..... 1 YES, SCHEDULE NOT SEEN..... 2 NO 3	
104	<p>Now I have some questions about the staff who provide OUTPATIENT services . We want to know the qualification and the number of staff who are permanently assigned for outpatient services. This may include staff who also rotate to inpatient service. If someone is a specialist physician or nurse, we want to know their basic qualification (e.g. Nurse or Doctor) regardless of specialty or position.</p> <p>QUALIFICATION</p>	TOTAL NUMBER	
	A) PHYSICIANS	PHYSICIAN <input style="width: 30px; height: 20px;" type="text"/>	
	B) MEDICAL ASSISTANTS	MEDICAL ASST <input style="width: 30px; height: 20px;" type="text"/>	
	C) QUALIFIED NURSES	QUALIFIED NURSE <input style="width: 30px; height: 20px;" type="text"/>	
	D) QUALIFIED MIDWIVES	QUAL. MIDWIFE <input style="width: 30px; height: 20px;" type="text"/>	
	E) AUXILLIARY NURSES	AUX NURSE <input style="width: 30px; height: 20px;" type="text"/>	
	F) AUXILLIARY MIDWIVES	AUX MIDWIFE <input style="width: 30px; height: 20px;" type="text"/>	
	G) OTHER (SPECIFY) _____	OTHER <input style="width: 30px; height: 20px;" type="text"/>	

Catchment area (105)

A catchment area defines the population a facility is meant to serve. This information is necessary for evaluating the coverage of services in the community and for providing some indication of the number of clients for whom services must be planned.

Overnight services (106-107)

A facility with the capacity to care for patients overnight may receive a different clientele than one where clients requiring care beyond the initial visit must be referred elsewhere.

MANAGEMENT SUPPORT SYSTEMS (108-122)

Facility management system (108-111)

Management of facilities is often a weakness that influences the capability of a facility to maintain a health service delivery system. If there is no formal system for reviewing management or administrative issues, small problems may become large before they are addressed. Management committees that include community representatives are promoted by many as one system that will support good management. Community representation has been advocated as a means to increase the accountability and responsiveness of the facility to the population it serves. It is also a means to increase community support for public health and preventive health activities (111). This question should be adapted so that the systems used by the facilities being surveyed are appropriately captured.

Client opinion (112-114)

Another means of increasing responsiveness to community concerns and for increasing utilization of services is to provide means for receiving and then responding to the opinions of persons using the facility. This question should be adapted to methods that may be utilized by the facilities being surveyed.

Quality assurance (115-117)

Even well-managed and disciplined service providers working in a well-equipped system might provide poor-quality health services. Monitoring the quality of health care requires a more in-depth and structured assessment of services and how they are delivered than one usually sees in routine supervision, for it is necessary to compare practices with expected standards and actual outcomes with expected outcomes. This is seen as a vital component for improving and maintaining good-quality health care. For some facilities Quality Assurance activities may be introduced only in specific units where there is a special program being implemented.

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO					
	H) SUM THE NUMBER OF STAFF REPORTED IN 104A-G AND CHECK: YOU HAVE TOLD ME THAT YOU HAVE ___(NUMBER OF STAFF) WHO PROVIDE OUTPATIENT SERVICES. IS THIS CORRECT? IF NOT CORRECT, PROBE AND CHANGE 104A-G AS NECESSARY.	YES, NUMBER CORRECT 1 NO 2						
105	Do have an estimate of the size of the catchment population that this facility serves, that is, the size of the population living in the area served by this facility? IF YES: How many people is that?	CATCHMENT POPULATION <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NO CATCHMENT AREA.....99995 DON'T KNOW SIZE OF CATCHMENT POPULATION.99998						
106	Does this facility routinely admit inpatients for treatment?	YES..... 1 NO 2	→108					
107	Does this facility have beds for overnight observation?	YES..... 1 NO 2						
108	Does this facility have a formal system for reviewing management or administrative issues?*	YES..... 1 NO 2 DON'T KNOW 8	→111 →111					
109	How often do formal meetings to discuss the facility management/administrative issues take place?	MONTHLY 1 QUARTERLY 2 SEMI-ANNUALLY 3 OTHER 6						
110	Is an official record of meetings maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES/NOTES) FROM THE MOST RECENT MEETING	YES, RECORD OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO RECORD MAINTAINED 3						
111	Are there any <u>ROUTINE</u> meetings about facility activities or management issues that include both facility managers and community members?	YES..... 1 NO 2 DON'T KNOW 8						
112	Does this facility have any system for determining client opinion about the health facility or services? IF YES, CIRCLE ALL METHODS FOR ELICITING CLIENT OPINIONS THAT ARE USED	SUGGESTION BOX A CLIENT SURVEY FORM B CLIENT INTERVIEW C OTHER W (SPECIFY) NO CLIENT FEEDBACK Y DON'T KNOW Z	→115 →115					
113	Is there a procedure for collecting and reporting on client opinion? IF YES, ASK TO SEE A REPORT OR FORM WHERE DATA IS COMPILED.	YES, REPORT SEEN..... 1 YES, NO REPORT SEEN 2 NO 3						
114	In the past 3 months have any changes been made in the program as a result of client opinion? IF YES, DESCRIBE THE CHANGES MADE.	YES,1 (SPECIFY) NO 2 DON'T KNOW 8						
115	Does this facility monitor quality of care? This refers to a <u>ROUTINE</u> program for quality assurance.	YES..... 1 NO 2 DON'T KNOW 8	→118 →118					
115a	Is this system implemented throughout the facility, or is it within specific services only?	THROUGHOUT FACILITY 1 ONLY SPECIFIC SERVICES 2						

Quality assurance (115-117)

Even well-managed and disciplined service providers working in a well-equipped system might provide poor-quality health services. Monitoring the quality of health care requires a more in-depth and structured assessment of services and how they are delivered than one usually sees in routine supervision, for it is necessary to compare practices with expected standards and actual outcomes with expected outcomes. This is seen as a vital component for improving and maintaining good-quality health care. Knowing which activities are conducted for quality assurance (116) and how the findings are addressed (117) provides some indication of the level to which this activity has been developed.

NO.	QUESTIONS	CODE CLASSIFICATION		GO TO		
116	Are any of the following methods for quality assurance used? IF YES, ASK TO SEE SOME DOCUMENTATION (REPORT/ MINUTES/ ETC). FOR THE METHOD IMPLEMENTATION.					
	METHOD	METHOD USED : WAS FORM OR REPORT SEEN?		Not Applicable	Not Determined	
		Observed	Reported Available			
	a) Supervisory checklist for health system components (e.g. service specific equipment, meds, and records)	1	2	3	8	
	b) Supervisory checklist for health service provision (e.g. Observation Check list)	1	2	3	8	
	c) System for identifying and addressing quality of care that is implemented by staff or specific service level (e.g. not carried out facility wide)?	1	2	3	8	
	d) Facility-wide review of mortality	1	2	3	8	
	e) Periodic audit of medical records or service registers	1	2	3	8	
	f) Quality Assurance or COPE committee/team?	1	2	3	8	
	g) Regional/Dist. Health Management Teams?	1	2	3	8	
	h) Other (SPECIFY)	1	2	3	8	
117	Who is responsible for reviewing findings and taking action from quality activities? CIRCLE ALL THAT APPLY AND INDICATE IF THE PERSON(S) ARE POSTED INTERNAL (IN) TO THE FACILITY OR EXTERNAL (OUT) OR BOTH	Persons Internal to facility	Persons External to Facility	Both internal and external	NA	Don't know
	A) Individual service provision staff.....	1	2	3	4	8
	B) Individual Supervisors	1	2	3	4	8
	C) Management Committee.....	1	2	3	4	8
	D) Special Quality Assurance committee or team	1	2	3	4	8
	E) Special Quality Assurance Staff	1	2	3	4	8
	F) District or Zonal Management Team	1	2	3	4	8
	W) Other	1	2	3	4	8

Financing of health services (118-119)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Many systems are introducing some form of pre-payment that results in less out-of-pocket cost for clients. There are also systems through which the costs of services provided to poor clients who either pay no user fee or pay a discounted price are recovered by the facility. These systems are promoted to increase utilization by the poor, but to also enable the facility to maintain a viable financial operating status (119).

Facility Supervision (120-121)

Supervision external to a facility may be used to verify reports from the facility as well as to provide a less biased view of the service quality and service delivery environment. External supervision also frequently provides a broader based source of information on new information or changes in standards that affect quality of health services.

Follow-up for referrals (122-122a)

Information on actual outcome of referrals is often difficult to ascertain. At minimum, however, referred clients should be sent with some written documentation of why they are being referred. There is greater likelihood that this occurs if the facility uses a structured form.

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
118	Does this facility routinely charge for adult curative consultation services? IF YES, INDICATE WHICH SYSTEMS APPLY.	YES, FIXED FEE FOR HEALTH CARDA YES, FIXED FEE EACH CONSULTB YES, CONSULT FEE VARIES BY DIAGNOSIS.....C YES, CHARGE FOR MEDICATIONS/TESTS.....D OTHER _____.....W (SPECIFY) NOY DON'T KNOWZ	
119	Does this facility participate in any formal plan which includes community/client financial support?* IF YES, INDICATE WHICH PLANS APPLY.	EQUITY FUND FOR POOR..... A DISCOUNT FOR POOR B INSURANCE/PRE-PAY C OTHER _____ W (SPECIFY) NOY DON'T KNOWZ	
120	When was the last time a supervisor from OUTSIDE this facility visited the facility?	WITHIN THE LAST 6 MONTHS.....1 MORE THAN 6 MONTHS AGO2 NEVER SUPERVISED FROM OUTSIDE FACILITY.....3	→122 →122
121	The last time within the last 6 months that a supervisor from outside the facility visited, did the supervisor: A) Check some registers/books? B) Discuss problems? C) Discuss policy/administrative issues? D) Discuss technical protocols/practices/issues? E) Hold an official staff meeting?..... F) Observe individual staff providing services?... G) Do anything else?.....	YES NO DK CHECKED REGISTERS 1 2 8 DISCUSSED PROBLEMS .. 1 2 8 DISCUSSED POLICY 1 2 8 DISCUSSED TECHNICAL MATTERS 1 2 8 HELD STAFF MEETING 1 2 8 OBSERVE SERVICE PROVISION..... 1 2 8 OTHER _____ 1 2 8 (SPECIFY)	
122	Is there a standard form used for clients referred to other facilities? ASK TO SEE THE FORM. (IF THE FACILITY IS THE REFERRAL FACILITY, THEN CIRCLE "4" FOR REFERRAL FACILITY.	YES, FORM SEEN 1 YES, FORM NOT SEEN 2 NO FORM USED 3 REFERRAL FACILITY 4 DON'T KNOW 8	→123 →123 →123
122a	Does the referral form have a section requiring client information explaining the reason for the referral?	YES 1 NO 2 DON'T KNOW 8	

FACILITY INFRASTRUCTURE (123-132)

Electricity (123-124)

Electricity is required for some medical equipment, particularly for that equipment used for more sophisticated diagnostic and treatment modalities. If a facility has electricity but it is irregular, it may actually have a worse impact on aspects of service delivery than if there is no electricity depending on how dependent the facility has become on electricity to power basic service needs such as lighting, sterilization equipment, and laboratory equipment.

Water (125-128)

Water is one of the most critical resources required for preventing infection, with hand-washing by providers one of the more effective means to decrease transmission of infection. To ensure that hand-washing and other basic aspects of disinfecting and sterilizing equipment function regularly, the water must be available constantly and must be located near the service delivery area. The source provides some indication of the level of cleanliness of the water.

Client amenities (129-130)

Basic amenities, such as a sheltered waiting area and latrine at a facility may increase the willingness of clients to use the facility even if they are required to wait for assistance. The amenities are of particular importance when clients are feeling ill.

Emergency communication (131-132)

Having the ability to contact higher-level staff or facilities for advice and to facilitate referral contributes to providing good-quality health care.

SUPPORT SYSTEMS FOR EQUIPMENT AND INFRASTRUCTURE (133-134)

Maintenance of major equipment (133)

A common problem with maintaining good-quality health services is that a well-equipped facility may rapidly lose capacity due to poor equipment maintenance. Major pieces of equipment require routine maintenance so that they can function properly (133).

Maintenance of minor equipment (134)

Smaller pieces of equipment may need minor repairs or may need to be replaced. For this to occur without a break in availability of functioning equipment requires a system under which the facility staff have access to small amounts of funds to replace small items or training for making minor repairs.

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
123	Does this facility ever have electricity? (from any source)	YES.....1 NO2	→125
124	Is the electricity always available during the times when the facility is providing services or is it sometimes interrupted? IF SOMETIMES INTERRUPTED: On how many days during the past week was the electricity NOT available for TWO (2) OR MORE HOURS?	ALWAYS AVAILABLE0 # OF DAYS NOT <input type="checkbox"/> AVAILABLE PAST WEEK	
125	What is the most commonly used source of water for the facility at this time?	PIPED10 PROTECTED WELL/BOREHOLE20 UNPROTECTED WELL / BOREHOLE21 RIVER/LAKE /POND 30 OTHER _____ _96 (SPECIFY) NO WATER SOURCE00	→128
126	Is this water source available on-site?	YES, ON-SITE1 NO2	
127	Does the normal source of water for this facility vary seasonally?	YES.....1 NO2 NO NORMAL SOURCE3	
128	How is water made available for use in examination/consultation areas in the facility today??	PIPED1 BUCKET/BASIN2 NO WATER PROVIDED IN SERVICE DELIVERY AREAS ...3	
129	Is there a waiting area for clients, where they are protected from sun and rain?	YES.....1 NO2	
130	Is there a toilet (latrine) in functioning condition which is available for use of clients?	YES.....1 NO2	
131	Does this facility have a working phone or short-wave radio?	YES.....1 NO2	→133
132	Is there a phone or short-wave radio within five minutes time from the facility that staff can use in an emergency? IF YES: Is that phone or short-wave radio available 24 hours a day?	YES, AVAILABLE 24 HOURS 1 YES, NOT AVAILABLE 24 HOURS.....2 NO, NONE WITHIN 5 MINUTES...3	
133	Does this facility have a program for routine preventive maintenance for major equipment such as such as a generator or sterilizing equipment? IF YES: Who is responsible for the maintenance?	YES, ON-SITE STAFF1 YES, OUTSIDE SUPPORT2 YES, BOTH.....3 NO ROUTINE MAINTENANCE.....4 DON'T KNOW8	
134	What is the system for repairing or replacing small equipment (blood pressure cuffs, stethoscope, etc). (CIRCLE ALL THAT APPLY).	ON-SITE MAINTENANCE A PETTY CASH FOR REPLACING.. B SEND ELSEWHERE FOR REPAIR C OTHER _____ W (SPECIFY) NO SYSTEM..... Y DON'T KNOW Z	

Generator power (135-136)

If a facility is dependent on electricity for certain diagnostic or treatment modalities and electricity supply is irregular, a backup generator with fuel is the most efficient means to ensure that there is no break in the capacity to provide the services.

Disinfection of equipment and supplies (137-146)

There are a variety of means that can be used to sterilize or disinfect equipment and supplies. Every facility must have the ability to maintain equipment sterility to minimize infection being introduced to clients or providers. The questions seek to clarify the means that are used for the specific facility (137-144).

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO		
	FOR EACH OF THE FOLLOWING ITEMS, CHECK WHETHER THE ITEM IS PRESENT AT THE FACILITY. IF YOU ARE NOT ABLE TO OBSERVE THE ITEM YOURSELF, ASK IF THE ITEM IS AVAILABLE. WHERE APPLICABLE, ASK WHETHER THE ITEM IS IN WORKING ORDER OR NOT							
	ITEM	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
135	GENERATOR	1	2	3→137	8→137	1	2	8
136	FUEL FOR GENERAT.	1	2	3	8			
137	AFTER DECONTAMINATING AND CLEANING, What is the method most commonly used for disinfecting syringes and needles?	DRY HEAT STERILIZATION 1 AUTOCLAVE 2 STEAM STERILIZATION..... 3 BOILING 4 CHEMICAL 5 OTHER 6 USE DISPOSABLES ONLY..... 0						
138	AFTER DECONTAMINATING AND CLEANING, What is the most commonly used method for disinfecting other medical equipment (e.g., surgical instruments)? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE DIFFERENT METHODS.	DRY HEAT STERILIZATION A AUTOCLAVE B STEAM STERILIZATION..... C BOILING..... D CHEMICAL E OTHER W NONE Z						
GO TO WHERE EQUIPMENT IS STERILIZED. FIND A PERSON RESPONSIBLE FOR STERILIZATION/DISINFECTION OF EQUIPMENT. ASSESS AVAILABILITY OF ITEMS AND PROCEDURES UTILIZED AT THE FACILITY.								
	ITEM	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
139	DRY HEAT STERILIZER	1	2	3→140	8→140	1	2	8
140	AUTOCLAVE (pressure; wet heat)	1	2	3→141	8→141	1	2	8
141	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8			
142	POT WITH COVER (FOR STEAM OR BOILING)	1	2	3	8			
143	HEAT SOURCE (Stove/Cooker w/fuel or power present) FOR STEAM/ BOILING/ or NON-ELECTRIC AUTOCLAVE	1	2	3→144	8→144	1	2	8
144	AUTOMATIC TIMER	1	2	3→145	8→145	1	2	8

Disinfection of equipment and supplies (137-146)

The questions seek to clarify the means that are used for the specific facility. A common error in disinfection procedures is not subjecting the equipment to the process for the required time for effective disinfection (145). Another error is that disinfected or sterilized equipment may become recontaminated due to improper storage (146).

Disposal of contaminated waste (147-148)

Waste materials from health facilities may be contaminated with dangerous microbes. It is essential that the materials be disposed in such a way to minimize the possibility of persons coming into contact with them. Contaminated items must be disposed in such a way that persons or animals cannot rummage through them. Some facilities may only periodically use the incinerator, after an amount of waste has accumulated. This is acceptable as long as the waste is stored such that it is protected from animals or humans being able to access it easily.

Cleanliness of the facility (149)

Facility cleanliness is necessary to minimize the risk of contamination of equipment and of clients or providers. It is also expected that clients prefer to use a clean facility.

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO	
	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION USED IN THE FACILITY, INDICATE THE AMOUNT OF TIME ITEMS ARE PROCESSED AFTER THE REQUIRED TEMPERATURE/PRESSURE/BOILING IS REACHED			
145	METHOD FOR STERILIZING/DISINFECTING	NOT APPLICABLE	MINUTES PROCESSED	
	a) Dry heat sterilization	95	MINUTES <input type="text"/> <input type="text"/>	
	b) Autoclave:	95	MINUTES (UNWRAPPED) <input type="text"/> <input type="text"/>	
			MINUTES (WRAPPED) <input type="text"/> <input type="text"/>	
	c) Boiling or non-pressurized steam (High Level Disinfection) (HLD)	95	MINUTES <input type="text"/> <input type="text"/>	
	d) Chemical Decontamination (PROVIDE NAME OF DISINFECTION AGENT USED)	95	MINUTES (SOAKING) SOLUTION : _____ STRENGTH _____ %	
	e) Chemical High Level Disinfection (HLD) (PROVIDE NAME OF DISINFECTING AGENT USED)	95	MINUTES (SOAKING) <input type="text"/> <input type="text"/> SOLUTION : _____ STRENGTH _____ %	
146	ASK TO SEE WHERE ITEMS ARE STORED AFTER PROCESSING, AND INDICATE WHICH OF THE BELOW CONDITIONS WERE OBSERVED OR REPORTED:	OBSERVED	REPORTED AVAILABLE NOT AVAILABLE NOT DETERMINED	
	a) Wrapped in sterile cloth, sealed with TST tape.	1	2 3 8	
	b) Stored in sterile container with lid which clasps shut	1	2 3 8	
	c) On tray, covered with cloth	1	2 3 8	
	d) Sterilization date written on packet/container	1	2 3 8	
	e) Storage location dry, clean	1	2 3 8	
147	How does this facility dispose of potentially contaminated waste and items which are not reused (e.g. bandages, syringes)?	BURNED IN INCINERATOR 1 BURNED IN OPEN PIT 2 BURNED AND BURIED 3 THROW IN TRASH/OPEN PIT 4 THROW IN PIT LATRINE..... 5 OTHER 6		
148	INTERVIEWER: ASK TO SEE PLACE USED FOR WASTE DISPOSAL	WASTE VISIBLE, <u>NOT</u> PROTECTED..... 1 WASTE VISIBLE, PROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED... 8		
149	ASSESS GENERAL CLEANLINESS OF FACILITY	FACILITY CLEAN 1 FACILITY NOT CLEAN 2		
	<ul style="list-style-type: none"> ■ A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED, COUNTERS/TABLES ARE WIPED AND FREE FROM OBVIOUS DIRT OR WASTE. ■ A FACILITY IS NOT CLEAN IF THERE IS OBVIOUS DIRT/WASTE/BROKEN OBJECTS ON FLOORS OR COUNTERS 			

Section 2a. Vaccine Logistic System

Immunization services: (200)

Immunization services are provided under different systems at different types of facilities. Some facilities provide all immunization services, some private maternity clinics keep tetanus toxoid in stock, but provide child immunizations through government public health staff during scheduled visits. It is important to understand what is available at the facility so that if any immunizations are stored, the cold storage system can be assessed.

Consent (200a-200b)

Often, particularly for large facilities, the person providing information for a specific service will be different from the person who has provided overall facility information. If this is the case, consent is required from the informant.

LOGISTIC SYSTEM FOR VACCINES (201-218)

Vaccine storage conditions (201-205)

Vaccines must be maintained at temperatures that will not destroy their effectiveness. They are all sensitive to heat, and a few are sensitive to freezing. A facility must have the appropriate equipment and must monitor the temperature daily to routinely store vaccines and ensure their continued effectiveness. Facilities without the appropriate storage equipment most often pick up their vaccine supply the day before they plan immunization activities and maintain the temperature in temporary ice boxes or carriers, most often using ice. A facility that does not have the capacity to store vaccines can most likely not plan to have immunization services available routinely for ill children. They must also make special efforts to coordinate with antenatal care if tetanus toxoid is to be available for these women

Vaccine storage systems (206-208)

There are specific logistic systems that facilitate proper maintenance of medical supplies, including vaccines, and that contribute to a regular supply of effective vaccines. These are maintaining an inventory (206) to track stock supply, use patterns, and needs and storing them according to expiry date (207-208) to decrease their chances of expiring prior to use and. All vaccines should be available so that opportunities to vaccinate children or women needing a vaccine are not missed (207).

Vaccine ordering system (209-213)

The SPA assesses the system utilized for ordering medicines and supplies, including vaccines. The ordering systems will, by necessity, vary depending on the level of development of the health system and logistical situations in each country. In general, one would expect the least sensitive system to be one where a routine supply is sent at a given time interval, regardless of service utilization. The next level of sensitivity would be where a central authority determines the order but bases the amounts and types of medicines and supplies on activity level (210). The most sensitive would be where a facility could determine its own need based on past and expected activity levels. The SPA will assess the ordering system in relation to presence of vaccines. Knowing the basis for deciding the amount and timing for ordering vaccines provides information about the likelihood that the supply will continuously meet the needs (211-212).

One other aspect of the logistic system is how well the suppliers can fill the order (213). Receiving more or less of ordered items, receiving items that were not ordered, or not receiving ordered items, all contribute to waste, inefficiency, and stock outages.

Immunization service offered at facility by outreach: (214-215)

Some facilities have an arrangement whereby immunization services are provided periodically by staff from another facility. This is most often found where a private facility does not have immunization services, but has an agreement with government public health staff for immunization services to be brought to the facility on a scheduled basis. The facility can then schedule clients visits to increase the probability that clients attending the private facility will receive preventive vaccines.

Cold chain maintenance outside refrigerator (216-217)

Vaccines used during outreach should be maintained in a cold-storage vaccine carrier. A source of cold must be available also. Vaccine carriers are also often used in facilities on immunization days so that multiple dose vials are maintained at the correct temperature without the need for opening and closing the refrigerator for every client.

Injection equipment (218)

If sterilizable syringes are used, then the analysis must ensure that a method to sterilize them is available (question 137).

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO
212	<p>How do you decide when to order vaccines? CIRCLE ALL THAT APPLY. Do you:</p> <p>A) Place an order whenever stock levels fall to a pre-determined level?</p> <p>B) Have a fixed time when you are supposed to submit orders for the vaccines? IF YES, INDICATE HOW OFTEN THE ORDER IS SUBMITTED.</p> <p>C) STOCK DOES NOT HAVE TO BE BELOW A SPECIFIED LEVEL. THE FACILITY CAN PLACE AN ORDER WHENEVER THERE IS BELIEVED TO BE A NEED.</p> <p>W) Other (SPECIFY) _____</p> <p>Z) Don't know</p>	<p>..... A</p> <p>..... B</p> <p>EVERY ____ MONTHS</p> <p>..... C</p> <p>..... W</p> <p>..... Z</p>	
213	<p>During the past 3 months, have you always, sometimes or almost never receive the amount of vaccines (s) that you order (or that you are suppose to routinely receive)?</p>	<p>ALWAYS 1</p> <p>SOMETIMES 2</p> <p>ALMOST NEVER 3</p>	
214	<p>Do government staff come to provide any immunization services in this facility? If yes, do they provide immunizations for children, for pregnant women, or for both?</p>	<p>CHILDREN ONLY 1</p> <p>PREGNANT WOMEN ONLY 2</p> <p>BOTH CHILDREN AND PREGNANT WOMEN 3</p> <p>NO GOVT STAFF COME 4</p>	<p>→ 216</p>
215	<p>How frequently do the government staff come to provide vaccinations?</p>	<p>ONCE WEEKLY 1</p> <p>TWICE MONTHLY 2</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
216	<p>How many vaccine carriers do you have available?</p>	<p>ONE 1</p> <p>TWO OR MORE 2</p> <p>NONE 3</p>	<p>→ 218</p>
217	<p>Are there ice packs for the vaccine carriers (4-5 per carrier)?</p>	<p>YES, ONE SET 1</p> <p>YES, TWO OR MORE SETS 2</p> <p>NO, USE PURCHASED ICE 3</p> <p>NO 4</p>	
218	<p>What type of injection equipment is used during routine immunization sessions at this facility?</p>	<p>SINGLE USE 1</p> <p>STERILIZABLE 2</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	

Section 2b. Child Health Services

The child health services module assesses the capacity of the facility to provide both preventive and curative health services for children under five years of age. The focus for ill children is specifically to assess the availability of preventive (immunization and growth monitoring) and curative health services, especially the capacity to adhere to standards using the approach promoted by the Integrated Management of Childhood Illnesses (IMCI) program.

Availability of child health services (219a)

Consent (219b-219c)

Often, particularly for large facilities, the person providing information for a specific service will be different from the person who has provided overall facility information. If this is the case, consent is required from the informant.

Service availability (220)

The availability of curative and preventive child health services may affect the type of clientele seen at the facility. The frequency with which the service is provided at the facility may affect utilization.

To increase community coverage levels, many facilities provide services on a routine basis by going to villages (outreach). Knowing whether outreach occurs is important when evaluating coverage (221).

Service availability today: (222)

Knowing whether services are provided the day of the SPA data collection provides information for analyzing the service environment data.

Section 2b. Child Health Services

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO																
219a	Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis?	YES 1 NO 2	→ 300																
219b	<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN THE DELIVERY OF CHILD CURATIVE HEALTH SERVICES. IF DIFFERENT FROM INDIVIDUAL RESPONDING PREVIOUSLY, INTRODUCE YOURSELF AS FOLLOWS. IF THE PERSON IS THE SAME, CONTINUE WITH 220.</p> <p>READ TO CHILD HEALTH SERVICES INFORMANT (IF DIFFERENT FROM PREVIOUS INFORMANT):</p> <p>Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. We would be interested in talking to you about this facility and your experiences in providing health services. Please be assured that the information is completely confidential. You may choose to stop the interview at any time.</p> <p>Do you have any questions for me? Do I have your agreement to participate?</p> <p style="text-align: center;">_____ DATE _____</p> <p style="text-align: center;">INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p>																		
219c	May I begin the interview?	YES 1 NO 2	→ STOP																
220	<p>Now, I would like to ask you specifically about child health services. For each of the following services please tell me if the service is offered by your facility, and if yes, how many days per week the service is provided AT THE FACILITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CHILD HEALTH SERVICE</th> <th style="width: 15%;"># Days per week service provided at facility</th> <th style="width: 15%;">Service only provided as outreach</th> <th style="width: 20%;">Service not offered</th> </tr> </thead> <tbody> <tr> <td>a) <input type="checkbox"/> Consultation / curative services for the Sick Child</td> <td># DAYS</td> <td style="text-align: center;">11</td> <td style="text-align: center;">95</td> </tr> <tr> <td>b) <input type="checkbox"/> GROWTH MONITORING or growth promotion (with the HEALTHY CHILD routinely weighed and charted on growth chart?)</td> <td># DAYS</td> <td style="text-align: center;">11</td> <td style="text-align: center;">95</td> </tr> <tr> <td>c) <input type="checkbox"/> Immunization services for children?</td> <td># DAYS</td> <td style="text-align: center;">11</td> <td style="text-align: center;">95</td> </tr> </tbody> </table>			CHILD HEALTH SERVICE	# Days per week service provided at facility	Service only provided as outreach	Service not offered	a) <input type="checkbox"/> Consultation / curative services for the Sick Child	# DAYS	11	95	b) <input type="checkbox"/> GROWTH MONITORING or growth promotion (with the HEALTHY CHILD routinely weighed and charted on growth chart?)	# DAYS	11	95	c) <input type="checkbox"/> Immunization services for children?	# DAYS	11	95
CHILD HEALTH SERVICE	# Days per week service provided at facility	Service only provided as outreach	Service not offered																
a) <input type="checkbox"/> Consultation / curative services for the Sick Child	# DAYS	11	95																
b) <input type="checkbox"/> GROWTH MONITORING or growth promotion (with the HEALTHY CHILD routinely weighed and charted on growth chart?)	# DAYS	11	95																
c) <input type="checkbox"/> Immunization services for children?	# DAYS	11	95																
221a	CHECK 220C AND INDICATE IF CHILD IMMUNIZATIONS ARE PROVIDED AT THE FACILITY	YES 1 NO 2	→ 229																
221b	Does this facility provide outreach immunization services, i.e., visit communities to vaccinate children?	YES 1 NO 2																	
222	Are immunization services being offered at the facility today?	YES 1 NO 2																	

Charges for immunization services (223)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Immunization service environment (224)

To provide good-quality immunization services, essential items have been identified. These must be in the service delivery area before it can be assumed they are routinely used when providing services. A safe means for disposal of needles must be readily available (a), as well as injection equipment (b,c), hand-washing supplies (d,e), and blank forms for data recording (f,g).

HEALTH INFORMATION FOR IMMUNIZATIONS (225-228)

A weakness of many immunization programs is that children drop out before being fully immunized. A program should monitor dropout and coverage rates so that problems can be identified and steps taken to improve coverage if required.

NO.	QUESTIONS	CODE CLASSIFICATION	GO TO		
223	Does this facility routinely charge for any vaccination services? IF YES, INDICATE WHICH CHARGE SYSTEMS APPLY*	YES, FIXED FEE FOR EPI CARD.. A YES, FIXED FEE FOR VACCINE SESSION B YES, VARIABLE FEE PER VACCINE C OTHER W (SPECIFY) NO CHARGES Y DON'T KNOW Z			
FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE SERVICE IS BEING PROVIDED OR IN AN IMMEDIATELY ADJACENT ROOM. IF NOT, ASK IF THE ITEM IS AVAILABLE ELSEWHERE, AND IF YES, INDICATE "REPORTED"					
224	ITEMS REQUIRED TO PROVIDE IMMUNIZATION SERVICES	OBSERVED	REPORTED AVAILABLE	NOT AVAIL ABLE	NOT DETER MINED
	a) Sharps box for needles	1	2	3	8
	b) 5 or more 1 ml syringes (w/needles).	1	2	3	8
	c) 5 or more 3 ml syringes (w/ 19 gauge needles)	1	2	3	8
	d) Hand-washing items (soap, towel)?	1	2	3	8
	e) Water for hand-washing?	1	2	3	8
	f) Blank, individual child immunization cards	1	2	3	8
	g) Immunization tally/register sheets	1	2	3	8
225	What is the current estimate for your DPT dropout rate?	DPT DROPOUT RATE (%) <input type="text"/> <input type="text"/> DON'T KNOW 98			
226	Do have an estimate of the total number of the target population <input type="text"/> <input type="text"/> <input type="text"/> immunizations in the facility catchment area: IF YES: How many children is that?	TARGET POPULATION .. <input type="text"/> NO CATCHMENT AREA.....0000 DON'T KNOW TARGET POPULATION SIZE9998			→ 229 → 229
227	What is the current estimate for your measles coverage?	MEASLES COVERAGE (%) <input type="text"/> <input type="text"/> DON'T KNOW98			
228	RECORD THE SOURCE(S) OF INFORMATION FOR % COVERAGE AND DROPOUT RATE ESTIMATES	WRITTEN REPORT A WALL GRAPH..... B OTHER W (SPECIFY) NO COVERAGE RATES Y SOURCE NOT KNOWN Z			
229	CHECK 220a: SICK CHILD CONSULTATIONS OFFERED AT FACILITY SICK CHILD CONSULTATIONS <input type="checkbox"/> ↓ NO SICK CHILD CONSULTATIONS <input type="checkbox"/> →→→				→ 300

SICK CHILD CONSULTATIONS (229-235)

A component of the IMCI standards for caring for the sick child is that the opportunity be used not only to diagnose and cure the illness but also to provide preventive services that the child may need. Thus, during every contact with the facility, the child's growth and immunization status as well as signs and symptoms of illness should be assessed. Hand-washing supplies (a,b); weighing equipment (c,d); and means to measure fever (e), count respirations (f), and provide oral rehydration if required (g,h), should be in the service delivery area for one to assume they can be used routinely (230).

Other items that have been identified as contributing to quality of care are medical protocols that the provider can refer to if questioned, the IMCI chart book for guiding the provider through the assessment process, and visual aids to increase the effectiveness of counseling to the caretaker. These also must be in the service delivery area to assume they can be used routinely (231).

Charges for sick child consultation services (232)

In the SPA, we have chosen to simply begin looking at common systems for collecting user fees. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Routine systems to support the provider in caring for sick children (233-236)

Often, for efficiency, certain practices and procedures are conducted prior to the child being seen by the provider, and the information is written down for the provider to use during assessment. These are usually activities that require a person with less training than the person conducting the consultation. Weighing and plotting the weight of the child, measuring the temperature, and assessing the immunization status (234) are common activities where facilities have this type of system.

NO.	QUESTIONS	CODE CLASSIFICATION				GO TO		
	FOR THE FOLLOWING ITEMS, CHECK FIRST TO SEE IF THE ITEM IS IN THE ROOM WHERE THE SERVICE IS BEING PROVIDED OR IN AN IMMEDIATELY ADJACENT ROOM.							
	ITEMS REQUIRED TO PROVIDE CONSULTATIONS FOR SICK CHILDREN	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
230	SUPPLIES	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	a) Hand-washing Items (soap, towel)	1	2	3	8			
	b) Water for hand-washing	1	2	3	8			
	c) Infant Scale	1	2	3→230d	8→230d	1	2	8
	d) Child Scale	1	2	3→230e	8→230e	1	2	8
	e) Thermometer	1	2	3→230f	8→230f	1	2	8
	f) Timer/Watch with second hand	1	2	3→230g	8→230g	1	2	8
	g) Jar/Pitcher for ORS	1	2	3	8			
	h) Cup and spoon	1	2	3	8			
231	PROTOCOLS/TEACHING MATERIALS							
	a) Medical Protocols for treating CHILD ILLNESS	1	2	3	8			
	b) IMCI Chart Booklet	1	2	3	8			
	c) Visual aids for teaching caretaker	1	2	3	8			
232	Does this facility routinely charge for consultation services for the sick child? IF YES, INDICATE WHICH CHARGE SYSTEMS APPLY.*	YES, FIXED FEE FOR HEALTH CARDA YES, FIXED FEE EACH CONSULTB YES, CONSULT FEE VARIES BY DIAGNOSIS.....C YES, CHARGE FOR MEDICATIONS/TESTS.....D OTHERW (SPECIFY) NOY DON'T KNOWZ						
233	Does this facility have a ROUTINE system where sick children are measured/assessed prior to the consultation for the illness?	YES 1 NO 2 DON'T KNOW 8				→235 →235		
234	IF YES, ASK TO SEE WHERE SICK CHILDREN ARE SEEN PRIOR TO THE CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.							
	PART OF ROUTINE SERVICES	OBSERVED	REPORTED DONE, NOT SEEN	NOT DONE ROUTINELY	DON'T KNOW			
	a) Take weight	1	2	3	8			
	b) Plot weight on graph	1	2	3	8			
	c) Take temperature	1	2	3	8			
	d) Assess immunization status	1	2	3	8			
	e) Other (SPECIFY)_____	1	2	3	8			

The IMCI strategy promotes that the first dose of an oral medication be provided to the child prior to leaving the facility. This ensures that treatment has started, which is important with ill children, and also will allow the provider to assess if the child can take the oral medication or not. Depending on the facility's system for distributing medications, this too may be done by someone other than the provider after the consultation (235), such as a pharmacist or a nurse who also provides health education.

If immunizations are not provided all days that sick children are served, the IMCI objective of not missing opportunities to fully immunize children cannot be achieved (236).

HEALTH INFORMATION FOR SICK CHILD CONSULTATIONS (237-240)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (237-239). Registers are also one means for assessing quality of care. This question simply assesses the presence of a register that indicates child age, symptoms, diagnosis, and treatment provided.

An improvement over registers is the maintenance of individual client records, so that the health and medical history is documented in one location (frequently on a card that the mother maintains and that can be taken to any facility where treatment is sought) (240).

Malaria test (241)

Laboratory verification of malaria increases the probability that person with symptoms of fever has been correctly diagnosed. With resistance to anti-malarial medications a persistent problem, it is advisable, when possible, to verify the diagnosis prior to providing treatment.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
235	Is there a ROUTINE system for providing the first dose of oral medication for the child by someone other than the health worker who examines the child? IF YES, ASK TO SEE WHERE THE FIRST DOSE IS PROVIDED.	YES, OBSERVED CHILD RECEIVING DOSE 1 YES, REPORTED, NOT SEEN 2 NO 3 DON'T KNOW 8	
236	Are immunizations offered in the facility on every day that sick child consultations are provided?	YES 1 NO 2 DON'T KNOW 8	
237	Is there a patient register where information on each child consultation is written? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE CHILD AGE AND DIAGNOSIS TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3	→ 239 → 239
238	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2	
239	How many sick children (below 5 years of age) received consultation services during the previous twelve (12) completed months?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	→ 240
239a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA <input type="text"/> <input type="text"/>	
240	Are individual child health cards /records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD	YES, OBSERVED CARD 1 YES, CARD NOT SEEN 2 NO INDIVIDUAL CARDS 3	
241	Does this facility provide blood tests to verify the diagnosis of malaria? (IF YES, VERIFY LABORATORY CAPACITY IN SECTION 6)	YES 1 NO 2 DON'T KNOW 8	

Section 3. Family Planning Services

This module assesses all family planning (FP) services available and the conditions under which they are provided.

Availability of FP services (300)

Consent (301a-301b)

Service availability (302-303)

The frequency with which services are offered may influence utilization of services. Knowing whether services are provided the day of the SPA data collection provides information for analyzing the service environment data.

Charges for family planning services (304)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Types of methods offered (305-306)

Routine systems to support the provider in providing FP services (307-308)

Often, for efficiency, certain practices and procedures are conducted prior to the client being seen by the provider, and the information is written down for the provider to use during assessment. These are usually activities that require a person with less training than the person conducting the consultation. Weighing and measuring blood pressure are common activities conducted under this system.

Counseling service environment (309)

Family planning services require sharing information that is often considered private and confidential. Whether the service delivery environment provides visual and auditory privacy may influence the type of information shared between the client and provider and might influence utilization of services .

Counseling aids (310a-310b)

Visual aids are believed to facilitate education and learning. Topics relevant to FP clients include not only information on FP methods but also information on STIs and HIV/AIDS. Sexually active persons are at higher risk of contracting STIs and HIV/AIDS, and condoms that are provided as a method of FP are one means to prevent transmission. Thus, STIs are an appropriate topic to integrate into FP services. Information for these topics should be available in the counseling area so that they can be used during the provider-client discussions. Personal behavior changes are particularly important for prevention of STIs, and self-awareness of side effects for FP may both alert the client to problems and relax the client when normal side effects occur. Pamphlets that can be taken home are promoted for reinforcement of education (310b). Often country-specific materials have been developed and if desired, this question should be adapted so that any materials of specific interest are included in the survey.

Service delivery protocols (310c)

Protocols are viewed as contributing to quality of care because they provide standards for providing services as well as guidelines to which providers can refer when delivering services. These must be in the service delivery area to assume they can be routinely used.

HEALTH INFORMATION FOR FAMILY PLANNING SERVICES (311-314)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained. Registers are also one means for assessing quality of care. (311-313)

NO.	QUESTIONS	CODE CLASSIFICATION			GO TO
		YES	NO	DK	
306	Does this facility conduct the following procedures?	1	2	8	
	a) Tubectomy (Female Sterilization)	1	2	8	
	b) Vasectomy (Male Sterilization)	1	2	8	
307	Does this facility have a ROUTINE system for taking measurements for FP clients prior to the consultation?	YES	NO	DK	→309 →309
		1	2	8	
308	IF YES, ASK TO SEE WHERE FAMILY PLANNING CLIENTS ARE SEEN PRIOR TO THE CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.				
	PART OF ROUTINE SERVICES	OBSERVED	REPORTED DONE, NOT OBSERVED	NOT DONE ROUTINELY	DON'T KNOW
	a) Take weight	1	2	3	8
	b) Take blood pressure	1	2	3	8
	c) Other (SPECIFY) _____	1	2	3	8
309	ASK TO SEE WHERE COUNSELING FOR FAMILY PLANNING IS PROVIDED AND INDICATE THE SETTING.		PRIVATE ROOM.....	ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER	ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER
			1	2	3
	Are any of the following available, in the counseling or the examination room?	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	ND
310a	VISUAL AIDS FOR TEACHING				
	a) Different family planning methods	1	2	3	8
	b) Visual aids for teaching about STIs	1	2	3	8
	c) Visual aids for teaching about HIV/AIDS	1	2	3	8
	d) Model for demonstrating use of condom	1	2	3	8
	e) Posters on family planning	1	2	3	8
310b	INFORMATION BOOKLET/PAMPHLET FOR CLIENT TO TAKE HOME				
	a) On family planning?	1	2	3	8
	b) On STIs?	1	2	3	8
	c) On HIV/AIDS?	1	2	3	8
310c	SERVICE DELIVERY PROTOCOLS				
	a) Reproductive health guidelines / protocols	1	2	3	8
	b) Guidelines for Syndromic diagnosis and treatment of STIs	1	2	3	8
	c) Guidelines for Clinical diagnosis of STIs	1	2	3	8
311	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE REGISTER. REGISTER MUST HAVE METHOD AND NEW/CONTINUING STATUS INDICATED FOR EACH CLIENT, TO BE VALID.		YES, REGISTER SEEN.....	YES, REGISTER NOT SEEN	NO REGISTER KEPT
			1	2	3
312	How recent is the date of the most recent entry?		WITHIN THE PAST 7 DAYS.....	> 7 DAYS	
			1	2	
313	How many TOTAL client (and continuing) received family planning during the previous twelve (12) completed months?		NUMBER OF FP CLIENTS		
313a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED		DON'T KNOW	MONTHS OF DATA.....	→314
			9998		

HEALTH INFORMATION FOR FAMILY PLANNING SERVICES (311-314)

An improvement over registers is the maintenance of individual client records, so that the health and medical history is documented in one location (frequently on a card that the client maintains and that can be taken to any facility where treatment is sought) (314).

FAMILY PLANNING CLIENT EXAMINATIONS (315-324)

Treatment of sexually transmitted infections (315)

Persons who use FP are at risk of having STIs simply by virtue of being sexually active. Thus, screening, and if necessary, treating STIs should be a routine part of services. If this service is not provided by the FP providers, but rather requires referral to another service or provider, there is a greater chance that the client will not follow-up for screening or treatment.

Environment for FP examination (316-317)

As for counseling, conducting FP examinations under conditions of privacy will provide an environment conducive to information sharing and client acceptance of examinations (317).

To conduct a pelvic examination, a good light source is needed to see the cervix (a), and a table where the woman can be positioned to facilitate examination (b). For any examination, hand-washing by the provider is important for prevention of transmission of infection (c and d) as well as the use of clean gloves (e). A container to dispose of sharp objects that may be used when inserting a method (Norplant, IUD) or providing injections decreases the chances of inadvertent sticking or cutting of clients or providers (f). Transmission of hepatitis and HIV are two pathogens persons are at highest risk of contracting when stuck by objects contaminated with another persons blood (f). Objects that will be reused should be placed in decontamination solution immediately after use to prevent inadvertent spread of infection (g) (318).

Equipment required for providing FP methods (319-323)

The examinations and equipment required for providing different FP methods vary by method. A facility should have all the equipment and supplies necessary for providing all methods they offer. Blood pressure must be measured for women receiving contraceptives with estrogen (a and b), and weight (c) should also be monitored. Needles and syringes are required for injectable methods (d) (319).

IUD and Norplant insertion require sterile gloves and an antiseptic solution for cleaning the cervix and skin prior to insertion (320-321).

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO		
314	Are individual client cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD.	YES, OBSERVED CARD.....	1	YES, CARD NOT SEEN	2	NO INDIVIDUAL CARDS.....	3	
315	Does the family planning provider(s) routinely treat STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS	1	REFERS TO OTHER PROVIDER /LOCATION.....	2	NO TREATMENT PROVIDED.....	3	
ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.								
316	If same examination room has already been observed for items in 317 and 318, note for which module the room was assessed:	ANTENATAL	1	DELIVERY	2	STI	3	→319
		NOT PREVIOUSLY SEEN	4					→319
317	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM	1	ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER.....	2	ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER.....	3	
ITEMS REQUIRED TO PROVIDE FAMILY PLANNING SERVICES		(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
318	FACILITY AND EQUIPMENT	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not determined
	a) Spotlight source (flashlight or examination light accepted)	1	2	3→318b	8→318b	1	2	8
	b) Table and stool for gynecological exam	1	2	3→318c	8→318c	1	2	8
	c) Hand-washing items (soap and towel)	1	2	3	8			
	d) Water for hand-washing	1	2	3	8			
	e) Clean gloves	1	2	3	8			
	f) Sharps container	1	2	3	8			
	g) Decontamination solution for clinical equipment	1	2	3	8			
SPECIFIC ITEMS FOR FAMILY PLANNING SERVICES		(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
319	EQUIPMENT (may be in room where measure is taken)	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not determined
	a) Blood pressure gauge	1	2	3→319b	8→319b	1	2	8
	b) Stethoscope	1	2	3→319c	8→319c	1	2	8
	c) Weighing scale	1	2	3→319d	8→319d	1	2	8
	d) Sterile needle and syringe	1	2	3	8			
320	DOES THE FACILITY OFFER THE IUD OR NORPLANT? IF YES, CHECK FOR AVAILABILITY OF EQUIPMENT	YES.....	1	NO	2			→326
321	EQUIPEMENT AND SUPPLIES FOR BOTH PROCEDURES	Observed	Reported Available	Not Available	Not Determined			
	a) Sterile gloves	1	2	3	8			
	b) Antiseptic solution (e.g.Iodine)	1	2	3	8			

In addition, there are specific pieces of equipment required for inserting the IUD (323) and Norplant (325).

322	Materials for IUD			IUD OFFERED 1 IUD NOT OFFERED..... 2		→324
323	MATERIALS FOR IUD	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED	
	a) Speculum	1	2	3	8	
	b) Sponge holding forceps	1	2	3	8	
	c) Sterile IUD kit which includes Tenacula and uterine sound	1→324	2→324	3	8	
	d) Tenacula	1	2	3	8	
	e) Uterine sound	1	2	3	8	
324	MATERIALS FOR NORPLANT			NORPLANT OFFERED..... 1 NORPLANT NOT OFFERED . 2		→400
325	a) Local anesthetic (e.g. lidocaine)	1	2	3	8	
	b) Sterile syringe and needle	1	2	3	8	
	c) Minor surgical kit with scalpel, blade, and some forceps for grasping implant	1→400	2→400	3	8	
	d) scalpel with blade	1	2	3	8	
	e) any forceps for grasping implant (artery forceps/ hemostat/ tweezers / mosquito forceps)	1	2	3	8	

Section 4. Maternal Health

This module assesses all maternal health services available, including inpatient delivery and caesarean section. The particular focus is on the environment and resources available for providing antenatal and normal delivery services.

SECTION 4a: MATERNITY CARE

Availability of antenatal and postpartum care services (400)

Normally, any service providing antenatal care also offers postpartum care. Clarification is sought, however, in case there are exceptions.

Consent (401-402)

Service availability (403-404)

The frequency with which services are offered may influence utilization of services. Knowing whether services are provided the day of the SPA data collection provides information for analyzing the service environment data.

Charges for antenatal care services (405)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Routine systems to support the provider in providing antenatal care services (406-407)

Often, for efficiency, certain practices and procedures are conducted prior to the client being seen by the provider, and the information is written down for the provider to use during assessment. These are usually activities that require a person with less training than the person conducting the consultation. Weighing and measuring blood pressure are common activities conducted under this system.

Specific antenatal care services (408-410)

Although many of the risk factors that antenatal care is to screen for can be assessed using symptoms, greater accuracy is achieved when laboratory support for diagnosis is provided. Tests that address risk factors during pregnancy include tests for hemoglobin (anemia), syphilis (STI that may be transmitted to the newborn), and urine protein (hypertensive disorder of pregnancy or pre-eclampsia) (408).

Preventive interventions that are promoted under internationally accepted standards of care include ensuring that the woman receive tetanus toxoid (TT) while pregnant to prevent newborn and maternal tetanus. Because of cold-chain issues, many programs provide TT only on specific days and often not associated with antenatal care. The chances that TT will be received by pregnant women is increased if the service is available each time a woman receives antenatal care services (a). Anti-malarial treatment should be offered at least once in high-risk areas (b). Providing counseling on family planning is also advised to encourage safe spacing of births as well as to provide general information on birth control (c). Offering voluntary counseling and testing (VCT) for HIV/AIDS is encouraged so that appropriate interventions or advice can be provided both for the woman's health and to prevent mother-to-child transmission of HIV (d).

Treatment of sexually transmitted infections (410)

Maternal STIs are associated with prematurity and other newborn health issues. Thus, screening pregnant women for STIs and treating those with infections is an important part of antenatal care. If this service is not provided by the antenatal care providers, but rather requires referral to another service or provider, there is a greater chance that the client will not followup for screening or treatment.

HEALTH INFORMATION FOR ANTENATAL CARE SERVICES (411-416)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (411-412). Registers are also one means for assessing quality of care.

To monitor coverage, statistics on number of clients and number of births (413) or estimated proportion of women who are pregnant must be available. Monitoring coverage of antenatal care coverage is an important aspect for planning and evaluating services (414-415).

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
	ASK ABOUT THE FOLLOWING TESTS AND SERVICES AS ROUTINE COMPONENTS OF ANC			
408	LABORATORY TESTS	YES	NO	DON'T KNOW
	a) Test blood for anemia?	1	2	8
	b) Test blood for Syphilis?	1	2	8
	c) Test urine for protein?	1	2	8
409	TREATMENT AND SERVICES FOR ANC CLIENTS			
	a) Are tetanus toxoid vaccination services available each day ANC services are provided?	1	2	8
	b) Is preventive anti-malarial medication routinely provided?	1	2	8
	c) Are clients routinely counseled about family planning?	1	2	8
	d) Does the facility routinely offer to provide voluntary counseling and testing for HIV/AIDS?	1	2	8
410	Does the ANC provider(s) routinely treat STIs or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIS.....1 REFERS2 NO TREATMENT PROVIDED.....3		
411a	Is there a register where client information from ANC visits is recorded? IF YES, ASK TO SEE REGISTER. ANC STATUS (1 ST OR FOLLOW-UP) MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3		→411c →411c
411b	How recent is the date of the most recent entry for ANC?	WITHIN THE PAST 7 DAYS.....1 > 7 DAYS2		
411c	How many antenatal visits (new and follow-up) took place during the previous twelve (12) complete months?	NUMBER OF ANC VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998		→412a
411d	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA <input type="text"/> <input type="text"/>		
412a	Is there a register where client information from postpartum visits is recorded? IF YES, ASK TO SEE REGISTER. DAYS PP AND INDICATION OF COMPLICATIONS OR NOT MUST BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN1 YES, REGISTER NOT SEEN.....2 NO REGISTER KEPT.....3		→412c →412c
412b	How recent is the date of the most recent entry for postpartum care?	WITHIN THE PAST 7 DAYS.....1 > 7 DAYS2		
412c	How many postpartum visits took place during the previous twelve (12) complete months?	NUMBER OF PP VISITS.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998		→413
412d	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA <input type="text"/> <input type="text"/>		
413	Do you have an estimate of the annual number of deliveries (births) in the facility's catchment area?	NUMBER OF BIRTHS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998 NO CATCHMENT AREA0000		→416 →416
414	What do you estimate is the annual antenatal coverage rate for this facility?	ANC % COVERAGE..... <input type="text"/> <input type="text"/> DON'T KNOW98		→416

An improvement over registers is the maintenance of individual client records, so that the health and medical history is documented in one location (frequently on a card that the client maintains and that can be taken to any facility where treatment is sought) (416).

ANTENATAL CARE EXAMINATIONS (417-421)

Environment for antenatal care examination (417-419)

Conducting antenatal care examinations under conditions of privacy will provide an environment conducive to information sharing and client acceptance of examinations (418).

To conduct a pelvic examination, a good light source is needed to see the cervix (a) and a table where the woman can be positioned to facilitate examination. (b) For any examination, hand-washing by the provider is important for prevention of transmission of infection (c and d) as well as the use of clean gloves (e). A container to dispose of sharp objects that may be used when finger pricking to check for hemoglobin or giving injections decreases the chances of inadvertent sticking or cutting of clients or providers. Transmission of hepatitis and HIV are two pathogens persons are at highest risk of contracting when stuck by objects contaminated with another person's blood (f). Objects that will be reused should be placed in decontamination solution immediately after use to prevent inadvertent spread of infection (g) (419).

Equipment for antenatal and postpartum examinations (420)

Routine components of good-quality antenatal care include measuring blood pressure (screening for hypertensive disorder of pregnancy) and listening to the fetal heart sounds. A thermometer and scale are required, particularly for postpartum care, to detect infections and to weigh the newborn to monitor initial health and growth.

Protocols and teaching materials (421)

Protocols are viewed as contributing to quality of care because they provide standards for providing services as well as guidelines to which providers can refer when delivering services. These must be in the service delivery area to assume they can be routinely used.

Visual aids are believed to facilitate education and learning.

Often, country-specific materials have been developed and if desired, this question should be adapted so that any materials of specific interest are included in the survey.

PROMOTION OF SAFE DELIVERIES (422-429)

Support for traditional birth attendants (TBAs) (422-423)

Whereas promotion of deliveries conducted by trained providers who are skilled beyond the level of TBAs is the goal for Safe Motherhood initiatives, in many regions and countries, the majority of births continue to be conducted at home by TBAs. Thus, promotion of safe deliveries necessitates working with TBAs. There have been mixed reviews of training programs for TBAs, with many studies indicating that training has not succeeded in getting TBAs to change dangerous practices. Studies have shown, however, that where TBAs have a formal affiliation with the formal health sector, appropriate referrals and to a lesser extent practices often do improve. Where a large proportion of deliveries are conducted by TBAs, a formal affiliation is often a policy promoted by the Ministry of Health. The extent to which this actually occurs, however, is not always monitored. The SPA will assess this information.

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO																																																																																																																																																																																							
415	RECORD THE SOURCE OF INFORMATION FOR % ANTENATAL COVERAGE ESTIMATES	WRITTEN REPORTA WALL GRAPHB OTHERW (SPECIFY) NOT KNOWNZ																																																																																																																																																																																											
416	Are individual ANC cards/records maintained? IF YES, ASK TO SEE A BLANK CARD/RECORD?	YES, OBSERVED BLANK CARD...1 YES, NO BLANK CARD OBSERVED2 NO INDIVIDUAL CARDS.....3																																																																																																																																																																																											
ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR ANTENATAL OR POSTPARTUM CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.																																																																																																																																																																																													
417	If same examination room has already been observed for items in 418 and 419, indicate for which module the room was assessed:	FAMILY PLANNING 1 DELIVERY.....2 STI.....3 NOT PREVIOUSLY SEEN.....4				→420 →420 →420																																																																																																																																																																																							
418	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM.....1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER.....2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER3																																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">419</th> <th rowspan="2">ITEMS REQUIRED TO PROVIDE ANC/PP SERVICES</th> <th colspan="4">(a) ITEM IS PRESENT? Ask for all items</th> <th colspan="3">(b) ITEM IS IN WORKING ORDER?</th> </tr> <tr> <th>Observed</th> <th>Reported Available</th> <th>Not Available</th> <th>Not Determined</th> <th>Yes</th> <th>No</th> <th>Not Determined</th> </tr> </thead> <tbody> <tr> <td></td> <td>FACILITY AND EQUIPMENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>a) Spotlight source (flashlight or examination light accepted)</td> <td>1</td> <td>2</td> <td>3→419b</td> <td>8→419b</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>b) Table and stool for gynecological exam</td> <td>1</td> <td>2</td> <td>3→419c</td> <td>8→419c</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>c) Hand-washing items (soap and towel)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d) Water for hand-washing</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>e) Clean gloves</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>f) Sharps container</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>g) Decontamination solution for clinical equipment</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>420</td> <td>EQUIPMENT (may be in room where measure is taken)</td> <td>Observed</td> <td>Reported Available</td> <td>Not Available</td> <td>Not Determined</td> <td>Yes</td> <td>No</td> <td>Not Determined</td> </tr> <tr> <td></td> <td>a) Blood pressure gauge</td> <td>1</td> <td>2</td> <td>3→420b</td> <td>8→420b</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>b) Stethoscope</td> <td>1</td> <td>2</td> <td>3→420c</td> <td>8→420c</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>c) Fetal Stethoscope</td> <td>1</td> <td>2</td> <td>3→420d</td> <td>8→420d</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>d) Thermometer</td> <td>1</td> <td>2</td> <td>3→420e</td> <td>4→420e</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td>e) Infant scale</td> <td>1</td> <td>2</td> <td>3→421</td> <td>4→421</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>421</td> <td>PROTOCOLS/TEACHING MATERIALS</td> <td>Observed</td> <td>Reported Available</td> <td>Not Available</td> <td>Not Determined</td> <td colspan="3" rowspan="3"></td> </tr> <tr> <td></td> <td>a) Guidelines/protocols for maternal health care</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td></td> <td>b) Teaching aids for ANC</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>422</td> <td>Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?</td> <td colspan="4">YES.....1 NO.....2</td> <td colspan="3">→424</td> </tr> <tr> <td>423</td> <td>Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?</td> <td colspan="4">YES, DOCUMENT SEEN1 YES, DOCUMENT NOT SEEN2 NO DOCUMENTATION.....3</td> <td colspan="3"></td> </tr> </tbody> </table>									419	ITEMS REQUIRED TO PROVIDE ANC/PP SERVICES	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?			Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined		FACILITY AND EQUIPMENT									a) Spotlight source (flashlight or examination light accepted)	1	2	3→419b	8→419b	1	2	8		b) Table and stool for gynecological exam	1	2	3→419c	8→419c	1	2	8		c) Hand-washing items (soap and towel)	1	2	3	8					d) Water for hand-washing	1	2	3	8					e) Clean gloves	1	2	3	8					f) Sharps container	1	2	3	8					g) Decontamination solution for clinical equipment	1	2	3	8				420	EQUIPMENT (may be in room where measure is taken)	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined		a) Blood pressure gauge	1	2	3→420b	8→420b	1	2	8		b) Stethoscope	1	2	3→420c	8→420c	1	2	8		c) Fetal Stethoscope	1	2	3→420d	8→420d	1	2	8		d) Thermometer	1	2	3→420e	4→420e	1	2	8		e) Infant scale	1	2	3→421	4→421	1	2	8	421	PROTOCOLS/TEACHING MATERIALS	Observed	Reported Available	Not Available	Not Determined					a) Guidelines/protocols for maternal health care	1	2	3	8		b) Teaching aids for ANC	1	2	3	8	422	Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?	YES.....1 NO.....2				→424			423	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN1 YES, DOCUMENT NOT SEEN2 NO DOCUMENTATION.....3						
419	ITEMS REQUIRED TO PROVIDE ANC/PP SERVICES	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?																																																																																																																																																																																							
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined																																																																																																																																																																																					
	FACILITY AND EQUIPMENT																																																																																																																																																																																												
	a) Spotlight source (flashlight or examination light accepted)	1	2	3→419b	8→419b	1	2	8																																																																																																																																																																																					
	b) Table and stool for gynecological exam	1	2	3→419c	8→419c	1	2	8																																																																																																																																																																																					
	c) Hand-washing items (soap and towel)	1	2	3	8																																																																																																																																																																																								
	d) Water for hand-washing	1	2	3	8																																																																																																																																																																																								
	e) Clean gloves	1	2	3	8																																																																																																																																																																																								
	f) Sharps container	1	2	3	8																																																																																																																																																																																								
	g) Decontamination solution for clinical equipment	1	2	3	8																																																																																																																																																																																								
420	EQUIPMENT (may be in room where measure is taken)	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined																																																																																																																																																																																					
	a) Blood pressure gauge	1	2	3→420b	8→420b	1	2	8																																																																																																																																																																																					
	b) Stethoscope	1	2	3→420c	8→420c	1	2	8																																																																																																																																																																																					
	c) Fetal Stethoscope	1	2	3→420d	8→420d	1	2	8																																																																																																																																																																																					
	d) Thermometer	1	2	3→420e	4→420e	1	2	8																																																																																																																																																																																					
	e) Infant scale	1	2	3→421	4→421	1	2	8																																																																																																																																																																																					
421	PROTOCOLS/TEACHING MATERIALS	Observed	Reported Available	Not Available	Not Determined																																																																																																																																																																																								
	a) Guidelines/protocols for maternal health care	1	2	3	8																																																																																																																																																																																								
	b) Teaching aids for ANC	1	2	3	8																																																																																																																																																																																								
422	Does this facility have a formal relationship with traditional birth attendants in which training or other types of support are provided to the TBAs?	YES.....1 NO.....2				→424																																																																																																																																																																																							
423	Is there any documentation available on the TBA program, e.g. lists of affiliated TBAs or TBA training records?	YES, DOCUMENT SEEN1 YES, DOCUMENT NOT SEEN2 NO DOCUMENTATION.....3																																																																																																																																																																																											

Emergency transportation (424-429)

Another component of Safe Motherhood initiatives is that emergency transportation must be available to move women to assistance when emergency obstetric events occur. Transportation is required from home to a facility, as well as from a primary facility to a referral facility. These questions should be adapted so that they reflect country-specific transportation systems.

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO																				
424	What is the most common means by which women are transported from home to this facility for help during obstetric emergencies?* IF MORE THAN ONE MOST COMMON MEANS, CIRCLE ALL THAT APPLY.	PEOPLE CARRY A ANIMAL DRAWN VEHICLE B MOTOR VEHICLE C COMBINATION OF ABOVE D OTHER W DON'T KNOW 8																								
425	Does this facility have a procedure for transporting women to another facility if necessary in an obstetric emergency? IF THIS IS THE REFERRAL FACILITY, RECORD "4" FOR "REFERRAL FACILITY".	YES 1 NO 2 REFERRAL FACILITY 4 DON'T KNOW 8				→428 →430 →428																				
426	Which of the following best describes the emergency transportation procedure most commonly used by this facility:*	AVAILABILITY <table border="1" data-bbox="878 548 1409 800"> <thead> <tr> <th data-bbox="878 548 976 611">24 Hours</th> <th data-bbox="976 548 1214 611">Normal facility hours (<24 Hours)</th> <th data-bbox="1214 548 1325 611">No set times</th> <th data-bbox="1325 548 1409 611">Not used</th> </tr> </thead> <tbody> <tr> <td data-bbox="878 611 976 642">1</td> <td data-bbox="976 611 1214 642">2</td> <td data-bbox="1214 611 1325 642">3</td> <td data-bbox="1325 611 1409 642">8</td> </tr> <tr> <td data-bbox="878 642 976 705">1</td> <td data-bbox="976 642 1214 705">2</td> <td data-bbox="1214 642 1325 705">3</td> <td data-bbox="1325 642 1409 705">8</td> </tr> <tr> <td data-bbox="878 705 976 737">1</td> <td data-bbox="976 705 1214 737">2</td> <td data-bbox="1214 705 1325 737">3</td> <td data-bbox="1325 705 1409 737">8</td> </tr> <tr> <td data-bbox="878 737 976 800">1</td> <td data-bbox="976 737 1214 800">2</td> <td data-bbox="1214 737 1325 800">3</td> <td data-bbox="1325 737 1409 800">8</td> </tr> </tbody> </table>				24 Hours	Normal facility hours (<24 Hours)	No set times	Not used	1	2	3	8	1	2	3	8	1	2	3	8	1	2	3	8	
24 Hours	Normal facility hours (<24 Hours)	No set times	Not used																							
1	2	3	8																							
1	2	3	8																							
1	2	3	8																							
1	2	3	8																							
427	Is the vehicle available and operational today? If yes, may I see the vehicle?	YES SEEN/FUNCTIONING 1 YES SEEN/NOT FUNCTIONING 2 VEHICLE AWAY FOR EMERGENCY 3 NOT SEEN 4				→429 →429 →429 →429																				
428	What is the most common means women by which women are transported from this facility to the nearest referral facility to receive help during an obstetric emergency?	PEOPLE CARRY A ANIMAL DRAWN VEHICLE B MOTOR VEHICLE C COMBINATION OF ABOVE D OTHER W DON'T KNOW Z																								
429	How long does it take, using this form of transportation, to get to the nearest referral facility? (NOTE: IF CALL ELSEWHERE TO OBTAIN VEHICLE, RECORD AVERAGE TIME FROM CALL TO PATIENT ARRIVAL AT REFERRAL FACILITY)	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																								

SECTION 4b. DELIVERY AND NEWBORN CARE

Availability of delivery services (430)

Consent (431a-431b)

Charges for delivery services (432)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Delivery services (433)

Deliveries occur at all times of the day and night; thus, a facility must provide staff who can conduct deliveries 24 hours a day to meet the needs of women in the community. It is assumed that a facility with delivery staff available 24 hours will be more likely to be utilized overall, for deliveries.

HEALTH INFORMATION FOR DELIVERY SERVICES (434-437)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (434-434a). Registers are also one means for assessing quality of care provided.

To monitor coverage, statistics on number of attended births and number of births or expected births (435 and 413) must be available.

Monitoring coverage of attended deliveries is an important aspect for planning and evaluating services (436-437).

HOME DELIVERIES (438-440)

For regions where home deliveries are common, some facilities send skilled providers to either conduct home deliveries or to provide emergency assistance to less skilled delivery service providers (e.g., TBAs) when required. For this service to have the most impact on safe deliveries, clients need to know that the service is routinely available. If a provider goes to a home, emergency supplies should be taken to provide the maximum support. The list of supplies should be adapted so that they are country specific.

DELIVERY SERVICE CONDITIONS (441-451)

Environment for delivery services (441-443)

Conducting deliveries under conditions of privacy will provide an environment conducive to client acceptance of services (442).

To conduct a delivery, a good light source is necessary to see the perineal area to manage complications that may occur (a and b). For any examination, hand-washing by the provider is important for prevention of transmission of infection (c and d) as well as the use of clean gloves (e). A container to dispose of sharp objects that may be used when performing an episiotomy, cutting the umbilical cord, or giving injections decreases the chances of inadvertent sticking or cutting of clients or providers. Transmission of hepatitis and HIV are two pathogens persons are at highest risk of contracting when stuck by objects contaminated with another person's blood (f). Objects that will be reused should be placed in decontamination solution immediately after use to prevent inadvertent spread of infection (g) (443).

Equipment for delivery services (444)

Equipment needed for deliveries depends on the course of labor and delivery. These lists should be adapted so that they adhere to country-specific standards. Generally, the following should be available: 24-hour lighting should be available, for night deliveries (a); a skin antiseptic (to clean the perineal area (b); intravenous infusions and emergency medications to manage the most common complications encountered during deliveries (such as excessive bleeding, ineffective labor), and repair of tears or episiotomies (c-g); and scissors or a blade to cut the umbilical cord (h).

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO		
436	What percentage of deliveries in your catchment area are conducted by this facility? (e.g. your annual coverage rate?).	% COVERAGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW98 NO CATCHMENT AREA00			 →438 →438
437	RECORD THE SOURCE OF INFORMATION FOR DELIVERY COVERAGE ESTIMATE	WRITTEN REPORTA WALL GRAPHB OTHERW (SPECIFY) NOT KNOWNZ			
438	Do midwives routinely provide home-deliveries or attend home delivery emergencies as a part of the facility service?	YES, ROUTINELY1 YES, EMERGENCY ONLY.....2 NO.....3	→441		
439	Is there home delivery bag?	YES1 NO2	→441		
440	ASK TO SEE THE DELIVERY BAG AND INDICATE WHETHER THE ITEMS LISTED ARE PRESENT OR NOT.	YES NO DK SOAP1 2 8 SCISSOR/BLADE1 2 8 CLAMP/UMBILICAL TIE....1 2 8 ERGOMETRINE ORAL1 2 8 ERGOMETRINE INJ W/ SYRINGE AND NEEDLE 1 2 8			
ASK TO SEE THE ROOM WHERE NORMAL DELIVERIES ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE DELIVERY IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.					
441	If same examination room has already been observed for items in 442and 443, indicate for which module the room was assessed:	FAMILY PLANNING 1 ANTENATAL 2 STI 3 NOT PREVIOUSLY SEEN..... 4	→444 →444 →444		
442	DESCRIBE THE SETTING FOR THE DELIVERY ROOM	PRIVATE ROOM..... 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER..... 2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER 3			
	ITEMS REQUIRED TO PROVIDE DELIVERY SERVICES	(a) ITEM IS PRESENT? Ask for all items	(b) ITEM IS IN WORKING ORDER?		
443	FACILITY AND EQUIPMENT	Observed Reported Not Available Not Determined	Yes No Not Determined		
	a) Spotlight source (flashlight or examination light accepted)	1 2 3→443b 8→443b	1 2 8		
	b) Table and stool for delivery	1 2 3→443c 8→443c	1 2 8		
	c) Hand-washing items (soap and towel)	1 2 3 8			
	d) Water for hand-washing	1 2 3 8			
	e) Clean gloves	1 2 3 8			
	f) Sharps container	1 2 3 8			
	g) Decontamination solution for clinical equipment	1 2 3 8			
444	OTHER EQUIPMENT/SUPPLIES				
	a)24-hour functioning light source?(Lantern acceptable)	1 2 3→444b 8→444b	1 2 8		
	b) Skin antiseptic (e.g. chlorhexidine; savlon; detol)	1 2 3 8			
	c) Intravenous infusion set	1 2 3 8			

Equipment for newborns (445)

Equipment needed for initial care of the newborn depends on the course of labor and delivery. These lists should be adapted so that they adhere to country-specific standards. The most common emergency equipment, as delivery services become more technically advanced, includes equipment to support the newborn who is initially having respiratory distress (a) and a table where the baby can be placed while providing assistance (b), as well as an incubator for premature infants (c). A baby scale is used to measure newborn weight (d), which is an indicator often used for effectiveness of antenatal care and an indicator for risk of neonatal death. The most common supplies required for any birth are a bulb mucous extractor for clearing the newborn airway (e), ties for the umbilical cord (f), and a blanket (for warmth) to wrap the newborn (g).

Protocols and teaching materials (446)

Protocols are viewed as contributing to quality of care because they provide standards for providing services as well as guidelines to which providers can refer when delivering services. These must be in the service delivery area to assume they can be routinely used.

The partograph is a chart that provides guidance to delivery service providers for monitoring labor and delivery, including early identification of high-risk situations. This is promoted as a Safe Motherhood initiative to aid the delivery service provider.

NEWBORN CARE (447-457)

Rooming-in is encouraged to promote breast feeding (447). Routinely providing vitamin A to the mother is promoted to increase the vitamin A available in breast milk (448). In promoting safe newborn care, there are practices that are being discouraged as well as those being encouraged by international organizations. Suctioning newborns (449) with a catheter is potentially dangerous. Routine weighing of newborns (450) is encouraged for monitoring antenatal care and risk of neonatal deaths. Routinely providing pre-lactates (451) may increase risk of illness in the infant. Routinely providing oral polio vaccine (452) and BCG (453) at birth is a policy promoted by the United Nations Children's Fund (UNICEF) to increase the probability that infants will be fully immunized and to minimize the chances of an infant contracting polio early in life. Routinely bathing newborns by immersing them in water (454) may increase hypothermia.

COMPLICATED DELIVERIES (455-463)

Equipment for complicated deliveries (455-456)

Occasionally, the strength of labor contractions is insufficient to result in delivery. At those times, some assistance is required. That assistance may take the form of labor-augmenting medication, forceps, or the ventous (vacuum extractor). Although advanced skill is required to safely use forceps, the vacuum extractor is relatively simple and safe.

ITEMS FOR DELIVERY SERVICES		ITEM IS PRESENT? Ask for all items				VALID EXPIRY DATE		
		Observed	YES	NO	Not Determined	Yes	No	Not Determined
	d) Intravenous: either Ringers lactate, D5NS, or NS infusion	1	2	3	8	1	2	8
	e) Injectable ergometrine	1	2	3	8	1	2	8
	f) Syringes and needles?	1	2	3	8			
	G) Suture material w/needle	1	2	3	8			
	H) Sterile scissors/blade	1	2	3	8			
	I) Needle Holder	1	2	3	8			
						ITEM IS IN WORKING ORDER?		
445 SUPPLIES FOR BABY						Yes	No	Not Determined
	a) Bag and mask or tube and mask (baby) for resuscitation	1	2	3→445b	8→445b	1	2	8
	b) Resuscitation table for baby	1	2	3	8			
	c) Heat source	1	2	3→445d	8→445d	1	2	8
	d) Baby scale	1	2	3→445e	8→445e	1	2	8
	e) Mucous extractor	1	2	3→445f	8→445f	1	2	8
	f) Cord ties or clamps	1	2	3	8			
	g) Towel/blanket to wrap baby	1	2	3	8			
446 PROTOCOLS/EDUCATIONAL MATERIALS								
	a) Guidelines for delivery care/emergency care?	1	2	3	8			
	b) Partographs	1	2	3	8			
447	Is rooming-in the normal practice in this facility? That is, does the baby stay in the same room with the mother?	YES.....1 NO.....2 DON'T KNOW.....8						
448	Does this facility routinely provide Vitamin A to the mother prior to discharge?	YES.....1 NO.....2 DON'T KNOW.....8						
NOW, I WANT TO ASK YOU ABOUT ROUTINE PRACTICES FOR THE NEWBORN INFANT. THAT IS, THE ACTIVITY OCCURS FOR ESSENTIALLY ALL NEWBORNS. PLEASE INDICATE WHICH OF THE FOLLOWING ARE DONE/PROVIDED ROUTINELY:								
				YES	NO	DON'T KNOW		
449	Suction newborn using catheter?	1			2	8		
450	Weigh newborn ?	1			2	8		
451	Give pre-lacteal liquids?	1			2	8		
452	Give first dose of OPV prior to discharge?	1			2	8		
453	Give BCG prior to discharge?	1			2	8		
454	Give full bath (emerge in water) within first 24 hours?	1			2	8		
455	Does this facility handle assisted deliveries, that is using forceps or ventous (vacuum extractor)?	YES.....1 NO.....2			→457			
456 CHECK IF THE FOLLOWING EQUIPMENT IS AVAILABLE IN THE DELIVERY ROOM OR AN IMMEDIATELY ADJACENT ROOM		ITEM IS PRESENT? Ask for all items				ITEM IS IN WORKING ORDER?		
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	a) Forceps?	1	2	3→456b	8→456b	1	2	8
	b) Ventouse (vacuum extractor)?	1	2	3→457	8→457	1	2	8

Equipment for complicated deliveries (457-458)

Occasionally, there are placental remains either post-delivery or post-spontaneous abortion. The manual vacuum aspirator or other equipment may be used to extract these remains. The equipment used for this procedure may vary by country.

Blood transfusion (459)

One of the more common and most dangerous complications of birth is hemorrhage. The most effective means for managing large amounts of blood loss is blood transfusion.

Review of near misses (460)

As a part of quality assurance, review of cases that result in death or nearly result in death is encouraged. During this type of review, providers assess available information from antenatal care, the course of labor, through birth to evaluate whether there were signs of problems that were missed or interventions that might have averted the death or near death. This information is used for evaluating practices and planning interventions.

CAESAREAN SECTION (461-465)

For the purposes of the SPA, only the most basic equipment and facilities for caesarean section are assessed. A thorough assessment of caesarean sections would require a separate module. The basic facility for conducting a caesarean section has been defined as having an operating table and light, a scrub area, and sterilized instruments (462). The need for caesarean sections occurs 24 hours a day; thus, to meet emergency needs, the service should be available 24 hours a day (463).

Knowing the number of caesarean sections and the most recent date will provide some indicators relevant to quality. Persons who rarely conduct caesarean sections may need to review their skills. Furthermore, if the capacity exists but is rarely used, one might want to determine whether the assessment of need for caesarean intervention is appropriate or not.

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO		
457	Is this facility able to perform vacuum aspiration for a woman with retained products of conception?	YES.....	1	NO.....	2	→459		
458	ASK TO SEE THE MVA OR OTHER MEANS FOR REMOVING RETAINED PRODUCTS OF CONCEPTION	ITEM IS PRESENT? Ask for all items				ITEM IS IN WORKING ORDER?		
		Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	a) Manual vacuum aspirator	1	2	3→458b	8→458b	1	2	8
	b) Dilate and curatage (D&C) kit	1	2	3→458c	8→458c	1	2	8
	c) Other (specify) _____	1	2	3→459	8→459	1	2	8
459	Does this facility conduct blood transfusion? IF YES, IS THERE A BLOOD BANK OR ARE THERE TRANSFUSION SERVICES ONLY?	YES, BLOOD BANK 1 YES, TRANSFUSION, NO BLOOD BANK 2 NO BLOOD TRANSFUSION 3						
460	Does the facility participate in regular reviews of maternal or newborn deaths or "near miss deaths"?	YES, FOR MOTHERS 1 YES, FOR NEWBORNS 2 YES, FOR BOTH 3 NO DO NOT PARTICIPATE 4						
461	Does this facility <u>ever</u> perform Caesarean Section?	YES..... 1 NO..... 2				→500		
	ASK TO SEE THE ROOM WHERE CAESAREAN SECTIONS ARE PERFORMED. CHECK WHETHER THE FOLLOWING EQUIPMENT & SUPPLIES ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT ROOM							
		(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
462	FACILITY AND EQUIPMENT	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	a) Operating table	1	2	3→462b	8→462b	1	2	8
	b) Operating light	1	2	3→462c	8→462c	1	2	8
	c) Scrub area adjacent to or in the operating room	1	2	3	8			
	d) Tray with sterilized instruments ready for use	1	2	3	8			
463	Does this facility have a health worker who can perform a caesarean section present in the facility or on call 24 hours a day (including weekends)	YES, PRESENT..... 1 YES, ON CALL 2 NO..... 3						
464	How many caesarean sections were conducted at this facility during the past twelve (12) completed months?	NO. CAESAREAN... <input type="text"/> <input type="text"/> <input type="text"/>				DON'T KNOW..... 998		
464a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA <input type="text"/> <input type="text"/>						
465	What is the date of the last caesarean section? TAKE THE DATE FROM A REGISTER OR REPORT FORM.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>				YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		DON'T KNOW..... 9998						

Section 5. STI and HIV AIDS Services

This module assesses the availability of services for diagnosing and treating sexually transmitted illnesses as well as all services related to HIV/AIDS counseling, testing, management, and preventive activities.

Availability of STI or HIV/AIDS services (500)

Consent (501-501a)

STI SERVICES (502-516)

Service availability for general STIs (502-503a)

STI services and HIV/AIDS services may not be provided in the same location. To capture the various program approaches for addressing the two types of illnesses, each is addressed separately in the SPA. Some programs address STIs through specific clinics, and some maintain STI services with general curative services. The two approaches may have a different impact on utilization depending on the cultural context and the sex of the client. Thus, information about the service setting is important for analysis of the data. The frequency with which services are offered may influence utilization of services. Knowing whether services are provided the day of the SPA data collection provides information for analyzing the service environment data.

Charges for STI services (503b)

Evaluating financial aspects of health services requires extensive information. In the SPA, we have chosen to simply begin looking at activities or items for which user fees are commonly assessed. User fees may impact services by limiting access to poor clients and/or improve services by increasing available funds to pay staff or maintain some aspects of running costs for the services.

Diagnostic basis for STIs (504)

Although the correct diagnosis of specific STIs is best provided through laboratory identification of the pathogen, many facilities do not have the required laboratory support. World Health Organization (WHO) and other health organizations have promoted a syndromic approach for diagnosing STIs where there is no laboratory support. This approach relies on symptoms and diagnostic trees to guide providers toward the most probable diagnosis and appropriate treatment. The syndromic approach has its critics, but still overall is believed to provide guidance that results in more appropriate treatment than that provided without specific protocols to guide providers.

Client protection (505)

STIs are frequently associated with social stigma. As a result, clients often will not seek treatment or will seek places where they feel they can receive anonymous treatment. As encouragement to seek good-quality treatment and to identify possibly infected partners, most clients require some confidence that their privacy will be protected. A confidentiality protocol enforces the responsibility of providers to protect the privacy of clients and reassures clients that they can openly share information without fear of being targeted for potential abuse. An informed consent protocol for STI testing protects clients from fear that laboratory tests may be used to identify a socially stigmatized illness without their knowledge. Both of these policies provide protection from potential abuse of client privacy and are expected to result in greater client confidence in the services.

Partner notification (506)

STIs are communicable diseases that are frequently shared by sexual partners. Thus, a primary component of treatment and preventing reinfection is to treat both partners. Many times, an infected client may not want his or her partner to know that he or she has an STI, but the partner still requires testing and, if infected, treatment. In those cases, facilities may offer to notify potentially infected partners that they may be infected without associating the infection with the client (active partner notification). If clients are assured that they will remain anonymous, they may be more willing to provide sexual partner information.

HEALTH INFORMATION FOR DELIVERY SERVICES (507-509b)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (507-508a). Registers are also one means for assessing quality of care.

Information on the numbers of diagnosed and treated clients, as well as on the specific diagnoses, allows epidemiologists and public health personnel to follow changes in illness patterns and to develop appropriate interventions to decrease the public health impact of STIs (509-509b).

Counseling service environment (510)

Counseling for STIs requires sharing of information that is often considered private and confidential. Whether the service delivery environment provides visual and auditory privacy may influence the type of information shared between the client and provider and might influence utilization of services.

Counseling aids (511)

Visual aids are believed to facilitate education and learning. Information on STIs and HIV/AIDS should be available in the counseling area so that it can be used during the provider-client discussions. Personal behavior changes are particularly important for prevention of STIs. Pamphlets that can be taken home are promoted for reinforcement of education. Often, country-specific materials have been developed, and if desired, this question should be adapted so that any materials of specific interest are included in the survey.

Service delivery protocols (512)

Protocols are viewed as contributing to quality of care because they provide standards for providing services as well as guidelines to which providers can refer when delivering services. These must be in the service delivery area to assume they can be routinely used.

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
506	Does the facility normally perform partner notification or follow-up? IF YES, IS THIS EVER ACTIVE (FACILITY CONTACTS PARTNERS) OR ONLY PASSIVE (FACILITY ASKS CLIENT TO BRING/INFORM PARTNERS)	YES, SOMETIMES ACTIVE	1		
		YES, ONLY PASSIVE	2		→507
		NO.....	3		→507
506a	Do you have a form/referral form or register where clients for active follow-up are listed? IF YES, ASK TO SEE.	YES, FORM SEEN	1		
		YES, REGISTER SEEN	2		
		YES, FORM/REGISTER NOT SEEN.....	3		
		NO FORM/REGISTER	4		
507	Is there a register where STI consultation information is recorded? IF YES, ASK TO SEE REGISTER. CLIENT NAME, AGE, SEX, AND DIAGNOSIS MUST BE INDICATED FOR REGISTER TO BE VALID.	YES, REGISTER SEEN	1		
		YES, REGISTER NOT SEEN.....	2		→509
		NO REGISTER KEPT.....	3		→509
507a	Does the register indicate a specific type of STI diagnosed?	YES.....	1		
		NO.....	2		
508	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS.....	1		
		> 7 DAYS	2		
509	RECORD THE NUMBER OF CLIENTS WHO RECEIVED STI SERVICES DURING THE LAST TWELVE (12) COMPLETED MONTHS	NUMBER OF STI CLIENTS.....		<input type="text"/>	
509a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	DON'T KNOW.....	998		
		MONTHS OF DATA.....		<input type="text"/>	
509b	Do you submit an official report externally (usually to the MoH or a public health agency) which indicate the numbers and types of STIs diagnosed? IF YES, is the report generated from consultation records or from the laboratory?	YES, CONSULTATION	1		
		YES, LABORATORY	2		
		YES, BOTH.....	3		
		NO.....	4		
510	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH SUSPECTED STI'S IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM	1		
		ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER	2		
		ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER.....	3		
511	Are any of the following available, in the counseling or the examination room?	Observed	Reported Available	Not Available	Not Determined
	Visual Aids for Teaching				
	a) About STIs	1	2	3	8
	b) About HIV/AIDS	1	2	3	8
	c) Model for demonstrating use of condom	1	2	3	8
	Information Booklet/Pamphlet for Client to take home:				
	d) On STIs	1	2	3	8
	e) On HIV/AIDS	1	2	3	8
	f) Are there Condoms present in the room?	1	2	3	8
512	Service Delivery Protocols				
	a) Clinical guidelines for diagnosing and treating STI?	1	2	3	8
	b) Guidelines for using syndromic approach for diagnosing and treating STI's	1	2	3	8
	c) Guidelines for diagnosing HIV/AIDS?	1	2	3	8
	d) Clinical guidelines for treating HIV/AIDS? (e.g. opportunistic infection, anti-retroviral therapy)	1	2	3	8

STI CLIENT EXAMINATIONS (513-516)

Environment for STI examination (514)

A good-quality examination for STIs for both males and females requires exposure of the genital area. As with counseling, conducting STI examinations under conditions of privacy will provide an environment conducive to information sharing and client acceptance of examinations.

To conduct a pelvic examination, a good source of light is needed to see the cervix (a) and a table where a woman can be positioned to facilitate examination (b). For any examination, hand-washing by the provider is important for prevention of transmission of infection (c and d) as well as using clean gloves (e). A container to dispose of sharp objects that may be used when inserting a method (Noplant, IUD) or providing injections decreases the chances of inadvertent sticking or cutting of clients or providers. Transmission of hepatitis and HIV are two pathogens persons are at highest risk of contracting when stuck by objects contaminated with another person's blood (f). Objects that will be reused should be placed in decontamination solution immediately when use is finished to prevent inadvertent spread of infection (g) (515).

Equipment and supplies for STI examination (516)

These supplies are used for examination and for taking specimens for laboratory examination.

HIV/AIDS (517-538)

Service availability for HIV/AIDS (517)

VOLUNTARY COUNSELING AND TESTING (518-523a)

VCT services (519-520)

VCT may be offered as a service separate from the general facility health services or may be integrated with facility health services. The service suggests that people who might be at risk for HIV/AIDS be tested even if they have no symptoms of illness. If treatment is not available at the VCT facility, the program should have follow-up and referral protocols for clients who are found to be positive. These questions ascertain which of the standard follow-up activities are addressed by the VCT program and how often.

	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR STIS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.							
513	If same examination room has already been observed for items in 514 and 515, indicate for which module the room was assessed:	FAMILY PLANNING 1				→516		
		DELIVERY 2				→516		
		ANTENATAL..... 3				→516		
		NOT PREVIOUSLY SEEN 4						
514	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM..... 1						
		ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER..... 2						
		ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER 3						
	ITEMS REQUIRED FOR STI EXAMINATION	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
515	FACILITY AND EQUIPMENT	Observed	Reported Available	Not Available	Not Determined	Yes	No	Not Determined
	a) Spotlight source (flashlight or examination light accepted)	1	2	3→515b	8→515b	1	2	8
	b) Table and stool for gynecological exam	1	2	3→515c	8→515c	1	2	8
	c) Hand-washing items (soap and towel)	1	2	3	8			
	d) Water for hand-washing	1	2	3	8			
	e) Clean gloves	1	2	3	8			
	f) Sharps container	1	2	3	8			
	g) Decontamination solution for clinical equipment	1	2	3	8			
516	OTHER EQUIPMENT							
	a) Speculum	1	2	3	8			
	b) Swab sticks	1	2	3	8			
517	Now I want to ask you specifically about any services related to HIV or AIDS. Does this facility offer any services related to HIV/AIDS?	YES..... 1				→536		
		NO..... 2						
518	Does this facility offer voluntary counseling and testing (VCT) for HIV?	YES..... 1				→524		
		NO..... 2						
519	Are VCT services offered in a special clinic or through general outpatient services?	SPECIAL CLINIC..... 1						
		GENERAL OUTPATIENT..... 2						
		OTHER 6 (SPECIFY)						
520	When a VCT client is found to be positive, indicate how often clients are referred elsewhere or services are provided by the facility for the following:	REFERRED OR SERVICE IS PROVIDED			DON'T KNOW			
		ALWAYS	SOMETIMES	RARE/ NEVER				
	a) Medical treatment and follow-up	1	2	3	8			
	b) Diagnosis for TB	1	2	3	8			
	c) Home-based care services	1	2	3	8			
	d) Counseling on prevention of mother-to-child transmission	1	2	3	8			
	e) Family planning service	1	2	3	8			
	f) PLHA (Persons Living With HIV/AIDS) support group	1	2	3	8			
	g) Other social services	1	2	3	8			

Client information (521-523a)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (521-522). Registers are also one means for assessing quality of care provided.

Information on the number of tested clients allows epidemiologists and public health personnel to assess disease patterns by evaluating the numbers and types of persons who are being tested and any changes in proportion of positives within these groups. This information will help public health planners develop appropriate interventions to decrease the public health impact of HIV/AIDS (523-523a).

HIV/AIDS TREATMENT AND FOLLOWUP (524-538)

HIV/AIDS services (525-526a)

The needs of HIV-positive and symptomatic AIDS clients are extensive and require a multi-disciplinary approach. The SPA assesses the extent to which the total package of services that should ideally be provided are available at the facility as well as those services the facility commonly uses through referral. This information provides a baseline from which service needs can be assessed and addressed.

Counseling service environment (527)

Counseling for HIV/AIDS requires sharing information that is often considered private and confidential. Whether the service delivery environment provides visual and auditory privacy may influence the type of information shared between the client and provider and might influence utilization of services.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																																	
521	Is there a register where VCT client information is recorded? IF YES, ASK TO SEE REGISTER. DATE AND RESULT OF TEST SHOULD BE INDICATED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN..... 2 NO REGISTER KEPT..... 3	→523 →523																																																																	
522	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS..... 1 > 7 DAYS..... 2																																																																		
523	RECORD THE NUMBER OF NEW CLIENTS WHO RECEIVED VCT SERVICES DURING THE LAST TWELVE (12) COMPLETED MONTHS	NUMBER OF HIV CLIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 998 MONTHS OF DATA..... <input type="text"/> <input type="text"/>	→524																																																																	
523a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED																																																																			
524	Does this facility provide any diagnostic, follow-up, or treatment for HIV/AIDS, apart from VCT?	YES..... 1 NO..... 2	→536																																																																	
525	FOR EACH OF THE FOLLOWING HIV/AIDS RELATED SERVICES, INDICATE IF THE FACILITY PROVIDES THE SERVICE, REFERS ELSEWHERE, OR DOES NOT PROVIDE THE SERVICE OR REFERRAL.																																																																			
		<table border="1"> <thead> <tr> <th colspan="3">PROVIDE SERVICE</th> <th rowspan="2">Refer else where</th> <th rowspan="2">No service/ no referral</th> <th rowspan="2">Don't Know</th> </tr> <tr> <th>Out Patient</th> <th>In Patient</th> <th>Both out and in</th> </tr> </thead> <tbody> <tr> <td>a) Tuberculosis diagnose & treat</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>b) Opportunistic infections/ diagnose & treat</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>c) Palliative (management of pain and terminal care)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>d) Family planning services</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>e) Counseling on prevention of mother to child transmission</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>f) Psycho-social services</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>g) Counseling/training for home care</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>h) Anti-retroviral Therapy</td> <td>1</td> <td>2</td> <td>3</td> <td>4→527</td> <td>5→527</td> <td>8→527</td> </tr> </tbody> </table>	PROVIDE SERVICE			Refer else where	No service/ no referral	Don't Know	Out Patient	In Patient	Both out and in	a) Tuberculosis diagnose & treat	1	2	3	4	5	8	b) Opportunistic infections/ diagnose & treat	1	2	3	4	5	8	c) Palliative (management of pain and terminal care)	1	2	3	4	5	8	d) Family planning services	1	2	3	4	5	8	e) Counseling on prevention of mother to child transmission	1	2	3	4	5	8	f) Psycho-social services	1	2	3	4	5	8	g) Counseling/training for home care	1	2	3	4	5	8	h) Anti-retroviral Therapy	1	2	3	4→527	5→527	8→527	
PROVIDE SERVICE			Refer else where	No service/ no referral	Don't Know																																																															
Out Patient	In Patient	Both out and in																																																																		
a) Tuberculosis diagnose & treat	1	2	3	4	5	8																																																														
b) Opportunistic infections/ diagnose & treat	1	2	3	4	5	8																																																														
c) Palliative (management of pain and terminal care)	1	2	3	4	5	8																																																														
d) Family planning services	1	2	3	4	5	8																																																														
e) Counseling on prevention of mother to child transmission	1	2	3	4	5	8																																																														
f) Psycho-social services	1	2	3	4	5	8																																																														
g) Counseling/training for home care	1	2	3	4	5	8																																																														
h) Anti-retroviral Therapy	1	2	3	4→527	5→527	8→527																																																														
526	# NEW CLIENTS WHO RECEIVED ANITRETROVIRAL THERAPY DURING LAST 12 COMPLETED MONTHS	# CLIENTS W/ ANTIRET. TX <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 MONTHS OF DATA..... <input type="text"/> <input type="text"/>	→527																																																																	
526a	IF DATA IS NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED																																																																			
527	ASK TO SEE WHERE CONSULTATION FOR HIV/AIDS CLIENTS IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM..... 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER..... 2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER 3 SAME ROOM AS STI CLIENTS 4	→529																																																																	

Counseling aids (528)

Visual aids are believed to facilitate education and learning. Information on HIV/AIDS should be available in the counseling area so that it can be used during the provider-client discussions. Personal behavior changes are particularly important for prevention of transmission of HIV/AIDS. Pamphlets that can be taken home are promoted for reinforcement of education. Often, country-specific materials have been developed, and if desired, this question should be adapted so that any materials of specific interest are included in the survey.

HIV/AIDS CLIENT EXAMINATIONS (529-532)

Environment for HIV/AIDS client examination (530)

As with counseling, providing the examination and treatment counseling for HIV/AIDS clients under conditions of privacy will provide an environment conducive to information sharing and client acceptance of examinations.

For any examination of clients, hand-washing by the provider is important for prevention of transmission of infection as well as using clean gloves (531).

Client protection and standards (532)

HIV/AIDS is frequently associated with social stigma. As a result, clients often will not seek treatment or will seek places where they feel they can receive anonymous treatment. As encouragement to seek good-quality treatment most clients require some confidence that their privacy will be protected. A confidentiality protocol enforces the responsibility of providers to protect the privacy of clients and reassures clients that they can openly share information without fear of being targeted for potential abuse. An informed consent protocol for HIV/AIDS indicates the information that all clients should have. This may include information that they are being tested for HIV, and information on side-effects from treatment medications. This type of policy provides protection from potential abuse of client privacy and is expected to result in greater client confidence in the services.

Client information (533-535)

To improve Health Information System data, which is the basis for health planning in most countries, registers must be maintained (533-534). Registers are also one means for assessing quality of care.

Information on the number of HIV/AIDS clients who are receiving treatment allows epidemiologists and public health personnel to assess the proportion of estimated infected persons who are under observation and treatment. This information will help public health planners and service providers develop appropriate interventions to decrease the public health impact of HIV/AIDS and to increase the standard of life for infected clients (535-535a).

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
528a	Are any of the following available, in the counseling or the examination room?	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
	Visual Aids for Teaching				
	a) About STIs	1	2	3	8
	b) About HIV/AIDS	1	2	3	8
	c) Model for demonstrating use of condom Information Booklet/Pamphlet for Client to take home:	1	2	3	8
	d) On STIs	1	2	3	8
	e) On HIV/AIDS	1	2	3	8
	f) Are there Condoms present in the room?	1	2	3	8
528b	Service Delivery Protocols				
	a) Clinical guidelines for diagnosing and treating STI?	1	2	3	8
	b) Guidelines for using syndromic approach for diagnosing and treating STI's	1	2	3	8
	c) Guidelines for diagnosing HIV/AIDS?	1	2	3	8
	d) Clinical guidelines for treating HIV/AIDS? (e.g. opportunistic infection, anti-retroviral therapy)	1	2	3	8
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR HIV/AIDS CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.				
529	If same examination room has already been observed for items in 530 and 531, indicate for which module the room was assessed:	FAMILY PLANNING 1 DELIVERY 2 ANTENATAL 3 STI 4 NOT PREVIOUSLY SEEN 5			→532 →532 →532 →532
530	DESCRIBE THE SETTING FOR THE EXAMINATION ROOM	PRIVATE ROOM 1 ROOM WITH OTHER PEOPLE W/ SEPARATING BARRIER 2 ROOM WITH OTHER PEOPLE AND NO VISUAL BARRIER 3			
531	Are any of the following available, in the examination room or immediately adjacent?	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
	a) Hand-washing items (Soap, Towel)	1	2	3	8
	b) Water for hand-washing	1	2	3	8
	c) Clean gloves	1	2	3	8
532	Does this facility have protocols on the following? FOR EACH ASK IF THE PROTOCOL EXISTS AND ASK TO SEE A COPY				
	a) Confidentiality protocol for HIV/AIDS Clients?	1	2	3	8
	b) Informed consent protocol for HIV/AIDS Clients?	1	2	3	8
	c) Written protocols for referrals for HIV/AIDS clients for care and support services?	1	2	3	8
533	Is there a register where information for HIV/AIDS clients receiving treatment is recorded? IF YES, ASK TO SEE REGISTER. DIAGNOSIS AND TREATMENT MUST BE RECORDED FOR THE REGISTER TO BE VALID.	YES, REGISTER SEEN 1 YES, REGISTER NOT SEEN 2 NO REGISTER KEPT 3			→535 →535
534	How recent is the date of the most recent entry?	WITHIN THE PAST 7 DAYS 1 > 7 DAYS 2			

Client support services (536-538)

The multi-dimensional services required for HIV/AIDS clients are beyond the capacity of most facilities to provide. Many of the services, particularly those that provide support to families for home care, are provided by organizations outside the formal health system. There is greater likelihood that clients who are found to be positive will receive these services if there is a formal referral system and if the facility follows up to ensure that clients did in fact receive the services to which they were referred. To make appropriate referrals, however, the facility must have information on the existence of the services and how to put the client into contact with the service provider.

LABORATORY DIAGNOSTIC SUPPORT FOR STIs (539)

The SPA assesses the availability of laboratory diagnostic backup for the various types of STIs as well as HIV/AIDS. Tuberculosis is a common opportunistic infection that accompanies HIV/AIDS. The CD4 and HIV viral load tests allow providers to evaluate the effectiveness of treatment. The availability of these tests is important information for health service and policy planners as they prioritize activities to develop the quality of care for clients STIs, and HIV/AIDS and to decrease the public health impact of these illnesses.

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
535	RECORD THE TOTAL NUMBER OF CLIENTS (NEW AND RETURNED) WHO RECEIVED ANY HIV/AIDS SERVICES DURING THE PRIOR TWELVE (12) COMPLETED MONTHS (EXCLUDE VCT CLIENTS)	NUMBER OF HIV CLIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>				→536
		DON'T KNOW.....998				
535a	IF DATA NOT FOR 12 MONTHS, INDICATE NUMBER OF MONTHS REPRESENTED	MONTHS OF DATA..... <input type="text"/> <input type="text"/>				
536	Does the facility have a mechanism to follow-up on referrals? IF YES, ASK TO SEE RECORD OR FORM RELATED TO FOLLOW-UP MECHANISM. IF NO REFERRALS ARE MADE BECAUSE THIS IS REFERRAL FACILITY, INDICATE "4".	YES, OBSERVED FORM..... 1 YES, NO FORM SEEN..... 2 NO..... 3 REFERRAL FACILITY..... 4 DON'T KNOW..... 8				
537	Does the facility have a list of care and support services to which clients can be referred? IF YES, ASK TO SEE LIST.	YES, LIST SEEN 1 YES, LIST NOT SEEN..... 2 NO..... 3 DON'T KNOW..... 8				
538	Does the facility have a formal partnership with a support group for Persons Living with HIV/AIDS ?	YES..... 1 NO..... 2				
539	Does this facility have the capacity to run the following tests for STIs? IF NOT: Do you collect the specimen and send it elsewhere for the test or does the client have to go somewhere else for the test?(check section6 for equipment and supplies required for any test conducted in the facility)	CON- DUCT TEST	COL- LECT SPEC- IMEN	SEND CLIENT ELSE- WHERE	TEST NOT UTILIZED	
	a) Syphilis? (VDRL)	1	2	3	4	
	b) Gonorrhea?	1	2	3	4	
	c) Sputum test for Tuberculosis	1	2	3	4	
	d) HIV/AIDS?	1	2	3	4	
	e) CD4 Count? (HIV)	1	2	3	4	
	f) HIV Viral Load?	1	2	3	4	

Section 6. Laboratory Diagnostics

This section quantifies which laboratory tests are offered and if all reagents and equipment required to provide a test are available. This information provides an indication of the level of development of the health services and the degree to which specific diagnoses can be made at the facility.

Basic laboratory tests for malaria, pre-eclampsia (urine protein), anemia (for antenatal clients), HIV/AIDS diagnosis and treatment followup, common STIs, and tuberculosis are included. This list should be reviewed, and country-specific changes should be made.

Section 6. Laboratory Diagnostics

600	ARE ANY OF THE LABORATORY TESTS RELATED TO STIS OR HIV (Q539), MALARIA (241) OR LABORATORY TESTS RELATED TO MCH (Q407) MARKED "1"? IF YES, GO TO WHERE LABORATORY TESTS ARE CONDUCTED AND ASK TO SEE THE FOLLOWING EQUIPMENT AND SUPPLIES.	YES, STIS AND MCH 1 YES, STIS ONLY 2 MCH ONLY-NO TEST FOR STIS OR MALARIA 3 NO 4	→612 →700					
	ITEMS REQUIRED FOR LABORATORY EXAMINATION	(a) ITEM IS PRESENT? Ask for all items				(b) ITEM IS IN WORKING ORDER?		
		OBSERVE D	REPOR TED	NOT AVAILABL E	NOT DETERMIN ED	YES	NO	NOT DETERMI NED
601	Microscope	1	2	3	8	1	2	8
602	Centrifuge	1	2	3	8	1	2	8
603	Slides and covers (malaria smears; gram stain)	1	2	3	8			
603a	Giemse stain	1	2	3	8			
603b	Leishman stain	1	2	3	8			
	TEST FOR HIV/AIDS							
604	RAPID TEST	1	2	3	8			
605	ELISA+SCANNER	1	2	3	8	1	2	8
606	WESTERN BLOTT	1	2	3	8			
607	CD4	1	2	3	8			
608	HIV VIRAL LOAD	1	2	3	8			
	TEST FOR STIS							
609	VDRL (Syphilis)	1	2	3	8			
609a	Carbon antigen	1	2	3	8			
610	Chocolate Agar (culture media)	1	2	3	8			
611	(STI and T B sputum) Gramstain or Zilnethuin stain)							
611a	Crystal violet	1	2	3	8			
611b	Lugals iodine	1	2	3	8			
611c	Acetone	1	2	3	8			
611d	Neutron Red	1	2	3	8			
	URINE TESTS							
612	Clinistix or albistix for Urine Protein (w/ valid expiry date)	1	2	3	8			
613	Other test for urine albumin_____ (specify)							
	TEST FOR ANEMIA							
614	Hemoglobinometer or Calorimeter	1	2	3	8	1	2	8
614a	Drapkins solution	1	2	3	8			
615	Capillary tubes (for hematocrit)	1	2	3	8			
616	STERICONS Strips or Tallquist test (w/ valid expiry date)	1	2	3	8			

Section 7. Availability of Contraceptive Supplies

Commonly acknowledged aspects of logistics systems and storage for contraceptive methods are assessed to evaluate the support system for maintaining a supply of contraceptives.

Inventory (700)

An inventory is necessary to keep track of availability of goods and utilization patterns. A proper inventory provides the information so that orders are appropriate to needs and stock outages are prevented.

Contraceptive supplies (701-709)

To minimize the time required for data collection, a few items have been chosen for checking their expiry dates, organization on shelves, and concurrence between the stock and inventory. The items chosen for verification may vary by country; however, three should be chosen for comparability.

First-expire, first-out (710)

Goods that have expiry dates should be organized in order of expiry date so that items with the earliest expiry dates will be used before those with later expiry dates. This system decreases loss of goods from expiration of validity dates.

Storage conditions (711-714)

To protect the potency of medical supplies including contraceptive methods, they must be protected from water, sun, and contamination from pests.

Section 7. Availability of Contraceptive Supplies

FIND THE CHIEF PHARMACIST OR OTHER HEALTH WORKER RESPONSIBLE FOR CONTRACEPTIVE SUPPLIES AT THE FACILITY. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO THE EARLIER SECTIONS, INTRODUCE YOURSELF.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
700	Is there an inventory for the contraceptive supplies? IF YES, ASK TO SEE IT. IF NO INVENTORY EXISTS, ALL RESPONSES FOR (b) BELOW ARE "NOT DETERMINED" OR "8".	YES, OBSERVED 1 YES, NOT SEEN..... 2 NO 3	

ASK TO SEE THE FOLLOWING CONTRACEPTIVE SUPPLIES. FOR ALL ITEMS CHECK IF THEY ARE ARRANGED BY EXPIRY DATE. FOR THE SPECIFIC ITEMS INDICATED, CHECK FOR EXPIRED ITEMS AND VERIFY INVENTORY AND STOCK MATCH. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

No.	CONTRACEPTIVES	(a)			(b)				
		OBSERVED W/ EXPIRY DATE 1=AT LEAST ONE VALID 2=ALL VALID; NONE EXPIRED 3= SOME VALID/SOME EXPIRED	REPORT AVAILAB LE	NOT AVAI LAB LE	NOT DET ERMIN ED	STOCK AND INVENTORY SAME	YES	NO	ND
701	Oral Pill w/ estrogen	2	3	4	5	8	1	2	8
702	Oral Pill (progesterone only)	1		4	5	8			
703	Injectable (w/estrogen)	1		4	5	8			
704	Injectable (3 monthly) Progesterone only)	2	3	4	5	8	1	2	8
705	Norplant	1		4	5	8			
706	Condom (male)	2	3	4	5	8	1	2	8
707	Condom (female)	1		4	5	8			
708	Intrauterine device (IUD)	1		4	5	8			
709	Emergency contraceptive pill	1		4	5	8			

710	WERE THE METHODS ORGANIZED ACCORDING TO EXPIRY DATE, ("FIRST-EXPIRE FIRST-OUT) ON THE SHELVES? (VERIFY WHEN COMPLETING 701-709 FOR INDICATED METHODS).	YES, VERIFIED 1 NO 2 DON'T KNOW 8	
-----	--	---	--

711	ARE CONTRACEPTIVE SUPPLIES STORED IN THE SAME LOCATION AS OTHER MEDICINES?	YES 1 NO 2	→715
-----	--	---------------------------	------

OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND INDICATE THE CORRECT RESPOSE FOR EACH OF THE FOLLOWING CONDITIONS:

712	Are the methods <u>off the floor</u> and protected from water?	YES 1 NO 2 DON'T KNOW 8	
-----	--	---	--

713	Are the methods protected from the sun?	YES 1 NO 2 DON'T' KNOW 8	
-----	---	--	--

714	Is the room clear of any evidence of pests (rats, bats, etc).	YES 1 NO 2 DON'T KNOW 8	
-----	---	---	--

Logistic system for contraceptive methods (715-719)

The SPA assesses the system utilized for ordering medicines and supplies, including contraceptive methods. The ordering systems will, by necessity, vary depending on the level of development of the health system and logistical situations in each country. In general, one would expect the least sensitive system to be one where a routine supply is sent at a given time interval, regardless of service utilization. The next level of sensitivity would be where a central authority determines the order but bases the amounts and types of medicines and supplies on activity level. The most sensitive would be where a facility could determine its own need based on past and expected activity levels. The SPA will assess the ordering system in relation to presence of essential medications and contraceptive supplies. One other aspect of the logistic system is how well the suppliers can fill the order (719). Receiving more or less of ordered items, receiving items that were not ordered, or not receiving ordered items, all contribute to waste, inefficiency, and stock outages.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
715	Does this facility determine the amount of each contraceptive required and order this amount, or is the amount that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2	→717
716	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the amount you receive vary with the activity level that you report?	AMOUNT BASED ON ACTIVITY LEVEL 1 STANDARD FIXED SUPPLY 2	→719 →719
717	How do you decide how much of each to order? A) Order to bring stock to fixed level B) Order the same quantity each time regardless of how many of each method remains in stock? C) Order different amounts, based on calculations of prior utilization and expected future activity? D) Order depending on what you think is needed, without a specific method for calculating amounts? W) Other (SPECIFY) _____ Z) Don't know A B C D W Z	
718	How do you decide when to order contraceptives? CIRCLE ALL THAT APPLY. Do you: A) Place an order whenever stock levels fall to a pre-determined level? B) Have a fixed time when you are supposed to submit orders for the contraceptive supplies? IF YES, INDICATE HOW OFTEN THE ORDER IS SUBMITTED. C) STOCK DOES NOT HAVE TO BE BELOW A SPECIFIED LEVEL. THE FACILITY CAN PLACE AN ORDER WHENEVER THERE IS BELIEVED TO BE A NEED. W) Other (SPECIFY) _____ Z) Don't know A B EVERY ___ MONTHS C W Z	
719	During the past 3 months , have you always, sometimes or almost never receive the amount of each contraceptive supply that you order (or that you are suppose to routinely receive)?	ALWAYS 1 SOMETIMES 2 ALMOST NEVER 3	

Section 8. Essential Medications and Supplies for Providing Services for Sick Children, Maternal Health Clients, and Clients with STIs

Commonly acknowledged aspects of logistics systems and storage for medicines are assessed to evaluate the support system for maintaining a supply of contraceptives.

Inventory (800)

An inventory is necessary to keep track of availability of goods and utilization patterns. A proper inventory provides the information so that orders are appropriate to needs and stock outages are prevented.

Essential medicines (801-877)

To minimize the time required for data collection, a few items have been chosen for checking their expiry dates, organization on shelves, and concurrence between the stock and inventory. The items chosen for verification may vary by country; however, the same number of items should be chosen for comparability. Antibiotics were chosen for the core module since their potency and availability is critical to treatment of infections that can be life threatening. The list of medicines should be adapted so that it reflects country-specific protocols.

Section 8. Essential Medications And Supplies For Providing Services For Sick Clients Children, Maternal Health Clients , and Clients With STIs

FIND THE CHIEF PHARMACIST OR OTHER HEALTH WORKER RESPONSIBLE FOR PHARMACEUTICAL SERVICES AT THE FACILITY. IF DIFFERENT FROM INDIVIDUAL RESPONDING TO THE EARLIER SECTIONS, INTRODUCE YOURSELF.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
800	Is there an inventory for the medications? IF YES, ASK TO SEE IT. IF NO INVENTORY EXISTS, ALL RESPONSES FOR (b) BELOW ARE "NOT DETERMINED" OR "8".	YES, OBSERVED 1 YES, NOT SEEN..... 2 NO..... 3	

MEDICATIONS: ASK TO SEE THE FOLLOWING MEDICATIONS. FOR ALL ITEMS CHECK IF THEY ARE ARRANGED BY EXPIRY DATE. FOR THE SPECIFIC ITEMS INDICATED, CHECK FOR EXPIRED ITEMS AND VERIFY INVENTORY AND STOCK MATCH. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:

No.	Medication	(a)					(b)			
		OBSERVED W/ EXPIRY DATE 1=AT LEAST ONE VALID 2=ALL VALID; NONE EXPIRED 3= SOME VALID/SOME EXPIRED	REPORT AVAILAB LE	NOT AVAIL ABLE	NOT DETER MINED	STOCK AND INVENTORY SAME				
							YES	NO	ND	
ORAL MEDICATIONS										
801	<i>Amoxicillin oral</i> ^{1,2}		2	3	4	5	8	1	2	8
802	<i>Aspirin oral</i> ^{1,2,3}	1			4	5	8			
803	<i>Chloroquine oral</i> ^{1,2}	1			4	5	8			
804	<i>Ciprofloxin PO</i> ³		2	3	4	5	8	1	2	8
805	<i>Cotrimoxazole oral</i> ^{1,2}		2	3	4	5	8	1	2	8
806	<i>Doxycycline PO</i> ^{2,3}		2	3	4	5	8	1	2	8
807	<i>Ergometrine/ methergine oral</i> ²	1			4	5	8			
808	<i>Erythromycin oral</i> ^{2,3}		2	3	4	5	8	1	2	8
809	<i>Ethambutol PO</i> ⁴	1			4	5	8			
810	<i>Folic acid</i> ²	1			4	5	8			
811	<i>Iron</i> ^{1,2}	1			4	5	8			
812	<i>Iron with Folic Acid</i> ²	1			4	5	8			
813	<i>Isoniazid</i> ⁴	1			4	5	8			
814	<i>Mebendazole oral</i> ^{1,2}	1			4	5	8			
815	<i>Methyldopa</i> ²	1			4	5	8			
816	<i>Metronidazole</i> ^{2,3} (FLAGYL)	1			4	5	8			
817	<i>Multivitamins</i> ¹	1			4	5	8			
818	<i>Naladixic acid oral</i> ^{1,2}		2	3	4	5	8	1	2	8
819	<i>Paracetamol oral</i> ¹	1			4	5	8			
820	<i>Penicillin oral</i> ^{1,2}		2	3	4	5	8	1	2	8
821	<i>Pyrazinamide PO</i> ⁴	1			4	5	8			
822	<i>Rifampicin</i> ⁴	1			4	5	8			
823	<i>Sulphadoxine/pyrimeth amine (FANSIDAR) oral</i> ^{1,2}	1			4	5	8			
824	<i>Tetracycline oral</i> ^{2,3}	1			4	5	8			
825	<i>Vitamin A high dose (200,000 iu)</i> ^{1,2}	1			4	5	8			
826	<i>Vitamin A low dose</i> ^{1,2} (25,000 or 50,000iu)	1			4	5	8			

No.	Medication	(a)					(b)		
		OBSERVED W/ EXPIRY DATE 1=AT LEAST ONE VALID 2=ALL VALID; NONE EXPIRED 3= SOME VALID/SOME EXPIRED	REPORT AVAILAB LE	NOT AVAIL ABLE	NOT DETER MINED	STOCK AND INVENTORY SAME			
						YES	NO	ND	
827	Oral rehydration salts ¹	1		4	5	8			
OTHER MEDICATIONS									
828	Nystatin Vaginal Tablet ³	1		4	5	8			
EYE OINTMENT/DROPS									
829	Silver nitrate ^{1,2}	1		4	5	8			
830	Tetracycline ointment ^{1,2}	1		4	5	8			
INJECTABLE MEDICATIONS									
831	Ampicillin Inj. ²		2 3	4	5	8	1	2 8	
832	Benzathine benzyl pen ^{1,3} Inj. (IM)		2 3	4	5	8	1	2 8	
833	Benzyl Penicillin (Procaine) Inj ^{1,2} (IM/IV)	1		4	5	8			
834	Ceftriaxone Inj. ³	1		4	5	8			
835	Diazepam Inj. ²	1		4	5	8			
836	Ergometrine/oxytocin injection ²	1		4	5	8			
837	Gentamycin injection ^{1,2}		2 3	4	5	8	1	2 8	
838	Magnesium sulfate injection ²	1		4	5	8			
839	Quinine injection ¹	1		4	5	8			
840	Streptomycin Injection ⁴	1		4	5	8			
841	Xylocaine or lidocaine 1% ^{2,5}	1		4	5	8			
RECOMMENDED ANTIRETROVIRAL									
850	AZT/Ziduvudine	1		4	5	8			
851	Nevirapine	1		4	5	8			
852	Other NNRTI	1		4	5	8			
853	Protease Inhibitors	1		4	5	8			
INTRAVENOUS SOLUTIONS									
875	Normal Saline ²	1		4	5	8			
876	Dextrose and saline ^{1,2}	1		4	5	8			
877	Ringers Lactate ^{1,2}		2 3	4	5	8	1	2 8	

- 1) Child Health
- 2) Maternal Health (*country specific malaria)
- 3) Sexually Transmitted Infections (* country protocols)
- 4) Tuberculosis (* country protocols)
- 5) Family Planning

First-expire, first-out (889) Goods that have expiry dates should be organized in order of expiry date so that items with the earliest expiry dates will be used before those with later expiry dates. This system decreases loss of goods from expiration of validity dates.

Storage conditions (890-892)

To protect the potency of medical supplies, including contraceptive methods, they must be protected from water, sun, and contamination from pests.

Logistic system for medication (893-897)

The SPA assesses the system utilized for ordering medicines and supplies. The ordering systems will, by necessity, vary depending on the level of development of the health system and logistical situations in each country. In general, one would expect the least sensitive system to be one where a routine supply is sent at a given time interval, regardless of service utilization. The next level of sensitivity would be where a central authority determines the order but bases the amounts and types of medicines and supplies on activity level. The most sensitive would be where a facility could determine its own need based on past and expected activity levels. The SPA will assess the ordering system in relation to presence of essential medications and contraceptive supplies. One other aspect of the logistic system is how well the suppliers can fill the order (897). Receiving more or less of ordered items, receiving items that were not ordered, or not receiving ordered items, all contribute to waste, inefficiency, and stock outages.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
889	Were the medications organized according to expiry date "first-expire first-out" on the shelf? (VERIFY WHEN COMPLETING 801-888 FOR INDICATED MEDICINES)	YES 1 NO 2 DON'T KNOW 8	
	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE CORRECT RESPONSE FOR EACH OF THE FOLLOWING CONDITIONS:		
890	Are the medicines <u>off the floor</u> protected from water/dampness?	YES 1 NO 2 DON'T KNOW 8	
891	Are the medicines protected from the sun?	YES 1 NO 2 DON'T KNOW 8	
892	Is the room clear of any evidence of pests?	YES 1 NO 2 DON'T KNOW 8	
893	Does this facility determine the amount of each medication required and order this amount, or is the amount that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2	→ 895
894	IF DETERMINED ELSEWHERE: Do you always receive a standard fixed supply or does the amount you receive vary with the activity level that you report?	AMOUNT BASED ON ACTIVITY LEVEL 1 STANDARD FIXED SUPPLY 2	→ 897 → 897
895	How do you decide how much of each to order?		
	A) Order to bring stock to fixed level A	
	B) Order the same quantity each time regardless of how many of each medicine remains in stock? B	
	C) Order different amounts, based on calculations of prior utilization and expected future activity? C	
	D) Order depending on what you think is needed, without a specific method for calculating amounts? D	
	W) Other (SPECIFY) _____ W	
	Z) Don't know Z	

Logistic system for medication (893-897)

The SPA assesses the system utilized for ordering medicines and supplies. The ordering systems will, by necessity, vary depending on the level of development of the health system and logistical situations in each country. In general, one would expect the least sensitive system to be one where a routine supply is sent at a given time interval, regardless of service utilization. The next level of sensitivity would be where a central authority determines the order but bases the amounts and types of medicines and supplies on activity level. The most sensitive would be where a facility could determine its own need based on past and expected activity levels. The SPA will assess the ordering system in relation to presence of essential medications and contraceptive supplies. One other aspect of the logistic system is how well the suppliers can fill the order (897). Receiving more or less of ordered items, receiving items that were not ordered, or not receiving ordered items, all contribute to waste, inefficiency, and stock outages.

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
896	<p>How do you decide when to order medicines? CIRCLE ALL THAT APPLY. Do you:</p> <p>A) Place an order whenever stock levels fall to a pre-determined level?</p> <p>B) Have a fixed time when you are supposed to submit orders for the medicines? IF YES, INDICATE HOW OFTEN THE ORDER IS SUBMITTED.</p> <p>C) STOCK DOES NOT HAVE TO BE BELOW A SPECIFIED LEVEL. THE FACILITY CAN PLACE AN ORDER WHENEVER THERE IS BELIEVED TO BE A NEED.</p> <p>W) Other (SPECIFY)_____</p> <p>Z) Don't know</p>	<p>..... A</p> <p>..... B EVERY ___ MONTHS</p> <p>..... C</p> <p>..... W</p> <p>..... Z</p>	
897	<p>During the past 3 months, have you always, sometimes or almost never receive the amount of each medication that you order (or that you are suppose to routinely receive)?</p>	<p>ALWAYS 1</p> <p>SOMETIMES 2</p> <p>ALMOST NEVER 3</p>	

Section 9. Supplies

The list of supplies was chosen to assess whether the facility has a basic stock of commonly used items. All of these items may also have been checked in specific service delivery areas; however, they should be present in a general stock as well. The list of items should be adapted to meet country-specific needs.

Section 9. Supplies

	SUPPLY ITEM	OBSERVED	REPORTED AVAILABLE	NOT AVAILABLE	NOT DETERMINED
901	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1	2	3	8
902	Sterile gloves	1	2	3	8
903	Clean gloves	1	2	3	8
904	Swab containers with sterile swabs or sterile gauze	1	2	3	8
905	Skin antiseptic (iodine or chlorhexidine)	1	2	3	8
906	I.V. giving set	1	2	3	8
907	I.V. canulae	1	2	3	8

