

HEALTH FACILITY

Objectives and Priority Indicators		Instrument
FAC-I	INCREASE AVAILABILITY AND FUNCTIONING LEVEL OF HEALTH SERVICES	
	INFRASTRUCTURE	
1.1	% of facilities with: <ul style="list-style-type: none"> ↳ electricity that is available consistently when services are being provided ↳ functioning generator with fuel ↳ onsite water source 	Inventory
	SERVICE AVAILABILITY	
1.2	% of facilities with: <ul style="list-style-type: none"> ↳ at least one secondary-level staff member assigned ↳ 24-hour emergency services and at least two secondary-level staff members assigned ↳ 24-hour access to emergency communication ↳ capacity to manage ill patients overnight ↳ at least some level of service for each of the following: well and sick child care, family planning, maternal health, and services for sexually transmitted illnesses ↳ curative services provided at least five days per week and preventive child, maternal, and family planning services provided at least one day per week 	Inventory
FAC-II	OPERATE HEALTH SERVICES USING SYSTEMS THAT PROMOTE QUALITY OF SERVICES	
	LOGISTICS FOR MEDICINE AND SUPPLIES	
2.1	% of facilities with: <ul style="list-style-type: none"> ↳ an up-to-date inventory for medicines, vaccines, and contraceptives ↳ reported routine system for ordering medications, vaccines, and contraceptives ↳ first-expire, first-out stock storage for medications and vaccines, to minimize drug expiration ↳ no expired medications mixed with good medications ↳ all medications (including vaccines) stored under conditions conducive to maintaining quality of items ↳ 100% of all essential drugs for reproductive and child health services offered by the facility, 100% of offered contraceptive methods, and 100% of offered vaccines available the day of the facility visit. ↳ 100% of essential consumable supplies available the day of the facility visit ↳ evidence of well-functioning logistic system for medications and consumable supplies (aggregate indicator with all of the above items) 	Inventory
	EQUIPMENT MAINTENANCE	
2.2	% of facilities with: <ul style="list-style-type: none"> ↳ reported program of routine maintenance of major equipment ↳ all pieces of major equipment in functioning condition at the time of the facility visit ↳ reported system for maintenance or replacement of small equipment ↳ more than ___ pieces (or %) of small equipment reported not functioning at the time of the facility visit 	Inventory
	SYSTEMS FOR PREVENTION OF INFECTION	
2.3	% of facilities with: <ul style="list-style-type: none"> ↳ equipment for sterilizing/high-level disinfection in working order day of visit ↳ report of correct processing time for proper sterilization of equipment ↳ safe disposal of sharp objects in all service provision areas where relevant ↳ decontamination solution in examination room where relevant ↳ hand-washing soap and water available in all active service delivery areas survey during facility visit ↳ adequate disposal practices for hazardous waste ↳ evidence of well-functioning systems for prevention of infection (aggregate indicator with all of the above items) 	Inventory

Objectives and Priority Indicators		Instrument
	MANAGEMENT COMPONENTS	
2.4	% of facilities reporting: <ul style="list-style-type: none"> ◄ a formal system for reviewing administrative issues that meets routinely at least every six months and that has met within the prior 6 months ◄ a supervisory visit from outside the facility at least once during the prior six months ◄ all interviewed secondary-level staff having received continued education on a topic related to care of the sick child, maternal health, family planning, STIs, or HIV/AIDS at least once during the prior 12 months 	Inventory Provider Interview
	MONITORING INFORMATION	
2.5	% of facilities reporting: <ul style="list-style-type: none"> ◄ a known catchment population ◄ using a referral form that provides relevant information about referred client 	Inventory
	MONITORING QUALITY OF CARE	
2.6	% of facilities where: <ul style="list-style-type: none"> ◄ quality of care is monitored routinely in a structured manner ◄ findings from quality monitoring are reviewed by either management or quality committee 	Inventory
FAC-III	PROVIDE HEALTH SERVICES UNDER CONDITIONS THAT PROMOTE UTILIZATION	
	COMMUNITY COMPONENTS	
3.1	% of facilities: <ul style="list-style-type: none"> ◄ where community members are routine participants in the formal system for reviewing administrative issues for the facility ◄ participating some type of formal plan that includes community/client financial support] *plan will vary by country* ◄ having a formal system for collecting and reporting on client opinion ◄ having made changes within the prior three months in response to client opinion 	Inventory
	CLIENT COMFORT	
3.2	% of facilities: <ul style="list-style-type: none"> ◄ with protected client waiting area ◄ with facilities with functioning latrine for client use ◄ maintained at acceptable level of cleanliness 	Inventory

CHILD HEALTH SERVICES

Objectives and Priority Indicators		Instrument
CH-I	MINIMIZE MISSED OPPORTUNITIES FOR PREVENTIVE HEALTH INTERVENTIONS TO IMPROVE CHILD HEALTH	
	NUTRITIONAL ASSESSMENT	
1.1	% of facilities where sick children are routinely: <ul style="list-style-type: none"> ◄ weighed and weight plotted on growth chart ◄ assessed for immunization status 	Inventory Observation
1.2	% of facilities where at least 75% of the observed consultations included discussion or consultation about: <ul style="list-style-type: none"> ◄ weight/growth of the child ◄ feeding/breastfeeding practices for the child when not ill 	Observation
1.3	% of facilities where at least 75% of the caretakers interviewed report that: <ul style="list-style-type: none"> ◄ the sick child was weighed ◄ the child's weight or growth was discussed with them ◄ normal feeding/breast feeding practices when the child is not ill were discussed with them 	Exit Interview
	COMPLETE MISSING IMMUNIZATIONS	
1.4	% of facilities offering immunization services on all days sick children are served	Inventory
1.5	% of facilities where at least 75% of the observed sick children who are below two years of age leave the facility with all needed vaccinations recorded on their card	Exit Interview
CH-II	IMPROVE HEALTH OUTCOME FOR ILL CHILD	
	ASSESSMENT	
2.1	% of facilities where at least 75% of observed sick children received assessment: <ul style="list-style-type: none"> ◄ for presence of general danger signs ◄ for presence of cough or difficult breathing, diarrhea, and fever ◄ for feeding/breast feeding patterns during this illness ◄ that included all essential items covered in IMCI criteria (aggregate indicator) 	Observation
2.2	% of facilities where the following are routine components of sick child consultations: <ul style="list-style-type: none"> ◄ physical assessment (respiratory rate count, measured temperature, physical check for dehydration and/or anemia) 	Inventory Observation
2.3	Of facilities that use individual child health cards, % where: <ul style="list-style-type: none"> ◄ during at least 75% of observed sick child consultations the provider referred to the card either prior to or during the consultation ◄ for 100% of the observed sick child consultations the provider wrote on the card 	Inventory Observation
	TREATMENT	
2.4	% of facilities where at least 75% of observed sick children receive appropriate treatment according to the classification of illness protocols for IMCI	Observation
2.5	% of facilities where giving the first dose of oral medication to the sick child prior to leaving the facility is a routine component of care	Inventory
	COUNSELING	
2.6	% of facilities where at least 75% of caretakers of sick children were advised about: <ul style="list-style-type: none"> ◄ continuing feeding or increasing amounts of food/breast milk during this illness ◄ all major counseling issues recommended in IMCI guidelines ◄ how to give prescribed medications 	Observation
2.7	% of facilities where at least 75% of caretakers of observed sick children: <ul style="list-style-type: none"> ◄ who are prescribed medications leave facility with all prescribed medications ◄ who are prescribed oral medications report having received instructions on how to give the medicines ◄ report feeling comfortable that they can provide the medications correctly ◄ report that the child was give a dose of at least one of the oral medications at the facility ◄ report receiving information on giving fluids and/or continuing feeding for the child during this illness ◄ report being told about the illness and signs for which they should return to the facility 	Exit Interview
2.8	% of facilities where visual aids were used during at least 50% of observed sick child consultations when providing instruction/education to the caretaker	Observation

Objectives and Priority Indicators		Instrument
CH-III	PROVIDE SICK CHILD CONSULTATION UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
3.1	% of facilities where sick child consultation services: <ul style="list-style-type: none"> ◄ have all equipment and supplies for conducting examinations of sick children, including all essential medications, all essential supplies for immunization, and (if applicable) blank child health cards 	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
3.2	% of facilities where sick child consultation services: <ul style="list-style-type: none"> ◄ have hand-washing and needle disposal supplies for preventing infection ◄ have written protocols or guidelines for management of childhood illnesses ◄ have visual aids for providing education to caretakers about child health 	Inventory
	INFORMATION SYSTEMS	
3.3	% of facilities that: <ul style="list-style-type: none"> ◄ maintain up-to-date register that provides minimum standard (country-specific) information on sick child consultations 	Inventory
	MANAGEMENT	
3.4	% of facilities where, of interviewed providers who provide care for sick children: <ul style="list-style-type: none"> ◄ at least one provider has received IMCI training at any time within the prior 59 months ◄ at least 50% of providers report having received any training in specific health issues related to children within the prior 12 months ◄ at least 50% of providers report having received at least one supervisory visit within the past six months 	Provider Interview
CH-IV	PROVIDE SICK CHILD CONSULTATIONS UNDER A SYSTEM THAT PROMOTES UTILIZATION	
4.1	Average and median out-of-pocket expenditure for interviewed caretakers	Exit Interview
4.2	Compilation of % of interviewed caretakers who identify problems with service environment, by problem	Exit Interview
Ch-V	DECREASE CASES OF CHILDHOOD ILLNESS DUE TO IMMUNIZATION-PREVENTABLE DISEASES	
5.1	% of facilities: <ul style="list-style-type: none"> ◄ providing both outreach and static vaccination services ◄ with appropriate storage system to maintain quality of vaccines ◄ with consistent supply of non-expired vaccines at immunization site ◄ with basic resources required to provide immunization services on service days ◄ that monitor coverage rates for vaccinations for catchment population ◄ that monitor dropout rate for DPT ◄ with essential elements to provide immunization services under conditions that prevent infection 	Inventory

FAMILY PLANNING SERVICES

Objectives and Priority Indicators		Instrument
FP-I	IMPROVE EFFECTIVENESS OF FAMILY PLANNING THROUGH GOOD-QUALITY FAMILY PLANNING SERVICES	
	ASSESSMENT	
1.1	% of facilities where for at least 75% of the observed FP client consultations: <ul style="list-style-type: none"> ◄ new FP clients received assessment for essential components of reproductive and health information required to screen for method appropriateness ◄ pelvic examinations or method insertions met all standards for quality (aggregate indicator) 	Observation
1.2	% of facilities where STI diagnosis and treatment is a part of the FP service	Inventory
1.3	Of facilities that use individual client cards, % where: <ul style="list-style-type: none"> ◄ for least 75% of observed FP clients the provider referred to the card either prior to or during the consultation. ◄ for 100% of the observed FP clients the provider wrote on the card 	Inventory Observation
	COUNSELING	
1.4	% of facilities where at least 75% of the observed FP client consultations included the following: <ul style="list-style-type: none"> ◄ clients were encouraged to express concerns or questions about methods ◄ clients who left with a method or referral for a method, received the specified key point on use and side effects ◄ a return visit was discussed with clinical method users ◄ some discussion occurred about risk of STIs and use of condoms for preventing STIs 	Observation
1.5	% of facilities where at least 75% of interviewed clients: <ul style="list-style-type: none"> ◄ who report a method problem also report discussing this with the provider ◄ who report a method problem also report discussing other methods with the provider ◄ report receiving information related to method use that includes possible side effects, what to do if they have problems, and when to return for followup ◄ report discussions that include all elements specified for good-quality provider-client interaction ◄ respond correctly to a relevant question about their method ◄ report correctly whether their method protects against STIs and AIDS 	Exit Interview
FP-11	PROVIDE FAMILY PLANNING SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities with all equipment and supplies for providing each clinical method of FP that is offered, including medications for treating STIs and blank individual client cards, if applicable (aggregate indicator)	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where FP services: <ul style="list-style-type: none"> ◄ space routinely used for FP consultations offers privacy ◄ space routinely used for FP examinations offers privacy ◄ have available elements for adequate infection prevention ◄ have written protocols or guidelines for FP methods ◄ have written protocols or guidelines for diagnosing and treating STIs ◄ have visual aids for providing education to FP clients about FP methods ◄ have visual aids for providing education to FP clients about STIs ◄ have information booklets/pamphlets about FP that client can take home ◄ have information booklets/pamphlets about STIs that client can take home 	Inventory
2.3	% of facilities where, among observed consultations for FP clients: <ul style="list-style-type: none"> ◄ at least 75% of consultations were conducted under conditions that assured both visual and auditory privacy ◄ at least 50% of clients received instruction about family planning or related topics where visual aids or models were used 	Observation
	INFORMATION SYSTEMS	
2.4	% of facilities where FP services: <ul style="list-style-type: none"> ◄ maintain up-to-date register that provides minimum standard (country-specific) information on FP clients ◄ use individual FP client cards 	Inventory

Objectives and Priority Indicators		Instrument
	MANAGEMENT	Observation
2.5	% of facilities where of interviewed providers who provide FP services: † at least 50% of providers report having received training in issues related to FP within the prior 12 months † at least 50% of providers report having received at least one supervisory visit in the past six months	Provider Interview
FP-III	PROVIDE FAMILY PLANNING SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
3.1	Average and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities where at least 75% of observed new FP clients were given verbal assurances of confidentiality	Observation
3.4	% of facilities where: † space routinely used for FP consultations offers privacy † full range of clinical contraceptive methods as well as sterilization for males and females are provided	Inventory

Maternal Health Services

	Objectives and Priority Indicators	Instrument
MAT-I	IMPROVE PREGNANCY OUTCOMES THROUGH QUALITY ANTENATAL CARE	
	ASSESSMENT	
1.1	% of facilities where among observed ANC client consultations, at least 75%: <ul style="list-style-type: none"> ↳ of clients for whom this was their first visit received assessment of essential components of prior pregnancy history ↳ received assessment for all major risk symptoms ↳ of clients had their blood pressure measured ↳ of clients five + months pregnant were asked about fetal movement, and fetal heart rate was assessed. ↳ of clients eight + months pregnant had abdomen palpated ↳ received good-quality ANC procedures (aggregate of assessment indicators) 	Observation Exit Interview
1.2	Of facilities that use individual client cards, % where: <ul style="list-style-type: none"> ↳ for at least 75% of observed ANC clients the provider referred to the card either prior to or during the consultation ↳ for 100% of the observed ANC clients the provider wrote on the card 	Inventory Observation
	TREATMENT	
1.3	% of facilities where among observed ANC clients for whom this was their first visit at least 75%: <ul style="list-style-type: none"> ↳ received or were prescribed iron pills, tetanus toxoid, and anti-malarial medications ↳ were offered screening for HIV and/or VCT ↳ were offered VDRL tests 	Observation
	% of facilities where 75% of the interviewed clients who were prescribed iron tablets and/or anti-malarials leave the facility with the medications	Exit Interview
1.4	% of facilities that: <ul style="list-style-type: none"> ↳ report routinely offering preventive and/or curative interventions for malaria, HIV/AIDS, and STIs ↳ provide STI treatment by ANC service providers 	Inventory
1.5	% of facilities where at least 75% of interviewed ANC clients: <ul style="list-style-type: none"> ↳ report having been prescribed iron tablets and/or anti-malarial medications during any ANC visit 	Exit Interview
	COUNSELING	
1.6	% of facilities where at least 75% of interviewed ANC clients: <ul style="list-style-type: none"> ↳ who were prescribed iron tablets and/or anti-malarial medications during any ANC visit report having received an explanation about the prescribed medications ↳ report having received counseling during any ANC visit about nutrition during pregnancy ↳ report having received counseling about exclusive breast feeding for at least six months during any visit ↳ 100% of interviewed clients report having been counseled on warning signs or symptoms during pregnancy and can name at least one major symptom ↳ report some pre-planning thought for delivery and/or discussion about delivery with the provider 	Exit Interview
MAT-II	PROVIDE ANTENATAL CARE UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities where ANC services: <ul style="list-style-type: none"> ↳ have all equipment and supplies for providing basic ANC and postpartum examinations, including medications for treating STIs and blank individual client cards, if applicable ↳ have laboratory capacity for diagnostic tests for different risk conditions (malaria, syphilis, HIV/AIDS, anemia, proteinuria) 	Inventory

	Objectives and Priority Indicators	Instrument
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where ANC services: <ul style="list-style-type: none"> ◄ space routinely used for ANC consultations offers privacy ◄ space routinely used for ANC examinations offers privacy ◄ have available elements for adequate infection prevention ◄ have written protocols or guidelines for provision of ANC and management of problems during pregnancy ◄ have visual aids for providing education to ANC clients 	Inventory
2.3	% of facilities where, among observed consultations for ANC clients: <ul style="list-style-type: none"> ◄ at least 75% were conducted under conditions that ed both visual and auditory privacy ◄ at least 50% of the clients received information about pregnancy or related topics where visual aids were used 	Observation
	INFORMATION SYSTEMS	
2.4	% of facilities where ANC services: <ul style="list-style-type: none"> ◄ maintain up-to-date register that provides minimum standard (country-specific) information on ANC clients ◄ monitor ANC coverage for a catchment population ◄ use individual ANC client cards 	Inventory
	MANAGEMENT	
2.5	% of facilities where of interviewed providers who provide ANC services: <ul style="list-style-type: none"> ◄ at least 50% of providers report having received training in issues related to maternity within the prior 12 months ◄ where at least 50% of providers report having received at least one supervisory visit in the past six months 	Provider Interview
MAT-III	PROVIDE ANC UNDER A SYSTEM THAT PROMOTES UTILIZATION	
3.1	Average and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities where space routinely used for ANC consultations offers privacy	Inventory
MAT-IV	IMPROVE BIRTH OUTCOMES THROUGH PROVIDING DELIVERY CARE UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
4.1	% of facilities providing delivery services that have: <ul style="list-style-type: none"> ◄ all essential equipment and supplies, including medications for managing common complications of labor and delivery and blank partographs (if applicable) ◄ equipment for managing complications of miscarriage or abortion ◄ all essential equipment and supplies for managing emergency obstetric cases 	Inventory
4.2	% of facilities that report providing caesarean sections and have all essential equipment and have skilled personnel for providing caesarean sections	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
4.3	% of facilities where delivery services: <ul style="list-style-type: none"> ◄ space routinely used for deliveries offers privacy ◄ have available elements for adequate infection prevention ◄ have protocols or guidelines for managing normal deliveries and common complications ◄ use the partograph 	Inventory
	INFORMATION SYSTEMS	
4.4	◄ maintain up-to-date register that provides minimum standard (country-specific) information on delivery clients <ul style="list-style-type: none"> ◄ monitor coverage for delivery care for a catchment population 	Inventory
4.5	◄ % of facilities conducting caesarean sections that maintain up-to-date register indicating numbers and dates	Inventory

	Objectives and Priority Indicators	Instrument
	MANAGEMENT	
4.6	% of facilities that have: <ul style="list-style-type: none"> ◄ a referral system for complicated maternity cases requiring a higher level of care ◄ systems for reviewing maternal deaths and “near miss” deaths 	Inventory
4.7	In areas having high proportions of non-facility deliveries, % of facilities having active programs to increase proportion of safe deliveries	Inventory
4.8	% of facilities where, of interviewed providers who provide delivery services: <ul style="list-style-type: none"> ◄ at least 50% of providers report receiving training in emergency obstetric care issues within the prior 12 months ◄ all interviewed providers who conduct deliveries report having used a partograph within the prior month 	Provider Interview
MAT-V	PROVIDE DELIVERY SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
5.1	% of facilities offering 24-hour delivery services	Inventory
5.2	% of facilities where space routinely used for deliveries offers privacy	Inventory
MAT-VI	IMPROVE BIRTH OUTCOMES THROUGH PROVIDING NEWBORN CARE UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	PREVENTIVE HEALTH SERVICES THAT IMPACT NEWBORN HEALTH	
6.1	% of facilities: <ul style="list-style-type: none"> ◄ that provide basic ANC that includes specific components related to risk factors for newborn health (HIV, STI, malaria, tetanus) ◄ having specified routine practices that promote a healthy newborn 	Inventory
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
6.2	% of facilities: <ul style="list-style-type: none"> ◄ with basic equipment and supplies for managing fetal distress available ◄ with basic equipment for emergency care of newborn available 	Inventory
	INFORMATION SYSTEMS	
6.3	% of facilities: <ul style="list-style-type: none"> ◄ that routinely weigh newborns ◄ with systems for reviewing newborn deaths and “near miss” deaths 	Inventory
	MANAGEMENT	
6.4	% of facilities where, of interviewed providers who provide newborn care, at least 50% report having been trained in issues related to neonatal care within the prior 12 months	Inventory

Sexually Transmitted Infection Services

	Objectives and Priority Indicators	Instrument
STI-I	DECREASE HEALTH EFFECTS THROUGH QUALITY DIAGNOSIS AND TREATMENT SERVICES FOR SEXUALLY TRANSMITTED INFECTION SERVICES	
	ASSESSMENT	
1.1	% of facilities where at least 75% of the observed STI client consultations: <ul style="list-style-type: none"> ◄ elicited basic information required for diagnosis using syndromic approach ◄ used some form of laboratory examination (referral, taking specimen, or laboratory test actually conducted) as a part of diagnostic process ◄ conducted physical examination (external genitalia or pelvic examination) using appropriate methods for visualizing STI symptoms ◄ at least 75% of observed physical and pelvic examinations met all quality standards (aggregate indicator) 	Observation
1.2	% of facilities where at least 75% of interviewed STI clients reported: <ul style="list-style-type: none"> ◄ having provided specimen for laboratory examination or being prescribed a laboratory test ◄ being offered an HIV/AIDS test 	Exit Interview
1.3	% of facilities: <ul style="list-style-type: none"> ◄ where antenatal clients are routinely offered testing for syphilis ◄ using clinical/etiologic diagnosis for STIs 	Inventory
	TREATMENT	
1.4	% of facilities: <ul style="list-style-type: none"> ◄ where partner notification or followup is a routine part of the STI consultation system ◄ where ANC or FP clients with STIs can receive treatment through that service 	Inventory
1.5	% of facilities where all observed STI clients who were prescribed medications: <ul style="list-style-type: none"> ◄ left the facility with condoms ◄ left the facility with all medications 	Exit Interview
	COUNSELING	
1.6	% of facilities where at least 75% of observed client consultations for FP included some discussion of STIs	Observation of FP Consultations
1.7	% of facilities where counseling for all observed STI clients who were prescribed medications included: <ul style="list-style-type: none"> ◄ discussion of partnership status ◄ encouragement to refer their partner(s) for treatment ◄ information on their diagnosis ◄ instruction on the importance of completing the full course of treatment ◄ a followup date to return for reexamination ◄ use of the condom for preventing transmission of STIs 	Observation
1.8	% of facilities where at least 75% of interviewed STI clients reported: <ul style="list-style-type: none"> ◄ 100% of clients who report any laboratory or specimen exam report they know why the test was ordered/specimen taken ◄ that the provider discussed prevention of STIs and HIV/AIDS and the client can mention at least one strategy ◄ that the provider discussed use of condoms to prevent STIs and HIV/AIDS 	Exit Interview
1.9	% of facilities where all interviewed clients who received prescriptions or medications report that: <ul style="list-style-type: none"> ◄ the provider discussed use of condoms ◄ they were informed of their diagnosis ◄ they will take their medications until they are completed 	Exit Interview
STI-II	PROVIDE STI SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	AVAILABILITY OF EQUIPMENT AND SUPPLIES	
2.1	% of facilities where STI services: <ul style="list-style-type: none"> ◄ have all equipment and supplies for providing STI consultation and examination using syndromic approach ◄ have all equipment and supplies for providing STI consultation and examination using clinical/etiologic approach ◄ have all essential medications for treating most common STIs ◄ have condoms at the service delivery site for STI consultations 	Inventory

	Objectives and Priority Indicators	Instrument
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
2.2	% of facilities where STI services: <ul style="list-style-type: none"> ◀ space routinely used for STI consultations offers privacy ◀ space routinely used for STI examinations offers privacy ◀ have available elements for adequate infection prevention ◀ have written protocols or guidelines for syndromic approach to diagnosis and treatment of STIs ◀ have written protocols or guidelines for clinical/etiologic diagnosis, and treatment of STIs ◀ have visual aids for providing education to STI clients about any aspect of STIs at STI service sites at FP service sites ◀ have information booklet/pamphlets about STIs that client can take home at STI service sites, at FP service sites 	Inventory
2.3	% of facilities where, among observed client consultations for STI clients: <ul style="list-style-type: none"> ◀ least 75% were conducted under conditions that ensured both visual and auditory privacy ◀ at least 75% of observed client consultation and examinations were conducted using procedures for prevention of infection ◀ at least 50% receive education/counseling about STIs and related topics where visual aids were used ◀ all observed STI clients who were prescribed medications received instructions on use of the condom for preventing transmission of STIs, which included use of visual aids/model 	Observation
	INFORMATION SYSTEMS	
2.4	% of facilities where STI services maintain up-to-date register that provides, at minimum, information that STI was diagnosed and type of STI, along with other minimum standard (country-specific) information on STI clients	Inventory
	MANAGEMENT	
2.5	% of facilities where of interviewed providers who provide STI services: <ul style="list-style-type: none"> ◀ at least 50% of providers report having received continuing training on STI related issues within the prior 12 months ◀ at least 50% of providers report having received at least one supervisory visit in the past six months 	Provider Interview
STI-III	PROVISION OF STI SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
3.1	Average and median out-of-pocket expenditure for interviewed clients	Exit Interview
3.2	Compilation of % of clients who identify problems with service environment, by problem	Exit Interview
3.3	% of facilities: <ul style="list-style-type: none"> ◀ where space routinely used for STI consultations offers privacy ◀ where space routinely used for STI examinations offers privacy ◀ offering STI services through clinics that cater specifically to STI clients ◀ with confidentiality protocols ◀ with informed consent for testing for STIs 	Inventory
3.4	% of facilities where: <ul style="list-style-type: none"> ◀ 75% of observed clients were told about confidentiality of the consultation ◀ all observed clients who had a specimen taken or a laboratory examination ordered were asked for their agreement or permission/the explanation included some explanation that it was to check for infection or a specific type of STI 	Observation
STI-IV	IMPROVE THE QUALITY OF LIFE AND MINIMIZE IMPACT OF OPPORTUNISTIC INFECTIONS FOR HIV/AIDS PATIENTS	
	ASSESSMENT	
4.1	% of facilities: <ul style="list-style-type: none"> ◀ that provide laboratory diagnosis of HIV/AIDS and tuberculosis ◀ with laboratory ability to monitor effectiveness of HIV/AIDS therapy 	Inventory

	Objectives and Priority Indicators	Instrument
	TREATMENT	
4.2	% of facilities that: <ul style="list-style-type: none"> ◄ provide medical management of opportunistic infections associated with HIV/AIDS clients ◄ provide anti-retroviral therapy ◄ have programs to support palliative care of HIV/AIDS clients ◄ have programs to provide social support for HIV/AIDS clients ◄ have programs to provide service or referral for all essential aspects of HIV/AIDS treatment ◄ offer family planning counseling as a part of their services for HIV/AIDS clients 	Inventory
STI-V	PROVIDE HIV/AIDS SERVICES UNDER CONDITIONS THAT SUPPORT QUALITY OF CARE	
	ESSENTIAL EQUIPMENT AND SUPPLIES	
5.1	% of facilities where HIV/AIDS services: <ul style="list-style-type: none"> ◄ have essential laboratory equipment and supplies for diagnosing HIV/AIDS ◄ have essential laboratory equipment and supplies for diagnosing tuberculosis ◄ have anti-retroviral medications in stock ◄ have supply of essential medications for treating most common opportunistic infections for HIV/AIDS clients 	Inventory
	INFRASTRUCTURE AND TOOLS FOR QUALITY SERVICES	
5.2	% of facilities where HIV/AIDS services have: <ul style="list-style-type: none"> ◄ space routinely used for HIV/AIDS consultations that offers privacy ◄ elements for adequate infection prevention measures ◄ written protocols for clinical management of HIV/AIDS clients ◄ written protocols for referrals of HIV/AIDS clients ◄ booklets/pamphlets on HIV/AIDS available for clients to take home in each service area where HIV/AIDS, STI, FP services are provided ◄ written list of sources for referrals for HIV/AIDS clients 	Inventory
	INFORMATION SYSTEMS	
5.3	% of facilities where HIV/AIDS services: <ul style="list-style-type: none"> ◄ maintain up-to-date register that provides minimum standard (country-specific) information on HIV/AIDS clients ◄ maintain records on numbers of clients receiving anti-retroviral therapy 	Inventory
	MANAGEMENT	
5.4	% of facilities where HIV/AIDS services: <ul style="list-style-type: none"> ◄ have a system for followup on referrals for HIV-positive clients 	Inventory
5.5	% of facilities where, of interviewed providers who provide HIV/AIDS services: <ul style="list-style-type: none"> ◄ all providers either had training in HIV/AIDS during basic professional training or report having received continuing training on HIV/AIDS-related issues within the prior 12 months ◄ where at least 50% of providers report having received at least one supervisory visit in the past six months 	Provider Interview
STI-VI	PROVISION OF HIV/AIDS SERVICES UNDER A SYSTEM THAT PROMOTES UTILIZATION	
6.1	% of facilities that: <ul style="list-style-type: none"> ◄ have confidentiality protocols for HIV/AIDS ◄ have informed consent for testing for HIV/AIDS ◄ provide HIV/AIDS counseling in space that offers privacy 	Inventory
STI-VII	PROACTIVE ACTIVITIES TO DECREASE TRANSMISSION OF HIV/AIDS	
7.1	% of facilities: <ul style="list-style-type: none"> ◄ where pregnant women are offered voluntary counseling and HIV testing and education on MTC transmission ◄ with VCT programs with related referral linkages 	Inventory
7.2	% of facilities where at least 50% of interviewed providers who offer under-five, antenatal, newborn, STI, or HIV/AIDS services who have been trained or received continuing education about MTC transmission	Provider Interview

