ICF INTERNATIONAL

DEMOGRAPHIC AND HEALTH SURVEYS

SERVICE PROVISION ASSESSMENT SURVEY INTERVIEWER'S MANUAL

April 2013

MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE DHS is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF International in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Program for Appropriate Technology in Health (PATH), Futures Institute, Camris International, and Blue Raster.

The main objectives of the MEASURE DHS program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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1 INTRODUCTION

The 2013 Malawi Service Provision Assessment (SPA) survey is a national level assessment of formal sector health facilities designed to provide information about the overall health service delivery environment and the functioning of the various components of the health system that may affect the quality of services.

The priority services covered in the Malawi SPA survey are:

i. Child health services, including curative care, child immunization and growth monitoring

ii. Maternity care, including ANC, delivery, emergency obstetric care, postnatal and newborn care

iii. Family planning services

iv. Services for communicable diseases, including sexually transmitted infections, HIV/AIDS and related services, and

v. Non-communicable diseases, including diabetes, cardiovascular diseases and chronic respiratory diseases

Information from the 2013 Malawi SPA survey will help health programs and policy makers when prioritizing interventions.

You are being trained as an interviewer for the SPA survey. After the training course, which will take about three weeks to complete, selected interviewers will be working in teams, going to different parts of the country to interview in-charges and health workers in selected facilities. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the SPA for up to 3 – 4 months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or data entry staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. Survey Objectives

The objectives of the 2013 Malawi SPA are:

i. To describe the preparedness of health facilities in the country to provide quality health care services in line with the WHO-recommended service readiness indicators.

ii. To identify gaps in the support services, resources or the process used in providing client services that may impact the ability of facilities to provide quality services

iii. To describe the processes used in providing child, maternal, and reproductive health services and the extent to which accepted standards for good quality service provision are followed

iv. To provide comparisons on findings between the different facility types, the regions of the country, and between facilities run by different managing authorities (e.g., government and private facilities)

v. To describe the extent to which clients understand what they must do to follow-up on the service received so that the best health outcome is achieved

B. Survey Sample

The Malawi SPA is a census of all facilities in the country that offer routine client services, such as preventive care, outpatient curative care for both children and adults, maternity care, services for HIV/AIDS and related conditions. This sample has been carefully selected to ensure that the survey results can be analyzed separately for each region in the country. The sample has also been selected so that the facilities operating under different managing authorities (e.g. government, private for-profit, non-governmental not-for-profit, etc.) can be compared. It is therefore very important that all the sampled facilities are located and visited.

C. Survey Organization

The Malawi SPA survey is being conducted at the request of the Malawi Ministry of Health which is the primary user of the information that will be collected. They also have the primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The Ministry of Health will serve as the implementing agency for the SPA, in collaboration with the Malawi National Statistical Office (NSO). They will jointly take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The Ministry of Health will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from the Ministry of Health and the National Statistical Office will be responsible for overseeing the day-to-day field operation, including recruiting and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the Malawi SPA was provided by USAID. The Demographic and Health Research Division of ICF International will provide technical assistance during all phases of the survey.

During the SPA survey fieldwork, you will work in a team consisting of 4 interviewers, one of whom will be designated as the Team Leader, to be responsible for the team. Each team will be accompanied by a driver.

In the central office there will be a team of regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the facilities. They will monitor data quality and provide for the regular transfer of completed questionnaires to the central office. Data entry staff and computer programmers also will be assigned to the project.

D. Questionnaires

The following data collection instruments will be used:

i. **Facility Inventory questionnaire:** All the facilities that have been selected to be included in the SPA sample will be interviewed using the *Inventory* questionnaire. The Inventory Questionnaire includes a cover sheet to identify the facility and a **Staff Listing Form** on which all health workers present in the facility on the day of the survey will be listed. The Inventory Questionnaire is designed to collect information on overall facility-level preparedness to provide services, regardless of the types of services that are offered, as well as information on service-specific preparedness. These include information on facility infrastructure, client comfort amenities, the service delivery environment, components of support systems (e.g., logistics and management), and the availability of specific items, including their location and functional status. The resources assessed are those required to provide service at accepted standards. The support services are those that are commonly acknowledged as essential management tools for maintaining health services.

ii. **Health worker interview questionnaire:** these are designed to provide information on individual health worker qualification, the type of service they provide in the facility and the types of in-service training they have received. A sample of health workers will be selected from the **Staff Listing Form** to be interviewed using the Health Worker Questionnaire.

iii. **Observation protocols:** These protocols are designed to assess the extent to which health workers adhere to accepted standards for good service delivery. The process used when conducting specific procedures, physical examinations, and the content of information exchanged between the health worker and client (history, symptoms, and advice) are components of the observation. Clients will be selected from the following services for observation: antenatal care, family planning, and services for sick children.

iv. **Client Exit interview questionnaires**: These are designed to assess the client’s understanding of the consultation/examination, as well as recall of instructions received for treatment or preventive behaviors. The client’s perception of the service delivery environment is also assessed. Exit interviews are done with clients whose consultations were observed.

E. Interviewer's Role

The interviewer occupies the central position in the SPA survey because he/she collects information from respondents. Therefore, the success of the SPA survey depends on the quality of each interviewer's work.

In general, once a selected facility has been located, the responsibilities of an interviewer include the following:

- Identifying all eligible respondents (facility in-charges, most knowledgeable health workers for specific services, clients for observation and exit interviews) in those facilities
- Interviewing all eligible respondents in the facility using the appropriate questionnaire
- Checking completed questionnaires to be sure that all questions were asked and the responses neatly and legibly recorded

These tasks will be described in detail throughout this manual.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through practice and field experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Inventory Questionnaire
- Staff Listing Forms
- Health Worker Interview Questionnaire
- Observation protocols for ANC, FP and Sick Child
- Client Listing Forms
- Exit interview questionnaires
- Interviewer's manual

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually visit health facilities to interview health workers, observe consultations and interview clients. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed; your training is being continued each time a supervisor meets with you to discuss your work. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team Leader will play a very important role in continuing your training and in ensuring the quality of the SPA data. He or she will:

- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with understanding specific questionnaires, or dealing with difficult respondents.

H. Survey Regulations

The Survey Director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the SPA a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her Leader may be dismissed from the survey.

2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.

3. Throughout the survey training and the fieldwork period, you are representing the Ministry of Health, an organization of the Government of Malawi. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.

4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.

6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.

7. SPA data are confidential. Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting a SPA Survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the

unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her Team Leader, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or team leaders to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

2 PLANNING THE FIELDWORK

The following sections outline in detail the activities that are involved in planning data collection. The Team Leader will usually have the chief responsibility for planning field activities.

A. Fieldwork Schedule

The Survey Manager will assign each team a number of facilities to visit for data collection. This will include the name and location of the facility, as well as the facility identification information. If available, this list will include the name of the person in charge of the facility, telephone numbers or other contact information, and the hours during which the facility is open and/or various services offered. The Survey Manager will also provide the team with a map showing the location (or approximate location) of all of the facilities on their list.

Each Team Leader will work with other members of his/her team, including the driver and senior staff of the survey, to prepare a schedule for the visits to the facilities assigned to his/her team. Because of the high costs of fuel, the schedule will be designed to minimize 'doubling back', thereby increasing the cost-effectiveness of the survey and decreasing the distances the team is required to travel.

In developing the schedule, the Team Leader must take into account the location of each of the facilities as well as the localities where the team will likely be staying overnight. The team generally will need to arrive at a facility on or before the official opening hours; therefore, the lodgings that the team will use each night must be within a reasonable distance of the facility that is to be visited on the next day.

The Team Leader must provide a copy of the visit schedule to the Survey Manager prior to beginning fieldwork. It is likely that there will be changes in the visit schedule during the course of the fieldwork, and it is the Team Leader's responsibility to keep the senior survey staff updated on the team's schedule.

B. Advance Contact with Authorities/Facilities

Generally, the Survey Manager or another senior member of the team will have notified appropriate authorities in the region and district of the ***nature*** and ***purpose*** of the SPA in advance of the fieldwork. It is best if an official letter from the Managing Authority for the facilities being surveyed is sent to the regional or district offices for that organization. Each team should also have a copy of the letter to show at facilities if necessary. In addition, prior to visiting facilities in a specific region or district, each SPA team should contact regional or district offices of the operating authorities for those facilities to be visited. Such contacts can facilitate cooperation with the survey by the facility staff as well as provide pertinent information such as hours of operation, times when specific services are offered, and so forth, that is helpful when scheduling facility visits. Finally, if possible, the Team Leader should directly contact (by phone or radio) each facility a few days in advance of the actual date of the planned visit. This contact may decrease the probability of essential respondents or services not being available the day of the visit as well as facilitate cooperation from facility staff.

C. Logistical Arrangements

Prior to departure for fieldwork, the Team Leader must ensure that the team has all of the sampling materials, questionnaires and other materials (pens, clipboards, briefcases, interviewer manuals, and other supplies) necessary to complete its assignment. The Team Leader must also have introductory letters from the Ministry of Health as well as other organizations whose facilities will be visited during the survey. In particular, the Team Leader must make sure that the team has a sufficient number of each of the survey questionnaires at all times.

The Team Leader will be responsible for all transport arrangements. If the team has its own vehicle and driver, this will include confirming that any maintenance activities are complete and that coupons (or cash) are available for fuel purchases and maintenance. The Team Leader also may be required to make/confirm accommodation reservations for the team during the fieldwork

Throughout the fieldwork, the Team Leader is responsible for ensuring that the team has adequate equipment and supplies and, with the assistance of the driver, for ensuring that the maintenance schedule for the vehicle is followed and for dealing with unexpected problems with the vehicle.

3 ORGANIZATION OF ACTIVITIES DURING A FACILITY VISIT

There are a number of general procedures to be followed by a SPA team during a visit to a survey facility. These procedures are outlined in the following sections, along with general tips for interviewing respondents, instructions for recording responses in the questionnaires, and ensuring quality in the data collection process. Subsequent sections of the manual provide detailed instructions for completing each of the SPA SURVEY instruments.

A. Locating and Verifying Facility Identification

The health facilities included in this survey have been specifically selected to meet special sample criteria. Every attempt should be made to conduct the SPA data collection at the selected facilities.

The Team Leader is responsible for making sure that the team visits all of the facilities that his/her team is assigned during the SPA survey. If after contacting local authorities, you cannot locate a facility or are not sure about whether a facility that you have found is actually in the SPA sample, contact the Survey Manger. If a facility included in the team's assignment is closed or not functioning for some reason, the Team Leader should also contact the Survey Manager.

Finally, no facility not listed in the sample should be visited and interviewed unless specifically approved by the Survey Manager.

B. Geographic Positioning System Data Collection

Upon arrival at the health facility to be surveyed, fill out the cover page of the questionnaire which includes collection of geographic positioning system (GPS) data for the site. GPS is a method for collecting a geographic position using satellite technology. You will be taught how to use the GPS devise to collect GPS information during the training period.

C. Gaining Permission for the Survey

The SPA survey team will be visiting facilities that are operated by the government and those that are operated privately. The private facilities must give permission for the survey to be conducted on their premises. Private facilities may be less willing to participate if they fear the survey will result in negative findings, or that conducting the survey will interfere with service provision. Prior notification of the survey, either from the main office of the operating authority, or if it is an independent facility, from one of the government sponsors of the survey, will help pave the way for agreement to participate. The private facility may be especially concerned about the confidentiality of the survey results.

Although government facilities are officially obligated to allow the survey, the results will be much better if the staff at the facility agree willingly to cooperate with the survey.

The initial impression you give to the facility staff will be important to gaining their willing cooperation with the survey. At all times the staff at the facility must be treated with respect and politeness. Upon arrival at each facility, the Team Leader will ask to see the person in charge. If the official "in-charge" is

not present the day of the survey, they must ask to see the acting "in-charge" for the day. The Team Leader will introduce the survey team and explain the purpose of the visit and the activities that are a part of the survey. At this time, the introductory letters from the relevant organization and the letters explaining the survey and giving the team authorization to visit facilities will be given to the in-charge.

An example of an introduction upon arrival would be:

"Good day. My name is ____________. My colleagues and I are representatives of the Ministry of Health and the National Statistical Office conducting a survey of health facilities in Malawi. We are visiting health facilities throughout the country and your facility was selected, by chance, to be included in the survey.

As a part of the survey, we are collecting information on the services that are offered by facilities, the types of equipment and supplies that are available in facilities and recent training that health workers in these facilities have received. We would like to observe some of the services as they are provided and to talk with clients after they complete their visit to your facility.

All of the information that is collected from this facility will be strictly confidential. We will not be referring to individual facilities in our report, but rather are looking at the overall picture for all facilities of the same type.

The purpose of this survey is to provide information to health planners and organizations representing health workers regarding the current situation for health care provision for children, and maternity and reproductive health services. This information will be used to develop the most appropriate programs for improving these health services in Namibia.

Do you have any questions thus far?

May we proceed?

Thanks you!

If you are refused entry or an interview in a facility and nothing you say can make the in-charge reconsider, contact the Survey Manager, and provide the name of the facility, its location and managing authority. The Survey Manager will make every attempt to contact appropriate persons who can help to convince the health facility staff to allow the interview.

D. Meeting with the Person In-charge and Organizing Data Collection at a Facility

At the start of the facility visit, the Team Leader will discuss with the in-charge or other knowledgeable person the organization of the service delivery system for the specific services included in the SPA survey. It is important to determine at the start of your visit where the relevant services are being provided, what the normal flow of clients is for the services to be observed, and where medications and supplies are stored. It is also important to determine the times and locations where consultations for

the various priority services are held in order to plan the logistics for the observation and for client interviews components of the survey.

The Team Leader is responsible for working out a plan for completing all components of the survey at a sampled facility. The Team Leader should discuss the plan with the in-charge. It may be helpful to meet with relevant supervisors (at large facilities) and other staff who may be requested to allow interviews and observations during the team's visit. For a small facility this may be relatively easy since most services are in the same general area. For larger facilities, this may involve different departments.

As a component of the SPA survey methodology, clients are sampled for observation at the various service delivery points of interest. Obviously, observation will be the most difficult section to complete a sample for, so priority should be given to this component. If it is the time when clients are present, the Team Leader should arrange for the interviewer responsible for the observation component to go to the first area where observations will take place while the other interviewer is placed for exit interviews. Depending on how frequently eligible clients arrive for observation, the Inventory and Health Worker Interviews may be conducted in between clients.

Experience has shown that a reasonable approach for organizing the work is the following:

1) Arrive at the facility prior to opening time.

2) Team Leader meets with the in-charge and explains survey components and gains permission for access to facility.

3) Discuss organization of services, client flow and staff work patterns.

4) Ask to be introduced to all service areas where observations will occur and place observer and exit interviewer so they can begin their work.

5) Team then identifies the best approach for completing the work.

Reassure the in-charge that other than a few of the specific management questions, s/he can delegate others at the facility to help the team. Often the in-charge feels obligated to try to respond to all survey questions and to show the team around the facility. This is not necessary and may create resentment in the in-charge who has many responsibilities.

At this time the Team Leader should arrange with the in-charge a convenient time for asking the general questions on facility readiness (Sections 1 - 7). In smaller facilities the Team Leader should at this point also seek help in listing staff members available in the facility that day and eligible for the Health Worker interview and selecting staff so that their availability for interview can be arranged. In large facilities, listing of staff may need to be conducted in each service area, with the in-charge for that service.

After these activities are completed, the Team Leader must decide how best to get the team organized for collecting data:

A) If there are 4 interviewers on the team, working in the morning with two observers and two exit interviewers, with the four team members completing the Inventory and Health Worker Interviews after clients have departed (this is practical in facilities where it is known that clients are only present for an intensive few hours in the morning); or

B) If there are fewer than 4 interviewers on the team, working with one observer, one exit interviewer, and the other interviewer commencing with the Inventory or Health Worker interviews (this is practical in facilities where clients are present all day).

The most efficient plan will result if the Team Leader develops a collaborative planning strategy with the in-charge or another person designated by the in-charge, who is familiar with the day-to-day functioning of the facility, and together they determine the strategy.

4 TIPS FOR CONDUCTING INTERVEIWS AND OBSERVATIONS

The following are some general rules in conducting interviews or observations at a facility. Specific procedures for completing each of the questionnaires are described in detail in the appropriate sections.

A. Show respect

The quality of the information you collect will depend to a large extent on the attitude of both the health workers and clients. Therefore, the interaction between yourself and all respondents is very important. All respondents should be treated respectfully and politely. The respondents should know that you appreciate their cooperation and the time they are taking to help make the survey successful.

If the respondent feels that the information is important and that you are sympathetic to their situation, they will be more straightforward with responses and will be more likely to answer questions to the best of their ability. If they feel pressured to respond, or feel that the interview is a burden, they may not carefully think about responses.

If it appears that there will never be a convenient time for collecting the data, you should discuss with the health worker or the staff member in charge to determine the best approach for collecting the required data with the least interference possible.

B. Read questions exactly as they are written in the questionnaire

Always ask questions using the exact wording found in the questionnaires. Speak slowly and clearly so that the people you are interviewing will have no difficulty in hearing or understanding the question. At times you may need to repeat the question in order to be sure the respondent(s) understand(s) it. In those cases, do not paraphrase the question but repeat the question exactly as it is written. If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

C. Be straightforward

There are several questions in the questionnaire where you are asking about the availability of items, and then asking to see them. Health workers will be more cooperative if they know beforehand what to expect. If, without any prior notice you ask questions and then ask to see items, people may think you are trying to trick them, or "checking up" on their answer.

In order to have the greatest amount of cooperation, always tell the respondent what is coming. For example:

"Now I am going to ask you if you have various types of equipment or supplies, if they are in working order, and after answering about all of them, I will need to see the items so that I can completely fill in this questionnaire."

D. Never suggest answers to the respondents

If the respondents' answer is not relevant to a question, do not prompt them by saying something like *"I suppose you mean ……… Is that right?"* In many cases, the informants will agree with your interpretation of their answer, even when that is not what they meant. Rather, in most cases, you should probe in such a manner that the informants themselves come up with the relevant answer, e.g.,

"Can you explain a little more?" "There is no hurry. Take a moment to think about it".

Specific questions for which it may be necessary to provide additional clarification will be discussed in the detailed instructions for completing the SPA questionnaires. Even in these cases, you should provide only the minimum information required for an appropriate response. Except when specifically instructed (e.g. when asking the client about their thoughts on the facility during the client interview), never read out the list of coded answers to the respondents, even if they have trouble in answering the question.

E. Ask all applicable questions

In most cases, you will ask questions in the sequence in which they appear in the questionnaire. However, because the organization of facilities often differ, you may find that to complete one section you have to talk to more than one respondent, or go to different areas of the facility. It is up to you to ensure that when sections are skipped because the information must be collected from a different informant or location, that those sections are completed before leaving the facility.

F. Handle hesitant respondents tactfully

There may be situations where the respondent simply says "I don't know", give an irrelevant answer, act very bored or detached, contradict something they have already said, or refuse to answer the question. In these cases you must try to re-interest them in the conversation. For example, if you sense that they are growing restless, reassure them that there are not many more questions and that the government is very interested in what they say about the services or about their facility.

If the informants are giving irrelevant or elaborate answers (or complaining about something), do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. You can also write down what they say and tell them that it is duly noted. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondents see the interviewer as a friendly, sympathetic, and responsive person who cares about them.

G. Never let the survey interfere with the health workers' ability to see patients

If the health worker you need to see is busy with a client, wait until that visit is completed before approaching the health worker. Wait until there are no clients around, or until there is a qualified person to show you around for completing the inventory and health worker interview sections.

H. Offer no opinions or advice on specific facility practices or patient care issues

If you are asked a question that you think requires your medical opinion or advice, simply respond that you are there to collect information to provide an overview of the (whatever health service is involved) services, and you are interested in the systems and practices at this facility. Explaining this and then simply stating, "I'm not in a position to provide any advice or opinions" may be sufficient. Questions requiring this response are most likely to arise during the observation and the client exit interview components. If the client has a specific question during an exit interview, you may refer them back to the health worker for clarification of the issue in concern.

If you observe what you consider to be wrong practices, make a note on the questionnaire, but again, make no comment or intervention. Remember, the purpose of the survey is to collect information that will help to improve the health services overall. If you intervene with one health worker or with one client this may bias further results and prevent you from observing the true practices and facility characteristics which might need to be addressed for the health system as a whole.

I. Never raise expectations of immediate changes in the situation of the health worker or facility

Do not raise expectations that that you can immediately assist with solving problems that the health worker or clients raise as problems. You are going to provide information to decision makers and health planners and administrators, but any changes as a result of the survey will most likely occur over an extended period of time, and be gradual in implementation. If clients or staffs complain about the poor state of repair of the facility, equipment, or supplies or other problems, provide a neutral or non-judgmental response (e.g., "I know these things are difficult").

5 GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRES

The interviewer's main responsibility is to use the questionnaire to appropriately collect information that is as accurate as possible by asking questions of the appropriate respondents and accurately recording responses.

The instructions and examples below explain the questionnaire form, the various types of questions and instructions, and procedures for correctly recording information

A. Organization of questionnaires

The questionnaires are typically divided into four columns, as shown below. The individual question numbers appear in the first column. The second column contains the questions and instructions to the interviewer for posing questions, the third column contains the response categories, and the fourth column contains skip instructions, if necessary.

SECTION 4: INFRASTRUCTURE			
COMMUNICATION			
111	Does this facility have a ***land line telephone*** that is available to call outside at all times client services are offered? IF YES, ASK TO SEE IT CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES, OBSERVED . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO. 3	 → 113
112	Is it functioning? ACCEPT REPORTED RESPONSE	YES. . . . . 1 NO. 2	→ 117
113	Does this facility have a ***cellular telephone or a private cellular phone*** that is supported by the facility? IF YES, ASK TO SEE IT	YES, OBSERVED . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO. 3	 → 115

B. Instructions for the Interviewer

It is important to ask the questions exactly as they are written in the questionnaire and in the order in which they appear. Questions are often accompanied by a set of instructions for the interviewer. Instructions are usually located before at the beginning of a section, at the end of a section, or in the question column and appear as CAPITAL LETTERS (see example in Question 111 above, and in question 220 below). These instructions are meant to remind you of important directions for asking questions, making correct observations, and recording information. These instructions should not be read to respondents.

CHILD GROWTH MONITORING SERVICES			
220	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE ☐ NO GROWTH MONITORING SERVICES ☐	→ 240
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWIG QUESTIONS.			

C. Recording Responses

As an interviewer, when completing a paper version of the questionnaire, all responses are to be recorded using pens with blue ink. Blue ink is used because it can be distinguished from the black ink in which the questionnaires are printed. Supervisors will do all their work using pens with red ink. Interviewers should therefore never use ink of any other color for their work. Never use a pencil to complete the survey questionnaire.

Note that the responses will eventually be entered into an electronic database. It is very difficult to correct for errors and/or omissions in the questionnaire at that point. Consequently, it is very important that you correctly record the answers and follow all special instructions in the questionnaire.

The procedures for recording responses will vary according to the type of question being asked. There are basically three types of questions in the questionnaires: 1) questions that have pre-coded responses; 2) questions that do not have pre-coded responses and require a numeric response; and 3) filters. Samples of all types of questions, and combinations of them, are reviewed below giving examples.

1. Questions with pre-code responses

For some questions, we can predict the types of answers a respondent will give. The possible responses to these questions are listed in the response column questionnaire. To record a respondent's answer, you merely circle the number or letter code that corresponds to the response. Make sure that each circle surrounds only a single number or letter.

There are different types of such questions, where we can predict the types of answers; examples are provided below.

Example where only one response is correct

105	Does this facility have beds for overnight observation?	YES . . . . (1) NO 2	 → 109

Sometimes there can be more than one correct response to a question. In this case, the response codes will be letters (A, B, C, etc.) rather than numbers. Be sure to circle all the appropriate responses.

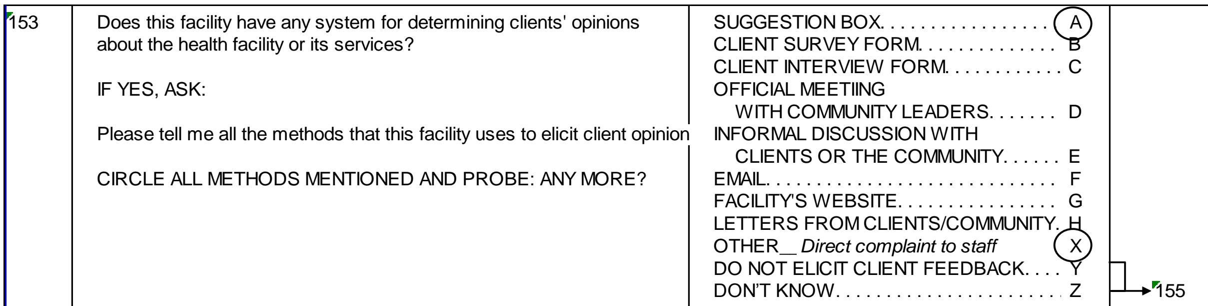
Example where more than one response may be correct

127	Does this facility have other sources of electricity, such as a generator or solar system? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY	FUEL-OPERATED GENERATOR. . . . . . (A) BATTERY-OPERATED GENERATOR. . . B SOLAR SYSTEM. . . . . (C) NO OTHER SOURCE. . . . . D	

In some cases, pre-coded responses will include an 'OTHER' response. The OTHER code should be circled only when the respondent's answer is different from any of the pre-coded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified pre-coded response categories. When you circle the OTHER code for a particular question you must <u>always</u> write the respondent's answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, "see note in comments section" next to that question.

In the example below, more than one response is correct, and one of those is an "OTHER" response.

Example of response using OTHER



153	Does this facility have any system for determining clients' opinions about the health facility or its services? IF YES, ASK: Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX. . . . . (A) CLIENT SURVEY FORM. . . . . B CLIENT INTERVIEW FORM. . . . . C OFFICIAL MEETIING WITH COMMUNITY LEADERS. . . . . . . D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY. . . . . . E EMAIL. . . . . F FACILITY'S WEBSITE. . . . . G LETTERS FROM CLIENTS/COMMUNITY. H OTHER__ *Direct complaint to staff* (X) DO NOT ELICIT CLIENT FEEDBACK. . . . Y DON'T KNOW. . . . . Z	Y, Z → 155

Sometimes responses to particular questions must be entered in the form of a response grid (table). When recording a response in one of these grids, be sure that you are entering the answer in the proper row and column. If the questions are listed in a row, and the response categories appear in the columns, make sure that each row has a response.

Example of response grid

CLIENT EXAMINATION ROOM				
AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.				
164	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	(1)	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	(1)	2	3
03	ALCOHOL-BASED HAND RUB	1	(2)	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	(3)
05	OTHER WASTE RECEPTACLE (NOT PEDAL BIN, NO PLASTIC LINER)	(1)	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	(1)	2	3
07	DISPOSABLE LATEX GLOVES	1	(2)	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	(1)	2	3

2. Questions that do not have pre-coded responses and require a numeric response

The answers to some questions are not pre-coded but require that you write the respondent's answer in the space provided.

Example of question requiring a numeric response			
409	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. . . . [0][1][2] DON'T KNOW 998	

Depending on the number of boxes available to record your response, always record your answers such that there are no boxes left empty. In the example above where there are three boxes and where the response is "12", you will notice that the number 12 fills the last two boxes and the first box is occupied by a leading "0". This way, there is no confusion when someone else is looking at this when you are not around to "explain" that it was indeed "12" and not, say "112".

Whenever the answer to a numeric question is not known, for a response that has two boxes record '98', for a response having more than two boxes record nines (9s) with the last digit being an "8". For responses with only one number response box, record an "8".

If there is a pre-coded "DON'T KNOW" response (e.g. DON'T KNOW ……….998 as in the example below) you should simply circle the "998" pre-coded response and not enter "998" in the boxes.

Example of "DON'T KNOW" response for question requiring a numeric response			
409	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. . . . [ ][ ][ ] DON'T KNOW 998	

3 Filters

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter, then follow the skip instructions.

Example of filters				
200	CHECK Q102.01	CHILD IMMUNIZATION SERVICES [X]	NO CHILD IMMUNIZATION SERVICES [ ]	220

D. Correcting Mistakes

When administering a paper version of the questionnaire and you make a mistake entering an answer, or the respondent changes their reply, do not try to erase or write over the wrong answer; rather, put two horizontal lines through the incorrect response.

Remember that if there are two responses for a particular question that requires only one response, it may be impossible later, when the data are being coded, to determine which of the responses the correct answer is. Also, if you write over an answer, the data input staff frequently cannot determine which of the two responses you meant as the correct response.

Example of correcting a mistake			
341	Do you have IPT guidelines available in this service area? IF YES, ASK TO SEE THE GUIDELINES. ACCEPTABLE IF PART OF ANC GUIDELINES	YES, OBSERVED. . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO GUIDELINE AVAILABLE. 3	

E. Skip Instructions

The questionnaires are set up to avoid as much redundancy as possible and ask only appropriate questions given a situation. ARROWS are used throughout the questionnaires to give directions about the next question to ask and mean "skip to". It is very important to follow these skips for they enable the interviewer to collect only the necessary information in an efficient manner as possible, thus making the questionnaire much shorter and increasing the cooperation of the respondents.

Example of skip instructions

339	Do you have the national ANC guidelines available in this service area today? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED. . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO GUIDELINE AVAILABLE. 3	→ 341
340	Do you have any other ANC guidelines available in this service area today? IF YES, ASK TO SEE THE OTHER GUIDELINES.	YES, OBSERVED. . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO GUIDELINE AVAILABLE. 3	
341	Do you have IPT guidelines available in this service area? IF YES, ASK TO SEE THE GUIDELINES. ACCEPTABLE IF PART OF ANC GUIDELINES	YES, OBSERVED. . . . . 1 YES, REPORTED NOT SEEN. . . . . 2 NO GUIDELINE AVAILABLE. 3	

F. Instructions for Items that must be observed

Several questions in the questionnaire ask if equipment, drugs, supplies and other items are present at the service delivery site or at the location where they are expected to be. The following criteria are to be used for classifying the presence of the item:

"1" for "OBSERVED": The item was seen in the service delivery area or in an adjacent room where it can easily be accessed and used. If the service is not being provided the day of the visit, the inventory item may be stored in a different location. If staff reports that the item is brought to the service delivery area only at the time services are provided the correct response is "2" for "REPORTED, NOT SEEN". See "Example of response grid" above.

"2" for "REPORTED, NOT SEEN": The staff report the item is present at the service site or in an adjacent area in the facility where it can easily be used, but for some reason (e.g., key to cabinet is missing or room is locked), the interviewer cannot observe the item.

"3" for "NOT AVAILABLE": The item is reported either to not be available, or within a reasonable proximity. If the item is "NOT AVAILABLE" verify that the staff is not reporting "NOT AVAILABLE" when in fact the item is present but "non-functioning". If the item is available but is not functioning, it will be marked as "1" "OBSERVED" OR "2" "REPORTED, NOT SEEN" and then subsequently marked as "NOT FUNCTIONING". The program implication of having equipment that is not functioning is different than for when the equipment does not exist.

NOTE: In smaller facilities where many rooms or services are near each other (e.g. within less than a one minute walk to go from room to room), it is reasonable to assume that equipment can be shared between the various rooms or services. You will need to assess if it is likely that the equipment is frequently needed in more than one room at the same time. This is usually not the case if there is one provider. If however there are several providers and several busy services (e.g. Family Planning and ANC are offered by different providers at the same time) being offered at the same time, then two blood pressure gauges would be required and "OBSERVED" would only be a valid response for the service that has the blood pressure equipment.

G. Functioning equipment

For some "OBSERVED" (or "REPORTED, NOT SEEN") items, you also will need to ask if the item is **functioning** at the time of your visit. For these cases use the following criteria:

"1" for "YES": You observe that the item is in working order, or you do not actually see the equipment (e.g., a generator situated elsewhere) yet the staff indicates to you that the equipment is functioning.

"2" for "NO": The item does not function if the staff member indicates that it is not in working order.

"8" for "DON'T KNOW": The respondent is not certain if the item is in working condition or not, and you cannot verify the functioning condition (e.g. the place where the item might be is locked and cannot be accessed at the time of the survey and the respondent does not know about the item).

EQUIPMENT AND SUPPLIES							
311	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3	1	2	8

H. At least one valid medicine

Similar to the functioning of equipment, the availability of medicines alone is not enough; medicines provided to clients should not exceed their expiration dates. It is important to determine that at least some of the medicines that are available in the facility are still good, i.e., unexpired.

I. Ensuring Quality

All members of the survey team are responsible for ensuring that the data that is collected at each facility is as accurate and comprehensive as possible. Each interviewer is responsible for:

i. Checking that questionnaires you have filled are complete at the end of each interview or observation, ensuring that all answers are clear and reasonable, and that your handwriting is legible.

ii. Returning to the original respondent(s) if questions are omitted or there appears to be errors, in order to complete the questionnaire. Apologize, explain that you made a mistake, and then ask the question again.

iii. Taking particular care in recording information when you are observing consultations since it is not permissible (possible) to complete omitted items later in the day based on recall.

iv. Notifying the team Leader whenever there are problems in completing the daily assignment, e.g., in observing the target number of consultations or completing interviews with health workers.

The Team Leader has the overall responsibility for the quality of the work of the team in the field. The team Leader must:

i. Monitor the activities of the team during the course of each day's activities. In particular, the Team Leader must ensure that team members are conducting the observation and exit interviews in an organized manner that will yield the appropriate number of completed instruments by the end of the day's activities.

ii. If there is time, in smaller facilities, attend one or two client-provider consultations with each interviewer-observer during each week and independently complete a questionnaire for each consultation that is jointly observed. Immediately afterwards, compare the questionnaire that the interviewer-observer completed with the one that the team Leader filled in. Discuss any differences with the interviewer-observer.

iii. Check all questionnaires received at the end of the day to ensure that all items are completed and skip patterns are followed. In particular, check that the observation, health worker and exit interview questionnaires include all of the appropriate identification information that will be needed to link the data from these questionnaires.

iv. Feedback information to the team members on any problems observed in the completed questionnaires, and discusses with the staff any problems they have encountered.

v. Maintain regular contact with the central office. Feedback information on any problems with staff performance or aspects of the survey. Promptly notify the central office of any changes in the visit schedule initially prepared.

vi. Prepare a packet of questionnaires at the end of the visit to each facility for return to the central office. Make sure that the correct totals of health provider, observation and exit interviews are shown on the cover of the facility inventory.

6 GENERAL INSTRUCTIONS FOR COMPLETING THE INVENTORY QUESTIONNAIRE

This section of the manual provides detailed information on the content of individual questions in the Inventory questionnaire, including specific instructions and explanations for each question.

A. Overview of the Inventory Questionnaire

The Inventory questionnaire is designed to collect information on the availability of specific client services in the facility, the availability of basic equipment and their functional status, certain supplies, medicines and diagnostic capacity. It is designed to be applicable across all levels of health facilities, from lower level to the most advanced level.

The Inventory is divided into the following modules and sections:

Cover Page/Informed Consent

1.	Facility Identification	2.	Interviewer Visits
3.	Number of Interviews and Observations	4.	Facility Geographic Coordinates
5.	Consent		

Module 1: General Information and Service Availability

Section 1: General Service Availability	Section 2: General Filter Questions

Module 2: General Service Readiness

Section 3: 24-hour staff coverage, communication	Section 4: Staffing, management, etc.
Section 5: Processing of Equipment of Reuse	Section 6: Health Care Waste Management
Section 7: Basic supplies, client reexamination room	Section 8: Diagnostics
Section 9: Medicines and commodities	

Module 3: Service-Specific Readiness

Section 10: Child Vaccination services	Section 11: Child Growth Monitoring
Section 12: Child Curative Care	Section 13: Family Planning Services
Section 14: Antenatal Care Services	Section 15. PMTCT Services
Section16: Delivery & Newborn Care	Section 17: Malaria Services
Section 18: STI Services	Section 19: TB Services
Section 20: HIV Testing	Section 21: HIV Treatment Services
Section 22: HIV Care & Support Services	Section 23: Non-Communicable Diseases
Section 24: Minor Surgical Services	Section 25: Cesarean Section
Section 26: Blood Typing & Compatibility	Section 27: Blood Transfusion Services
Section 30: General Facility Cleanliness	Interviewer Observations

Begin the interview with the in-charge of the facility or the most senior/knowledgeable person responsible for client services who is available at the time of your visit. Discuss with this key informant the type of information that you are seeking, before beginning the interview. Explain that you will first be asking general questions about the facility. Then, you will want to go to where specific services are offered and actually look at equipment, supplies, and medicines. The specific services you are interested in are Child Health, Family Planning, Maternal Health (including deliveries and new born care), and specific infectious diseases such as Sexually Transmitted Infections (including HIV/AIDS). You will also want to see the facility's laboratory (if applicable) and the place(s) where medicines and other supplies are stored. It is important that when planning the strategy for collecting the inventory information from various services that the in-charge ensures that the relevant persons (e.g. pharmacist, storekeeper, and laboratory staff) will be present. At this time you must ask the in-charge to advise you so that you do not miss essential staff (who may leave early; who may have a special meeting on the day of the survey, etc.).

B. General Procedures for Completing the Inventory Questionnaire

Detailed instructions for completing each section of the audit/inventory are included below. However, there are some general points that should be taken into account in completing the various parts of the facility inventory:

1. Interview the most appropriate respondent

Some responses require specific knowledge about the service. The in-charge or one respondent may not know the answers to some of these questions. For any question where the response is "DON'T KNOW" you should ask if there is someone else available who might know the response for the information you are seeking, and only accept "DON'T KNOW" if there is no one who works with that specific service who can provide the answer.

2. Be Flexible

You should first complete section 1 (Service Availability). After that, you will have to be flexible in how you administer the other sections of questionnaire. For example, if a facility is small or service delivery is integrated, there may be only one informant and most of the services will be done in one location. On the other hand, in large facilities, you may need to visit several separate locations within the facility and interview more than one informant in order to obtain all of information required for completing the questionnaire. In such cases, try to complete the remaining sections (2-30) in whatever order that makes the most efficient use of time and service provision schedules.

If you interview more than one respondent, make sure that you take the time to inform each respondent about the purpose of the study and that you obtain their consent for the interview.

3. Multiple interviewers

In general, the inventory questionnaire will be the responsibility of one interviewer, i.e., this one person will make sure the questionnaire is completed in its entirety. However, in some instances, it may be necessary for more than one person to complete one questionnaire. In the rare event of this happening, the interviewers should record responses in the one **official questionnaire**. **Never copy responses from one questionnaire to another since this is likely to introduce errors.**

4. Instructions for Items that must be observed

Several questions in the questionnaire ask if equipment, drugs, supplies and other items are present at the service delivery site or at the location where they are expected to be. The following criteria are to be used for classifying the presence of the item:

"1" for "OBSERVED": The item was seen in the service delivery area or in an adjacent room where it can easily be accessed and used. If the service is not being provided the day of the visit, the inventory item may be stored in a different location. If staff reports that the item is brought to the service delivery area only at the time services are provided the correct response is "2" for "REPORTED, NOT SEEN". See “Example of response grid” above.

"2" for "REPORTED, NOT SEEN": The staff report the item is present at the service site or in an adjacent area in the facility where it can easily be used, but for some reason (e.g., key to cabinet is missing or room is locked), the interviewer cannot observe the item.

“3” for “NOT AVAILABLE”: The item is reported either to not be available, or within a reasonable proximity. If the item is “NOT AVAILABLE” verify that the staff is not reporting “NOT AVAILABLE” when in fact the item is present but “non-functioning”. If the item is available but is not functioning, it will be marked as “1” “OBSERVED” OR “2” “REPORTED, NOT SEEN” and then subsequently marked as “NOT FUNCTIONING”. The program implication of having equipment that is not functioning is different than for when the equipment does not exist.

NOTE: In smaller facilities where many rooms or services are near each other (e.g. within less than a one minute walk to go from room to room), it is reasonable to assume that equipment can be shared between the various rooms or services. You will need to assess if it is likely that the equipment is frequently needed in more than one room at the same time. This is usually not the case if there is one provider. If however there are several providers and several busy services (e.g. Family Planning and ANC are offered by different providers at the same time) being offered at the same time, then two blood pressure gauges would be required and “OBSERVED” would only be a valid response for the service that has the blood pressure equipment.

5. Functioning equipment

For some “OBSERVED” (or “REPORTED, NOT SEEN”) items, you also will need to ask if the item is functioning or in working order at the time of your visit. For these cases use the following criteria:

"1" for "YES": You observe that the item is in working order, or you do not actually see the equipment (e.g., a generator situated elsewhere) yet the staff indicates to you that the equipment is functioning.

"2" for "NO": The item does not function if the staff member indicates that it is not in working order.

"8" for "DON'T KNOW": The respondent is not certain if the item is in working condition or not, and you cannot verify the functioning condition (e.g. the place where the item might be is locked and cannot be accessed at the time of the survey and the respondent does not know about the item).

EQUIPMENT AND SUPPLIES							
311	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 →b	2 → b	3	1	2	8
02	MANUAL BP APPARATUS	1 →b	2 → b	3	1	2	8
03	STETHOSCOPE	1 →b	2 → b	3	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 →b	2 → b	3	1	2	8

It is very important that you make every effort to see the items and when called for, that you verify that an item is in working order. The survey accepts the report of the respondent on whether the item is functioning or not. It is possible that in a few instances, it will not be feasible for you to see an item and, as noted above, allowance has been made for recording whether an informant indicates that the item is available in such instances. However, the goal is for you to 'observe' the items not simply to 'report on' their availability. If facility informants appear reluctant to show you items or become impatient with the number of items that you must check on, you may need both tact and persistence in making sure that you see the items.

6. Definitions applicable across service areas and Client Examination Rooms

Routine: There are many questions where it is asked if an activity is routinely conducted, or routinely provided, etc. Routine means that this occurs for essentially all clients using that service. If an activity is only done if "the client has a symptom" or "if there is a special circumstance", this is not routine.

Standard precautions: In all service delivery areas, the facility is assessed to determine if conditions to minimize infection are present. These include conditions under which hand-washing by the health care provider, between seeing different clients, could reasonably be expected, and a secure box in which sharp items such as disposable needles which may be contaminated with HIV or other blood-borne infections can be securely disposed. The same criteria should be used for each service when assessing these items.

01) Running water: This refers to the piped water, or other running water. For example, if the water is not piped into the room being assessed, or the pipe system is broken, it is acceptable to have water in a container/bucket with a tap, so that the water flows when hands are washed and water is not reused.

Water in a basin is not acceptable since there is the likelihood that the water may be reused.

If there is no water in the container and the explanation is that services are not being provided at the time of the survey but water is normally brought when services are being provided you may mark “2” for “REPORTED, NOT SEEN”. If services are being provided at the time of the survey, and there is no water, the correct response is “3” for “NOT AVAILABLE”, even if the respondent indicates that water is normally available. It can reasonably be assumed that a health provider does not walk more than a room away between client consultations to wash hands, so if water is not available in the service delivery room or an immediately adjacent room, the correct response is “NOT AVAILABLE”.

02) Hand washing soap: Soap is important for infection control and ideally should be available in each service site for hand washing to avoid spread and contamination of infections.

03) Alcohol-based hand rub: Alcohol based hand rub is a supplement or alternative to hand washing with soap and water. Various preparations are available, including gel, foam, and liquid solutions. Alcohol-based hand rub is faster and more convenient but is ineffective on all endospores.

04) Waste receptacles with lid and plastic bin liner: The waste receptacle should have a plastic bin liner, and a lid to qualify as a waste receptacle.

05) Other waste receptacle: In the absence of a waste receptacle with a lid and a plastic bin liner. It can be a bin with no lid, but with a plastic liner.

06) Sharps Container: The secure container in which needles or sharp items can be safely disposed has different names and usually comes in different shapes. For the purpose of this survey, it is referred to as a “Sharps Container”. To qualify as a sharps container, it must be made of a substance that a needle does not readily penetrate (e.g. hard cardboard or plastic) with a sealed lid that has only a small opening to allow the sharp object to be placed inside. The container is used for placing sharp items, such as blades and needles. None of the following, which may be found in some health facilities, qualify as a sharps container: an open-top box, a plastic-lined trash bin where the plastic bag is later removed, an open basin or bowl where used needles are placed for later disposal.

07) Disposable latex gloves: These most often come in a box where the gloves are not individually packaged and the box is labelled either “clean” or “not sterile”. If the gloves are reused and are centrally cleaned and prepared for reuse, the gloves may be stored in a covered, dry container. If there are no clean gloves within easy access circle “NOT AVAILABLE”. Note that

in some advanced health systems there are non-latex gloves that are strong and adequate for preventing infection.

08) Disinfectant/Decontamination solution: Environmental disinfectants such as bleach and alcohol are generally ready-to-use, hard surface disinfectants effective against various microorganisms on inanimate environmental surfaces such as toilet seats, telephones, wash basins, metal beds and springs, trash receptacles, carts, exam tables, hampers, lockers, door knobs and tiles in households and health facilities.

09). Single-use standard disposable needles and syringes or auto-disable syringes with needles: Needles may be in a box or may be attached to a disposable syringe.

10) Medical mask: A device designed to cover the nose and mouth and to serve as a shield against inhalation/expiration of infectious particles

11) Gown: A robe or smock worn as a guard against contamination. Gowns are used when there is a risk of blood or other body fluids splashing the health care worker's body or clothes

12) Eye protection (goggles or face protection): Protective gear for the eyes that comes in many different forms. Goggles are eyewear that usually encloses or protects the eye area in order to prevent particulates, infectious fluids, or chemicals from striking the eyes. A face shield protects the wearer's entire face from potentially infectious fluid.

13) Guidelines for standard precautions: Standard precaution refers to routine measures to reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of personal protective equipment should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens. If guidelines are available, ask to see the guidelines.

Guidelines: A guideline or protocol is a document with the aim of guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare. Guidelines identify, summarize and evaluate the highest quality evidence and most current data about prevention, diagnosis, prognosis, therapy including dosage of medications, risk/benefit and cost-effectiveness. They may come in different forms. They can be separate printed pages, booklets, pamphlets, wall charts or guides. They may even be hand-written, copied from another document. They may be official national guidelines, or may be specific to a particular organization.

Multiple service areas and topics may be covered in one guideline document. For example, it is not uncommon to find a reproductive health guideline that includes family planning guidelines, syndromic approach guidelines for STI, and guidelines for maternal health.

In order for a facility to be considered as having a guideline, the document must be available and observed in the service area or in an adjacent area. They must be easily accessible to service providers when they are working with clients.

Some service sites are clustered near a room where the health care providers go to write in charts or talk outside of the view of the clients. If the guidelines are located in this room, that counts as being present at the services site. If, on the other hand they are located in a room that is locked during part of the day or up a flight of stairs and down a hallway in an office, this does *not* count as being located in the area where clients are seen. Guidelines that are in a central library or an administrator's office may not be easily accessible during all service times. When there is a question of accessibility, consider whether you would easily and rapidly be able to get the information you needed from the protocol if you were providing services there.

The objective of the assessment is not to observe whether providers are actually using the guideline, but whether the guidelines are available to them at service sites if they need to and also choose to use them. If you have any doubt about whether an observed item includes the particular information you are asking about, briefly look through the document you are shown to ensure that a subject is (or, is not) included.

Facilities may use guidelines other than the national guidelines produced by the Ministry of Health. Guidelines other than the national are acceptable, provided the key elements of the subject matter are covered in the document.

7 DETAILED INSTRUCTIONS FOR COMPLETING THE INVENTORY QUESTIONNAIRE

A. Cover Sheet – Facility Identification

001: Facility Name. This information will be provided to you and will be available in the list of facilities assigned to your team. Make sure to spell the facility name as it appears in the list.

002: Location of Facility. Record the address and the name of the city, town, or village where the health facility is located. Write the most complete address possible for the facility. If there is not a specified address describe the location.

003: Region/Province. Record the name and number code of the administrative region/province where the health facility is located. This will be pre-assigned and available on the list of assigned facilities.

004: District code. Record the name and number of the administrative district where the health facility is located. This will be pre-assigned and available on the list of assigned facilities.

005: Facility Number. The code of the facility will be provided to you by the survey management team.

006: Type of Facility. The facilities that your team will be assigned will be categorized by the type of facility. The facility types and classifications would have been updated during the period leading to the selection of facilities for the survey. Therefore, the list of facilities you will be assigned should be accurate. However, it is important to verify the facility type with the person in-charge of the facility, since, sometimes a facility may get upgraded (e.g., from dispensary to health center), or downgraded (e.g., from a health center to a dispensary) but the national listing may not yet reflect the updated information.

If there is a discrepancy between the facility type displayed on the list and what you find at the facility, enter the code that you believe is appropriate based on the discussion with the in-charge and proceed with data collection; however, report the discrepancy to the survey management team as soon possible.

The following list of facility types is a general guide:

Hospitals: Hospitals represent the top end of a continuum of care. They play an important complimentary role to primary care and constitute an important and integral part of any national health system. They may fall under the following subcategories:

- **National referral hospital:** these are at the apex of the health care system, providing sophisticated diagnostic, therapeutic and rehabilitative services. Having the highest level of expertise and offering the most diverse and advanced services, they often also serve as teaching hospitals.

- **Regional/Provincial hospital:** These hospitals act as referral facilities to their primary or district hospitals and also provide specialized care. They usually are considered as intermediary facilities between the national level and the districts and oversee the implementation of health policy at

the district level, maintain quality standards, and coordinate and control all district health activities.

- **District hospitals:** These hospitals provide preventive, outpatient curative, maternity, inpatient, emergency surgery, blood transfusion, laboratory diagnostic and other general services.

- **Other hospitals:** hospitals other than the three described above will fall under this category. Examples include privately run hospitals.

- Health Center:

- Clinic:

- Dispensary:

007: **Managing Authority:** This information will be provided with the list of facilities assigned to your team. It refers to the type of institution or organization that manages the facility and provides primary supervision. Verify this information with the facility in-charge. It is very unlikely to find facilities that you have been assigned that will have a different managing authority than what is on your list. However, in the event that this happens, still proceed with data collection but notify the survey management team.

008: Urban/Rural: You will also be provided with this information.

009: Inpatient only: The majority of facilities, especially lower level facilities, provide outpatient services only. Inpatient services are more common with higher level facilities, and in most cases, in addition to outpatient services. In very rare instances, some facilities provide only inpatient services. If a facility falls under this category, indicate that in this question.

Interviewer Visits

After you have contacted the facility, you will need to write in the result of your visit. For most facilities, data collection will be completed in one day; in a few instances, multiple visits may be necessary in order to complete data collection. The spaces under (2) and (3) are for recording the results of any call backs that you may have to make if you cannot contact the facility or you are unable to complete data collection on your first visit. In extreme cases, you may have to make three different visits to try to obtain an interview with a facility.

RESULT CODES: The result of your final visit to a facility is recorded in the last column of this section under “FINAL VISIT”. You will make every attempt to contact and interview the facility, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct or complete data collection. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Facility Completed. Enter this code when you have completed data collection for the facility. This includes not only the inventory, but also all applicable observations and health worker interviews.

- Code 2 Facility respondents not available at time of visit. This code is to be used in cases in which the facility is functional, but no one is at available at the time of your visit. If no one is available when you visit, or if there is only a person who does not provide services, enter Code '2' as the result of the visit. Try to find out from people in the neighborhood or from the person you find at the facility when a health worker will be present so you can plan your next visit.

- Code 3 Postponed/Partially completed. If you contact a facility, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '3' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '3' for the final result code.

- Code 4 Facility Refused. The impression you make during your initial contacts with the facility is very important. Introduce yourself appropriately and explain the purpose of the survey. Ask to speak with the in-charge of the facility is s/he is not the first person you speak with. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual or in-charge with whom you first talk is unwilling to cooperate, suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '4' and report the problem to survey manager.

- Code 5 Facility closed / not yet operational.

- Code 6 Other. There may be times that you cannot interview a facility and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire area where the facility is located is flooded and inaccessible.

FINAL VISIT: After you have paid your last visit to the facility, you will fill in the boxes under FINAL VISIT. The date on which you completed the inventory questionnaire is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2013 would be DAY 31, MONTH 10, YEAR 2013. Write your assigned interviewer number in the boxes labeled INT. NUMBER.

Record the result for the final visit in the RESULT box.

Total Number of Provider Interviewers, Total Number of Observations and Total Number of Client Visits

At the end of your visit, after you have completed all health worker interviews, observations and client exit interviews in the facility, you will record the total number of eligible health workers who were interviewed (with the health worker questionnaire) in the boxes labeled TOTAL NUMBER OF PROVIDERS INTERVIEWED. You will also record in the boxes labeled TOTAL NUMBER OF ANC OBSERVATIONS the total number of ANC clients who were observed receiving services in the facility on the day of the survey, from all providers. Do the same for the other services (family planning, sick child and STI services). If there were no observations for any of the services then write '00'. Since each observation will be accompanied by an exit interview, these numbers automatically show the respective numbers of client exit interviews.

Information will be provided later on how to select providers for the health worker interview, and clients for observations.

B. Facility Geographic Coordinates

The Geographic Position System (GPS) is a method for locating the geographic location of the health facility using satellite technology. In some instances, this will automatically be recorded by the mobile electronic device. In most cases however, the interviewer will be required to manually record the GPS reading from the GPS device, including the waypoint name (facility number), altitude, latitude, and longitude of the facility.

Steps for using the GPS to obtain the geographic coordinates:

i. Set default settings for the GPS unit. These should be done once, ahead of time and before going out to the field.

- Set coordinate system to latitude/longitude
- Set coordinate format to decimal degrees
- Set datum to WGS84

ii. Once in a facility, stand at the main entrance of the health facility, within 30 meters of the door where the entrance is in plain view to the sky.

- Turn GPS device on and wait until the satellite page changes to 'position'.
- Write altitude.
- Press 'mark'.
- Highlight 'Average' and press 'Enter'
- Highlight 'Waypoint number' and press 'Enter'.
- Enter the facility code.
- Wait 5 minutes.

- Highlight 'Save' and press 'Enter'.
- Page to Main Menu, highlight 'Waypoint List' and press 'Enter'.
- Highlight the relevant Waypoint.
- Copy information from waypoint list page- this is the average of all the satellite readings.
- Be sure to copy the waypoint name from the waypoint list page to verify that you are entering the correct waypoint information on the data form.

010: Waypoint name (facility number): Enter the waypoint name (facility number) from your list of assigned facilities into the GPS machine.

011: Elevation/Altitude: Once the GPS is reading the facility coordinates, copy information for Elevation/Altitude from the GPS *equipment* onto the paper questionnaire.

012: Latitude: Indicate N (North) or S (South) for Latitude in the box labeled “a”. In the box labeled “b”, write the first 2 digits before the decimal place, and in the box labeled “c”, the (last) 5 digits after the decimal point.

013: Longitude: Indicate E (East) or W (West) for Longitude in the box labeled “a”. In the box labeled “b”, copy the first 3 digits before the decimal place and in the box labeled “c”, the (last) 5 digits after the decimal point.

Informed Consent

You must obtain a respondent’s informed consent for participation in the survey before you begin an interview. An informed consent statement is included at the beginning of the Inventory Questionnaire to be read to the facility in-charge or the most senior health worker in charge of the facility on the day. The statement explains the purpose of the survey and assures the respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in the interview.

When the respondent indicates their willingness or agrees to be interviewed, append your signature in the space provided, and put the date.

Q. 100: Begin interview

Once you have obtained consent, ask if it is ok to begin the interview. The respondent might not be ready at that time and may ask you to wait for a while before stating the interview.

Q. 101: Interview Start Time

Once it is ok to proceed with the interview, record the time that you start the actual interview using the 24-hour clock system. For example, 9:30AM will be 09 in the HOURS boxes and 30 in the MINUTES boxes, and 1:15PM will be 13 in the HOURS boxes and 15 in the MINUTES boxes.

C. MODULE 1: GENERAL SERVICE AVAILABILITY - INPATIENT SERVICES - HEALTH STATISTICS

Two sections are covered in this module: (1) general service availability and (2) Inpatient services / health statistics.

C.1 SECTION 1: GENERAL SERVICE AVAILABILITY

Q. 102: Service Availability

This is probably the most important question in the questionnaire. The purpose of this question (and the sub-questions 01 - 19) is to establish the client services that are offered and available in the facility. In order words, we want to find out if clients in need of any of these particular services could potentially receive them somewhere in the facility. These questions can be considered "screening" questions as each of the sub-questions corresponds to a section in the inventory questionnaire. They are placed at the beginning of the questionnaire to help you identify which questionnaire sections have to be completed in the facility. It is therefore important that this information is captured correctly. If the response to any of the sub-questions is "YES", you will have to complete the corresponding section of the inventory questionnaire before leaving the facility.

The boxes to the right of the sub-questions are there to help you organize your work. As you proceed with data collection in the facility, and once you have completed an applicable questionnaire section, put a check mark in the box corresponding to that section; that way, you know you needed to complete that section and you have successfully done it.

Q. 102-01: Child vaccination services: these include the administration of vaccines to prevent common childhood illnesses such as Diphtheria, poliomyelitis, measles, pertussis and tetanus. Most countries have a national immunization program that oversees these activities. The purpose of this question is to find out if the facility offers these services, either in the facility or as outreach.

Q. 102-02: Child Growth Monitoring services: Growth monitoring is the regular monitoring of a "well" child, to see how he/she is developing. It usually involves measurement of a child's weight and height from birth through age 5 years. The rate of growth is checked against a chart to assure they are within an acceptable range. These services are usually offered from "well baby" clinics. We are interested in whether the facility offers these services, either in the facility or as outreach.

Q. 102-03: Child Curative care services for children under age 5: These are services pertaining to diagnosis, treatment and therapies provided to a child patient with intent to improve symptoms and cure the patient's medical problem. As with the child vaccination and child growth monitoring services, we are interested in whether the facility offers these services, either in the facility or as outreach.

Q. 102-04: Family planning services: Family planning services consist of educational, comprehensive medical, or social activities which enable individuals to determine freely the number and spacing of their children and to select the means by which this may be achieved.

Q. 102-05: Antenatal care services: these refer to the medical and nursing care recommended for women before and during pregnancy. The aim of good antenatal care is to detect any potential problems early, to prevent them if possible (through recommendations on adequate nutrition, exercise, vitamin intake etc.), and to direct women to appropriate specialists, hospitals, etc. if necessary.

Q. 102-06: PMTCT services: The prevention of mother-to-child transmission (PMTCT) of HIV covers a package of interventions summarized as 4 prongs, which should be implemented simultaneously:

- Primary prevention of HIV infection among women of childbearing age;
- Preventing unintended pregnancies among women living with HIV;
- Preventing HIV transmission from a woman living with HIV to her infant;
- Providing appropriate treatment, care, and support to mothers living with HIV and their children and families.

Q. 102-07: Normal delivery services: Normal delivery refers to a birth that is vaginal, spontaneous in onset, low-risk at the start of labor, and remaining so through labor and delivery. Delivery services are almost always with newborn care services, which refer to treatment received by a newborn child from the date of birth and for the first four weeks of life.

Q. 102-08: Malaria services: these include any services to diagnose or treat malaria, an infectious disease caused by parasites that are transmitted through the bite of an infected Anopheles mosquito.

Q. 102-09: Sexually Transmitted Infection services: these include any service to diagnose or treat sexually transmitted infections, excluding HIV infection.

Q. 102-10: TB services: these include any services to prevent, diagnose, or treat tuberculosis, including treatment follow-up services.

Q. 102-11: HIV testing services: This question refers to the testing component of HIV counseling and testing.

Q. 102-12: HIV Antiretroviral therapy (ART) services: ART is treatment of persons infected with the human immunodeficiency virus (HIV) using antiretroviral (ARV) drugs. The standard treatment consists of a combination of at least three ARV drugs (often called “highly active antiretroviral therapy” or HAART) that suppress HIV replication.

Q. 102-13: HIV/AIDS care and support services: these include the prevention, diagnosis, and treatment of HIV & AIDS-related conditions, including common opportunistic infections such as tuberculosis, pneumonias, etc.

Q. 102-14: Diagnosis and management of non-communicable diseases including diabetes, cardiovascular diseases, and chronic respiratory conditions in adults.

Q. 102-15: Minor surgical services: these are defined as any situation that requires suture, incision, excision, manipulation, or procedures that can be performed in the general OPD and not requiring the use of a surgical theatre. Examples include incision and drainage of an abscess, suturing of cuts, etc.

Q. 102-16: Cesarean section services: A caesarian section is a surgical procedure in which incisions are made through the expectant mother's abdomen and uterus to deliver a baby. Cesarean sections are usually performed when a vaginal delivery will put the baby's or mother's life at risk, although in recent times it has been performed upon request.

Q. 102-17: Laboratory diagnostic services: these include the collection of specimens, and diagnostic tests, including rapid diagnostic tests. Note that for the purposes of this assessment, a laboratory does not necessarily require the availability of a specific or designated laboratory building, but the mere presence of the ability of conduct tests in the facility. It may be a room in a facility, with equipment set up to conduct various tests.

Q. 102-18: Blood typing services: services to determine the blood group type someone has.

Q. 102-19: Blood transfusion services: blood transfusion is the process of delivering whole blood or blood products (such as red blood cells, white blood cells, plasma) into an individual's circulatory system intravenously, to replace lost components of the blood.

Q. 110 – Q. 112: Inpatient Services

The purpose of these 3 questions is to determine whether the facility provides inpatient services, and if they do, the total number of inpatient beds available for client use, or in the event that the facility does not provide inpatient services, the number of overnight beds available for client observation. The use of skips makes this possible.

If the response in Q. 110 is "yes", follow the skip and ask Q. 112 but without the mention of "overnight" beds, since we have skipped Q. 111 on overnight beds.

If on the other hand the response to Q. 110 is "no", then continue and ask Q. 111. If the response to Q. 111 is "yes" (they have beds for overnight observations), then continue to Q. 112 and ask the question, but this time asking only about the number of overnight beds without mention of "in-patient" beds since we have established in Q. 110 that they do not provide inpatient services.

Enter the appropriate "number of inpatient beds" or "number of overnight beds" in the boxes in the response column, making sure you put zeroes in front of numbers less than 2 digits. For example, if there are 20 beds, enter "020".

C.2 SECTION 2: GENERAL FILTER QUESTIONS

Questions in this section are filter questions, to be referred to later in deciding whether particular questions or questionnaire sections are applicable or not.

Q. 200 – Q. 201: Processing of Equipment

Not all facilities use re-useable equipment. Even if they did, not all facilities will process equipment for re-use in their own facility. Different systems are employed in different facilities to process equipment for re-use. These two questions are to determine if equipment that is used in the facility ***are processed*** at all and re-used, and if they are, ***where*** they are processed. If any equipment is processed for re-use in the facility, then section 5 (processing of equipment for re-use) is applicable for the facility and has to be completed.

Q. 210 – Q. 216: Storage of Medicines

Not all facilities store medicines to dispense to clients. When they do, depending on the size and organization of the facility, the medicines may be stored in different locations within the facility. For example, a facility might store all family planning commodities at the family planning service site and store all other medicines in the pharmacy. Alternatively, ARV medicines may be stored in a location different from where all other medicines are stored.

These filter questions are designed to provide information on *where* in the facility family planning commodities, TB medicines and ARV medicines might be stored, if these services are available in the facility. They will be referred to later in the respective sections for these services.

D. MODULE 2: GENERAL SERVICE READINESS

Seven sections (sections 3 – 9) are covered in this module: (3) 24-hour staff coverage, infrastructure, external supervision, user fees and sources of revenue, (4) staffing, management, client opinion, quality assurance, transport, HMIS and health statistics, (5) processing of equipment for reuse, (6) Health care waste management, (7) Basic supplies, client examination room, client waiting area, (8) Diagnostics, and (9) Medicines and commodities.

D.1 SECTION 3: 24-HOUR STAFF COVERAGE, INFRASTRUCTURE, EXTERNAL SUPERVISION, USER FEES AND SOURCES OF REVENUE

Q. 300 – Q. 302: 24-HOUR STAFF COVERAGE

These questions are interested in the availability of health workers at the facility at all times (24 hours a day) to see clients. Most lower-level facilities, (e.g., dispensaries) do not have 24-hour coverage; they have set working hours, e.g., from 8AM – 4PM, and once they close, all health workers go home and do not return until the following day. No health worker is expected to be available even for emergencies.

Some facilities, however, operate around the clock. They have a system in place whereby a health worker is available to provide services to clients, if necessary, after regular working hours. The systems vary from facility to facility and from country to country.

A health worker might be living on the facility premises and is expected to provide services at any time that a client walks in. Other facilities will have a system whereby a health worker, even if he/she does not live on the facility premises, is scheduled to be in the facility, on duty, to see clients.

There are yet other facilities that operate in a manner such that the health worker who is on duty after regular work hours is not physically present at the facility at all times after the regular working hours, but will be on-call. He/she can be called to come in to see clients after hours, if required.

If after regular working hours the facility provides emergency care and this is by a trained health worker who is on-site and on duty, this counts as 24-hour service. If the health worker is not on-site at all times but is on-call and can be called in after regular working hours to see patients, this also counts as 24-hour coverage. However, in both cases, there has to be a duty schedule or call-list to support this claim. If a duty schedule or call list is maintained for 24-hour staff coverage, circle “1” in Q. 301 and ask to see it. If a duty schedule is shown to you, circle response “1” in Q. 302; otherwise circle response “2”. There will be cases when the respondent will say they have a resident health worker, i.e., someone who lives on the facility premises, and this person is by default available to provide 24-hour services but with no duty schedule. In such a case, circle response “2” in Q. 301.

Q. 310 – Q. 323: COMMUNICATION

These questions are designed to establish the availability of functioning communication equipment to communicate with people outside the facility. The options are i) a landline, ii) a cellular telephone, and iii) a shortwave radio. You will notice that, once the availability of a functioning landline telephone is established, you do not ask for the other options since we would have determined that the facility can call outside if necessary. If the first option is not available or not functioning, you should proceed to ask about the availability of the next option, etc.

Q. 310 – Q. 312: Landline telephone

First, ask in Q. 310 if the facility has a landline telephone. Note the instructions in CAPITAL LETTERS. If the response is "yes", ask to see the landline telephone. In Q. 311, circle "1" in if it is shown to you or "2" if the respondent is unable to show the landline telephone to you. Whether your respondent is able to show the telephone to you or not, proceed to Q. 312 and ask whether the landline telephone is functioning. You do not have to determine if the telephone is indeed working; accept the response if they say it is (or it is not) functioning.

If the response to Q. 312 is "yes", follow the skip to Q. 319. No need to ask about cellular phone or short-wave radio.

If the response to Q. 312 is "no", meaning the landline telephone is not functioning, proceed to Q. 313 and ask about a cellular phone.

Q. 313 – Q. 315: Cellular telephone

You will arrive at Q. 313 if the response to Q. 310 is "2" (facility does not have a landline telephone) or the response to Q. 312 is a "2" (there is a landline telephone but it is not functioning). Follow the instructions as outlined in Q. 310 – 312 above for landline telephone.

Q. 316 – Q. 318: Short-wave Radio

You will arrive at Q. 316 if the response to Q. 313 is "2" (facility does not have a cellular phone) or the response to Q. 315 is a "2" (facility has a cellular phone but it is not functioning). Follow the instructions as outlined above for landline telephone.

Q. 319 – Q. 321: Computer

First, ask if the facility has a computer. If the response is "yes", ask to see the computer. Circle "1" if it is shown to you or "2" if the respondent is unable to show the computer to you. Whether your respondent is able to show the telephone to you or not, proceed to Q. 321 and ask whether or not the computer is functioning. If you see the computer, you do not have to turn it on to determine if it is indeed working; you may accept the response if they say it is (or it is not) functioning. Note instructions in CAPITAL LETTERS. If the response to Q. 117 is "no", skip to Q. 119.

Q. 322 – Q. 323: Internet

These two questions are to determine the availability of internet in the facility, either via a computer or via a cellular phone. Circle “1” if the response is “yes” in Q. 322 and proceed to Q. 323 to determine if internet is available for at least 2 hours at a time on days that client services are provided. Note instructions in CAPITAL LETTERS.

Circle “2” in Q. 322 if the response is “no” and follow the skip to Q. 330.

Q. 330 – Q. 332: SOURCE OF WATER

The table below details the different sources of water that may be available at a facility. Take your time to determine the correct response and follow the skips accordingly.

Q. 331 is only applicable if the water is not piped into the facility or onto facility grounds, or if the source of water is bottled water, a cart or tanker truck. How far do people have to go to reach the water if the source is not in the facility or on facility grounds? A reported response is acceptable.

Unless the facility has no water source, which is quite unlikely, Q. 133 is to determine if there is any time in the year when there is shortage or lack of water.

Q. 340 – Q. 346: POWER SUPPLY

Questions in this section look to establish the availability and reliability of source of power, be it electricity, or other sources.

Q. 340: Electricity from a central grid

This refers specifically to a wired source of electricity, from a centralized source, for example the national electricity grid. A battery that powers a light bulb or fluorescent tube does not count; neither does a generator.

If the response is either “no”, or the respondent does not know, skip to Q. 342. If the facility is connected to a central supply electricity grid, then continue to Q. 341.

Definitions of Water Source Codes for Q. 131	
Response Categories	***Definition***
Piped into facility	Pipe connected with in-house plumbing to one or more taps, e.g. in the OPD and consultation rooms. Sometimes called a house connection.
Piped to facility grounds	Pipe connected to a tap outside the facility building but in the yard or plot.
Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
Tube well or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Bottled water	Water that is bottled and sold to the household in bottles.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey).
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.

Q. 341: Regularity of power supply during past 7 days

Even if a facility is connected to a central supply electricity grid, it may suffer from interruptions. We are therefore interested in the regularity of power supply from this source during the past 7 days. Specifically, was electricity from this central source always available during normal working hours during

the past 7 days, or was it ***interrupted for more than 2 hours at a time*** during the time that client services were being provided.

A few things to keep in mind:

1. Stress on the part of the question in parenthesis, i.e., (excluding any back-up generator) since the respondent might refer to, or think of a back-up generator, if the facility has one, as providing coverage and therefore not respond to this question correctly.

2. For the purposes of this survey, interruptions of less than 2 hours at a time count as having regular electricity.

3. If the facility does not provide 24-hour services, and electricity is available only during the time the facility is open, but cut off when the facility is closed, this will still count as electricity always available.

Q. 342 – Q. 343: Other sources of power

This question is to determine the availability of other sources of electricity regardless whether the facility is connected to a central supply electricity grid or not. If available, the other source of power can be a generator (battery-operated or fuel-operated) or a solar system. Since a facility may have more than one other source of power, multiple responses are possible. You should probe in order to arrive at the correct answer(s) and circle all that apply.

Q. 344: Filter

Check Q. 343 to determine if the facility has a generator. If "A" or "B" or both "A" and "B" are circled, meaning they have a generator, then continue to Q. 345. Otherwise, skip to Q. 350.

Q. 345: Functionality of generator

The fact that a facility has a generator does not mean it is functioning. Ask the respondent if the generator is functioning, and accept the response you are given. You do not have to see or determine that the generator is actually functioning.

Q. 346: Availability of fuel for generator

The preceding question does not distinguish between a battery-operated or fuel-operated generator. Ask this question keeping in mind the type of generator the facility reports that they have. If they have a fuel-operated generator ("A" circled in Q. 343), then ask the question without the part in parenthesis as such *"Is fuel available today for the generator?"* If on the other hand they have a battery-operated generator ("B" circled in Q. 343), then ask the question using the part in parenthesis, specifically, "*is a charged battery available today for the generator?".*

Q. 350 – Q. 352: EXTERNAL SUPERVISION

Q. 350 – Q. 351: Most recent external supervisory visit

Do not assume that all facilities receive external supervisory visits, or that some facilities never receive external supervisory visits. For example, a private-for-profit facility that is being managed by the owner may not receive any external supervisory visit. On the other hand, if this facility is part of an organization that regularly monitors activities of member facilities, this facility may well receive external supervisory visits. It is important therefore that you first ask Q. 350 before proceeding to the next question.

If a manager visited the facility for a purpose other than supervision (e.g. an official visit to bring guests) such that the work of the facility, or official issues related to the facility were not addressed, this is not considered a supervisory visit. Often there is a register or logbook for recording supervisory visits. If staff cannot readily remember the most recent supervisory visit, ask if there is a supervisory register or logbook that is maintained that will have this information.

If the last supervisory visit was more than 6 months to the day of your visit, skip to Q. 360.

Q. 352: Supervisory activities

Go through and ask each of the 3 sub-questions and circle the appropriate answers. The supervisor may have used a checklist to assess the health services data, but may not have discussed the performance based on the data. The response for Q. 352.01 will therefore be "1", whereas it will be "2" for Q. 352.02.

Q. 360 – Q. 365: USER FEES AND SOURCES OF REVENUS

Q. 360 – Q. 362: Routine user fees:

The point of interest is whether clients must pay any out-of-pocket fees or charges for services they receive at the facility. If they do (Q. 360 is "yes"), we want to clarify the system that is employed in the particular facility. For example, is there a fixed fee that covers all services that a client might receive from the facility, or do clients pay for specific items and services during a visit (Q. 362)? If there is a fixed fee (Q. 361 is "yes"), skip to Q. 363. If on the other hand clients pay out-of-pocket fees for specific items, proceed and ask Q. 362, to determine the specific components of services for which the facility charges fees.

Q. 363 – Q. 364: Posted fees

If any fees are assessed for any services, these should be posted or displayed on a wall or written on paper and should be in the area where fees are collected for services or in places where they are visible to all clients and visitors to the facility.

Q. 365: Inability to pay

For facilities that charge fees for services, there might be a system in place to cater for clients who are unable to pay the fees for services they receive. This question tries to determine if the facility has any such system, for clients who are unable to pay the routine fees.

Q. 370: SOURCES OF REVENUE OR FUNDING

This question is to determine the sources of revenue or funding for the facility. We want to obtain this information for the immediate past financial year. Note that the person you are interviewing may not be the most appropriate person to answer these questions and may need to call on another person to provide the correct responses. Note also that multiple responses are possible.

D.2 SECTION 4: STAFFING, MANAGEMENT MEETINGS, CLIENT OPINION, QUALITY ASSURANCE, TRANSPORT, HMIS, AND HEALTH STATISTICS

Q. 400: STAFFING

This question provides general information on the level of service that can be provided in the facility by describing the *qualification* and *numbers* of health workers who work in the facility, whether full time or part time. We are interested in the number of health workers who are currently i) assigned to the facility by the relevant managing authority, or ii) employed directly by the facility (most relevant in private facilities), or iii) seconded to the facility.

For this question, it does not matter whether or not these health workers are on duty and available in the facility on the day of the visit. We are interested in the total number of health workers of the different qualifications that the facility has as its work force.

Of interest is the occupational category, not the title. For example, a nurse who happens to be a unit manager is still a nurse, and a nurse who is also a trained HIV/AIDS counselor and who works routinely in HIV/AID counseling is still a nurse.

Note that some of the occupational categories provided here will be country-specific and should be adapted to reflect groupings in the country.

Q. 400.01: Generalist (non-specialist) medical doctor: As the name signifies, these are qualified medical doctors but without specialist training in any of the clinical specialties. They tend to provide a wide range of clinical services. Even if they serve as district medical officers or senior medical officers, but so long as they do not have a specialist training they should still be considered generalist medical doctors.

In column "a" enter the total number of generalist medical doctors working in the facility, whether they are assigned, employed, or seconded to the facility and regardless of whether they are full time or part time. Then in column "b", enter the number of generalist medical doctors that work part time from among those listed in column "a". In other words, the generalist medical doctors listed in column "b" are a subset of those listed in column "b".

For example, if there are 7 generalist medical doctors in total that work in the facility (whether full time or part time, and whether they are assigned, employed or seconded) and among those, only 1 works part time, enter "007" in column, in column "a" and record "001" in column "b".

Q. 400.02: Specialist medical doctors (including anesthesiologists and pathologists): As the name implies these are qualified doctors with additional specialist training, requiring postgraduate clinical training in a clinical specialty. Examples include surgeons, physician specialists, pediatricians, anesthesiologist and pathologists.

As with generalist medical doctors, in column "a" enter the total number of full time generalist medical doctors, whether they are assigned, employed or seconded, and in column "b", the number that work part time. These two columns are mutually exclusive

Q. 400.03 - 05: Non-physician clinicians: These include clinical officers, clinical technicians and medical assistants

Q. 400.06: Anesthetist:

Q. 400.07: Registered nurse (BSN)

Q. 400.08: Registered nurse midwife (BSN)

Q. 400.09: Registered psychiatric nurse

Q. 400.10: Registered nurse with diploma

Q. 400.11: Enrolled nurse

Q. 400.12: Community health nurse

Q. 400.13: Enrolled midwife / nurse midwife technician

Q. 400.14: enrolled nurse midwife

Q. 110.15: Pharmacist: Occupations included in this category normally require completion of university-level training in theoretical and practical pharmacy, pharmaceutical chemistry, or a related field. In addition to storing, preserving, compounding and dispensing medicinal products, they counsel on the proper use and adverse effects of drugs and medicines.

Q. 400.16: Pharmacy technologist:

Q. 400.17 - 18: Pharmacy technician & assistant: workers in this category normally perform a variety of tasks associated with dispensing medicinal products under the guidance of a pharmacist or other health professional. They inventory, prepare, and store medications and other pharmaceutical compounds and supplies, and may dispense medicines and drugs to clients and instruct on their use as prescribed by health professionals.

Q. 400.19: Laboratory technologist/scientist: These are healthcare professionals who perform chemical, hematological, immunologic, microscopic, and bacteriological diagnostic analyses on body fluids such as blood, urine, sputum, stool, cerebrospinal fluid (CSF), peritoneal fluid, as well as other specimens. Medical laboratory scientists work in clinical laboratories at hospitals, doctor's offices, reference labs, and biotechnology labs. A medical laboratory scientist typically earns a bachelor's degree in medical laboratory science, clinical laboratory science, medical technology or in a life / biological science (biology, biochemistry, etc.), in which case certification from an accredited training program is also required.

Q. 400.20 - 21: Laboratory technician & assistant: Clinical laboratory technicians perform less complex tests and laboratory procedures than technologists do. Technicians may prepare specimens and operate automated analyzers, for example, or they may perform manual tests in accordance with detailed instructions. They usually work under the supervision of medical and clinical laboratory technologists or

laboratory managers. Like technologists, clinical laboratory technicians may work in several areas of the clinical laboratory or specialize in just one. For example, *phlebotomists* collect blood samples whereas *histotechnicians* cut and stain tissue specimens for microscopic examination by pathologists

Q. 400.22: Radiographer

Q. 400.23: Dental therapist / technician

Q. 400.24: Environmental health officer

Q. 400.25: Health Surveillance Assistant (HAS)

Q. 400.26: HTC counselors (Non-HAS)

Q. 400.27: Sum of health workers: Add up all the numbers in Q. 400.01 - Q. 400.15 for both columns "a" and "b". Take the time to verify that the numbers are correct before moving on to the next question.

Q. 410 - Q. 420: MANAGEMENT MEETINGS

Q. 410: Routine management meetings

These may be meetings to discuss scheduling or other day-to-day issues or, meetings to discuss broader management issues such as financing issues, utilization issues, plans for health-related campaigns, etc. These must, however, be regularly scheduled meetings with specific staff having defined areas of responsibility. *If there are several different types of management meetings, we are most interested in meetings that address overall facility management rather than individual department issues*. An example of such meetings is Facility Management Team Meeting.

If the response is "yes" in Q. 410, then take the time to determine in Q. 411 the frequency of such meetings.

Q. 412 – Q. 414: Records of management meetings and type of information maintained

We are interested in whether official records are maintained for these meetings, but only if these meetings are held at least once every 6 months (responses "1", "2" or "3" circled in Q. 411). If records are reported to be maintained (Q. 412 is "yes"), then ask to see records from the most recent meeting that took place within the last 6 months. Note that, the records could be in the form of a report, or in the form of minutes from a meeting.

Once you see the report or records from the most recent meeting, scan the records and indicate the type of information that is mentioned or maintained in the records (Q. 414). Note that multiple responses are possible; circle all that apply.

Q. 415 – Q. 416: Decisions and follow-up action

The expectation is that certain decisions will be made and/or actions taken following these meetings. Ask and circle appropriately if any decisions were made (Q. 415) and/or if the facility took any follow-up actions regarding decisions made during the last meeting (Q. 416).

Q. 417 – Q. 419: Community participation in meetings and records of meetings

Community members (persons who are not employed by the facility and who are representing the clients' interests) would usually not attend facility management meetings where day-to-day schedules are discussed; however, especially in public and community-managed facilities, community members would be invited to "general meetings" for regular updates and/or for resolving problems (financial, repair of building, services for needy clients etc.) being faced by the facility.

For Q. 417, the correct response is "YES" if community members ***routinely*** are informed of such meetings and they routinely send representatives. If community members only ***occasionally*** or invited or attend meetings, the correct response is "NO".

If the response to Q. 417 is "YES", then ask how frequently such meetings are held (Q. 418). If meetings are held at least once every 6 months (responses "1", "2" or "3" circled in Q. 418), we are interested in whether records are maintained for these meetings, and you should ask to see records from the most recent meeting.

Q. 430 – Q. 433: CLIENT OPINION AND FEEDBACK

Q. 430 – Q. 431: Obtaining client opinion

This must be a routine system with some formal structure for obtaining client opinion. A facility may employ different methods; circle all applicable responses. You may probe.

Q. 432 – Q. 433: Reports on client opinion

This should indicate that the facility collects and reviews opinions or feedback in some way that could be used to prioritize items of importance. A list, report, or minutes from a meeting where the client feedback was discussed or reported on is sufficient.

Q. 440 – Q. 442: QUALITY ASSURANCE

There must be some routine system for monitoring and addressing issues related to quality of care. Common activities include medical record audits, using supervisory checklists that include issues related to care of clients, a supervisor observing consultations, or meetings to discuss problems related to client care or to discuss issues related to trends in Health Information System (HIS) data which reflects the types of clients being seen. This must be a routine activity and must be related directly to care of clients rather than management issues. These types of activities may be utilized by specific services and may not be facility-wide. These might also occur when a specific organization is working with the service, either at the national or at the facility level, and has introduced the quality assurance activities for that service.

For Quality Assurance to be conducted there must be an established standard against which quality is measured and there must be some systematic means whereby results are assessed and interventions to rectify problems are developed. Quality assurance activities must be differentiated from basic supervision. Supervisors who use checklists against which they assess components of service delivery (e.g. are the registers in order? Are the listed equipment and supplies present?) may be conducting quality assurance activities if there is a means by which the checklists are evaluated and interventions developed. A list of items that should be present in a service delivery area is not a quality assurance tool unless the results are periodically reviewed and problems are addressed.

Examples of Quality Assurance activities include the following:

01) A supervisory checklist for ***health systems*** looks for such things as presence of equipment and supplies, completeness of HIS records, and other process indicators.

02) A supervisor checklist for ***health service provision*** indicating specific content for patient assessment, treatment, or consultation. This sill often be used for observing a client receiving services.

03) Facility-wide review of mortality, which refers to a structured system for reviewing the care of clients who die while receiving services at the facility. There will normally be a committee established for this purpose.

04) Medical record/register audit, which refers to the checking of medical records for the presence of specific items or information. These may be simply the presence or absence of these items, or may be more detailed to assess if protocols are followed.

05) Quality assurance committee or staff reports. QA committee refers to an organized group that regularly meets to discuss findings from QA activities.

Continue to Q. 441 if the response to Q. 440 is “YES”, and ask if records are maintained of quality assurance activities. Ask to see an official record of any QA activity carried out during the past one year.

Q. 450 – Q. 453: TRANSPORT FOR EMERGENCIES AND FUEL

Q. 450 is specifically interested in a vehicle that is stationed at, or that operates from the facility being interviewed. Since the vehicle may be out on an assignment, we do not expect to see this vehicle on the day of the visit; it is ok to accept the response of the respondent. Whether you are able to see the vehicle or not, i.e., either the response is “1” or “2”, follow the skip to Q. 453 and ask about availability of fuel on that day. It is also alright to accept a reported response from the respondent.

Q. 452 is asked only when the facility does not have an on-site vehicle for emergency transport. Since this vehicle is not stationed at this facility, even if the response is a “1” we do not ask about availability of fuel.

Q. 460 – Q. 465: HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

Q. 460: Health services data

It is expected, but not all facilities will have a system for collecting health services data that will eventually feed into the compilation of report.

Q. 461 – Q. 463: Compilation of reports and frequency

The emphasis is on "*regularly compile"* any reports. If they only sometimes compile reports, it does not count. Once you determine that they regularly compile reports, ask Q. 462 to determine how frequently the reports are compiled. Take your time to arrive at the correct response. If reports are compile at the end of each month, then the correct response will be "1" If the reports are compiled once every 3 months, the correct response will be "2", every 2-3 months.

Ask to see a copy of the most recent report. This will depend on the frequency with which the reports are compiled. For example, if they compile reports monthly, you will expect to see a report from the immediate past one or two months.

Q. 464 – Q. 465: Designated person responsible for health services data

Most facilities will have a designated data manager or a health information management system person responsible for health services data. In other facilities, it will be the responsibility of the facility in-charge. We are interested in determining if there is a designated person responsible for health services data, and who that person is.

Q. 470 – Q. 472: HEALTH STATISTICS

Check Q. 110 to confirm whether the facility provides inpatient services or not. If the facility provides inpatient services put an "X" in the "INPATIENT CARE SERVICE AVAILABLE" box (in Q. 470) and proceed to Q. 471. If you plan and notify the respondent ahead of time, this information would already have been gathered so you do not spend time waiting to obtain this information.

If the facility does not provide inpatient services, put an "X" in the "NO INPATIENT CARE SERVICES" box and skip to Q. 472. Do not leave this question unanswered!

Q. 471: Number of live discharges

You will only be asking this question if the facility provides inpatient services. We are interested in the total number of ***live discharges*** made at the facility for all cases (sick adults and children) during the last completed calendar month. If for example you are visiting the facility on the 27th of February, the last completed month will be the month of January.

This information may not be readily available with the person you will be interviewing at this time, and may be tempted to accept a "DON'T KNOW" response. But don't! Encourage him/her to invite the person with this information, or bookmark this question to be collected at a later time. Hopefully you

would have been able to notify the respondent earlier so that this information is already gathered before you get to this question.

Q. 472: Number of outpatient client visits

As the question indicates, we are interested in the total number of outpatient visits made to the facility during the last completed calendar month. As in the preceding question, this information might not be readily available with the person you will be interviewing. However, if you plan and notify your respondent ahead of time, the information will be ready by the time you get to this question.

D.3 SECTION 5: PROCESSING OF EQUIPMENT FOR REUSE

This refers to the final process applied to equipment prior to reuse. The major difference in effectiveness between High Level Disinfection (HLD) and Sterilization is that HLD does not kill spore type pathogens (e.g. tetanus). Different methods may be used for different types of equipment. Record all methods used.

Q. 500. Filter

Check Q. 201 to confirm whether any equipment is processed in the facility. In order to obtain the most accurate information, ask to be shown the area or location in the facility where equipment is processed. Identify the most knowledgeable person and ask these questions.

Q. 501. Equipment used for Sterilization

This question checks for the availability and functionality of the sterilization equipment used to process equipment in the facility. Go through the list and ask about each item. If the item is used, ask to see the equipment. Whether you see the equipment or not, if applicable ask whether it is in working order. You may accept the word of the respondent for functionality of equipment.

(01-02): Autoclave: The autoclave sterilizes using steam and pressure. Autoclaves may be electric or non-electric (requiring an external heat source). Ask to see the autoclave. You may take the word of the respondent whether the autoclave is functioning or not. If the autoclave is electric but the facility does not have electricity, or any means to power it on to work, then the equipment is not in working order.

(03): Dry heat sterilizer: This is a method of sterilization that uses heated dry air at a temperature of 320° to 356° F (160° to 180° C) for 90 minutes to 3 hours. It is usually electric.

(04): Electric boiler or steamer: The electric equipment for any of the systems must have a lid. A steam sterilization places cleaned item on a rack over boiling water, whereas for boiling the equipment being processed is placed directly in the water. If the method used is steam, check to make sure the steam tray has holes in it.

(05): Non-electric pot with cover: The equipment is for steaming or boiling equipment using heat sources other than electricity.

(06): Heat source: Any means of heating that can achieve boiling is acceptable. This may be a wood or gas stove, or any type of heating device. The fuel must be present. If all equipment is electric, this may not be needed.

(07): Automatic timer: This must be a timer that can be set to indicate when the appropriate amount of time has passed. A watch or clock is not sufficient unless they can be set to indicate (e.g. buzz or ring) when a certain amount of time has passed. Some sterilizers and autoclaves have built-in timers where either a sound is made, or the equipment automatically shuts off

when the correct amount of time has passed. You may indicate that the automatic timer is present if equipment with the built in timer is used for Sterilization.

(08): Time-Steam-Temperature (TST) Indicator tape: This is a special tape which is used to seal packages before Sterilization and which changes colour (most often white lines turn black) when the package has been exposed to the heat at sufficient length of time at a temperature.

(09): CHEMICALS FOR HLD: These are any chemicals that the facility uses chemical high-level disinfection.

Q. 502. Details of Sterilization procedures

This is not a knowledge test. We are interested in the routine practices for sterilizing medical equipment in the facility for reuse. Thus, if the respondent needs to refer to guidelines or protocols to provide answers, this is acceptable.

Take the first method "1" (autoclave) and collect all information related to autoclave, going down from row A through row G, if applicable, before moving to the next method in column "2" (dry heat sterilization), and so on and so forth. For each method, go down the column, through rows A - J.

For each method (indicated in the columns), obtain the following information.

Row A) Method: (Used=1, Not Used=2). If method is not used in the facility, move to next method (2). If method is used, then move down to Row B (Temperature) for this method.

Row B) Temperature: Temperature is one of the main factors in both dry air and steam sterilization. The temperature setting can be manual or automatic depending on the type of autoclave or dry heat sterilizer. If the sterilization equipment is not automatic, ask for the usual temperature setting used, in degrees Celsius. If respondent does not remember temperature setting, ask him/her to show you, on the equipment, where the dial is usually set. If the equipment is automatic, indicate "666" in the boxes for temperature or "998" if the temperature setting is not known.

Rows C-D) Pressure: Pressure is another important factor in steam sterilization. The unit of pressure, which is usually labelled on the autoclave's pressure gauge, varies from one brand to another. The unit of pressure could be one of the following: pounds per square inches (lb/ in^2), atmosphere (ATM), kilopascals (kPa), kilogram of force per square centimetre (kgf/cm^2), torr, or millimetre of mercury (mm/Hg). The desired pressure for autoclaving, depending on the type of autoclave, is generally 15 lb/in^2 or 1 ATM or 106 kPa, or 1 kgf/cm^2 or 776 torr/mm Hg. At this pressure, it takes about 30 minutes to sterilize wrapped instruments and about 20 minutes for unwrapped instruments at 121°C. Ask to make sure the pressure component works. You can take the word of the staff if the item is not being used at the time. Some autoclaves have automatic pressure setting, so staff is not required to set the pressure level. This is acceptable,

and should be indicated as "666" in the boxes for pressure. If the pressure setting is not automatic, ask for the usual pressure setting used. If respondent does not remember pressure setting, ask him/her to show you, on the equipment, where the dial is usually set.

Rows E-F) Time: For autoclaves, the duration of the Sterilization cycle depends on whether the instruments are wrapped (in cloth or paper) or not. In general, the Sterilization cycle is 30 minutes for wrapped instruments and 20 minutes for unwrapped instruments. For other methods, the instruments to be sterilized should not be wrapped. We are looking specifically for how many minutes AFTER the correct temperature/boil is reached that the items remain exposed to heat. Some sterilizing equipment functions automatically for the correct amount of time so staff are not required to set the timing. This is acceptable, and should be indicated as "666" in the boxes for minutes. For facilities that use autoclave, ask the duration of the Sterilization cycles for both wrapped and unwrapped instruments.

Row G) Chemical disinfectant: This applies only to column "5". There may be two purposes for the chemical disinfectant. For some facilities, this is used only for decontamination. After soaking, items are subsequently boiled, steamed, or sterilized. If soaking in a chemical disinfectant is the **final** process prior to storing equipment for re-use then column "5" applies. Ask for the name of the chemical disinfectant most commonly used.

Q. 503: Written guidelines for processing: These may be posted on the wall, on a printed-paper, or in a manual. They must, however, be located either in the room where equipment is processed or in an immediately adjacent room.

D.4 SECTION 6: HEALTH CARE WASTE MANAGEMENT

Q. 600 – Q. 601. Final disposal of sharps and other medical waste

Q. 600 refers specifically to sharps waste. ***Where*** and ***how*** are sharps waste, including filled sharps boxes, destroyed? There are 4 broad categories of responses.

> **1) Burn in incinerator:** This is an enclosed structure (brick or other) where waste can be burned at a higher temperature than is achieved in a site, such as a pit, which is open to air.
>
> **2) Open Burning:** The next most effective means of destroying contaminated waste.
>
> **3) Dump without burning:** This is simply dumping the waste at a location within facility premises
>
> **4) Remove offsite:** There is a place outside the facility where waste is taken for final disposal.

Each of these broad categories has sub-responses and implications. For example, there are 2 main types of incinerators, with varying degrees of effectiveness. OPEN BURNING could be "flat ground" with no protection whatsoever, or this could take place in a "pit" or "protected" ground, with some degree of "protection" so that people or animals cannot easily access the site. DUMPING WITHOUT BURNING could take place at a "flat ground" with no protection, or a "covered pit" or "pit latrine". This could also take place in an "open pit" or "protected ground". REMOVE OFFSITE means the waste is kept somewhere prior to removal, and this could be "stored in covered container" or "other protected environment", or yet still, stored unprotected. These are all options that are possible in any given facility and it is the responsibility of the interviewer to clarify with the respondent what goes on in the facility.

Q. 601 refer specifically to other medical waste. If the facility disposes of medical waste just as they do with sharps waste, then circle response "1" in Q. 602.

Q. 602 – Q. 605: Location where waste is disposed or kept prior to removal offsite

Once we have determined how sharps waste and/or other medical waste are disposed in the facility, or sent offsite for disposal, we want see the location where the waste disposal actually takes place, or in the case of external disposal, where the waste is stored prior to being sent outside, to see if any waste is visible or not. Check Q. 600 to see if any of the responses 02 – 12 is circled. If yes, continue to Q. 603 and ask to see the location.

Q. 606 – Q. 609: Incinerator

Check Q. 600 and Q. 601. If incinerator is used in the facility (responses "2" or "3" circled in either question), ask to see the incinerator (in Q. 607). Even if for some reason you are not able to see it, ask if it is functional that day (Q. 608), and whether fuel is available that day for the incinerator.

Q. 620: CLIENT LATRINE

The table below details the different types of toilet that may be available at a facility. Ask to see the toilet.

Definitions of Toilet Facility Codes in Q. 135	
Response Categories	***Definition***
Flush or pour flush toilet	A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- to piped sewer system	A system of sewer pipes (also called sewerage), that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
Pit latrine	Excreta is deposited without flushing directly into a hole in the ground.
- ventilated improved pit latrine (VIP)	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning.
- pit latrine without slab/ open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.
Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost.
Bucket toilet	Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal.
Hanging toilet/Hanging Latrine	A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.

D.5 SECTION 7: BASIC SUPPLIES, CLIENT EXAMINATION ROOM, CLIENT WAITING AREA

Q. 700: Basic supplies and equipment

At this point, inform the respondent that you would like to see some basic supplies and equipment used in the provision of services in the general outpatient department. Alert them that, for each of the items you will be asking about, if available, you would like to see them and ask whether or not they are functioning, if applicable.

Q. 700.01: Adult weighing scale: a measuring instrument for measuring weight in adults. They may come in different forms, but generally should be designed for measurement of weight in adults.

Q. 700.02: Child weighing scale (250 gram gradation): A device used to measure the weight of children. A child scale may be a balance scale or a hanging scale which is calibrated with at least 250gm gradation. This may be the same as the adult scale, for example, a digital standing scale where gradations go to 250 grams is acceptable. However, a regular dial bathroom scale does not count for the child scale.

Q. 700.03: Infant weighing scale (100 gram gradation): A device used to measure the weight of infants. An infant scale may be a balance scale or a hanging scale which is calibrated with at least 100gm gradation. This may be the same as the adult scale, for example, a digital standing scale where adult holds infant and gradations go to 100 grams is acceptable. A regular dial bathroom scale does not count for the infant scale.

Q. 700.04: Stadiometer: This is a devise for measuring height. They come in different forms and may be manual or digital, free-standing or wall-mounted.

Q. 700.05: Measuring tape (for circumference):

Q. 700.06: Thermometer: A device used to measure the temperature of an individual. It can be oral, underarm, ear, rectal, etc.

Q. 700.07: Stethoscope: This is a listening device that is often used to listen to lung and heart sounds. They are also used to listen to intestinal sounds as well as blood flow in arteries and veins, such as when measuring blood pressure using a mercury sphygmomanometer.

Q. 700.08: Digital BP apparatus: A device used to measure blood pressure. It includes an inflatable cuff and a pressure measuring device. A digital BP apparatus inflates at the push of a button and does not require to be manually inflated.

Q. 700.09: Manual BP apparatus: A manual BP apparatus, such as the traditional mercury sphygmomanometer, requires that the inflatable cuff is manually inflated.

Q. 700.10: Light source: Spotlight source that can be used for patient examinations. A flashlight is acceptable

Q. 700.11: Adult self-inflating bag and mask:

Q. 700.12: Pediatric self-inflating bag and mask:

Q. 700.13: Micronebulizer:

Q. 700.14: Spacers for inhalers:

Q. 700.15: Peak flow meter:

Q. 700.16: Pulse oximeter:

Q. 700.17: Oxygen concentrators:

Q. 700.18: Filled oxygen cylinder:

Q. 700.19: Oxygen distribution system:

Q. 700.20: Adult intravenous (IV) infusion kits:

Q. 700.21: Pediatric intravenous (IV) infusion kits:

Q. 710 – Q. 711: Client examination room and setting

We are interested in assessing a room in the adult general OPD where client consultation and/or examinations take place most of the time. Information collected in this question for the general OPD will be referred to in several other sections; it is therefore of utmost importance that you take your time to collect this information accurately. Collect this information in this question before collecting the same information in another question in any of the other sections.

If there is more than one such room in the general OPD where client consultations and/or examinations take place, randomly select one for assessment, by writing each examination room number on a slip of paper, putting them in a container and randomly drawing one. That is the room you will assess for the following items. You must be sure that this information is collected for the first time in this question.

See “Standard Precautions” under Section 6.B.6 (Definitions applicable across service areas and Client examination rooms) on page 29 for description of items under standard precautions. Observe the items using the same criteria described above for OBSERVED; REPORTED, NOT SEEN, and NOT AVAILABLE.

For Q. 711, describe if the room or area just assessed is a private room that offers both visual and auditory privacy, of it is otherwise.

Q. 720: CLIENT WAITING AREA

We are interested in the waiting area in the general outpatient service area. Note that, there might be other areas other than the general OPD, and, secondly, there might be a waiting area that might not be protected. Also, note the instructions in CAPITAL LETTERS for you, to see this waiting area.

D.6 SECTION 8: DIAGNOSTICS

Laboratory services include the collection of specimens, laboratory tests, and rapid diagnostic tests. This section focuses on the availability of diagnostic tests and equipment to carry out those tests. Check Q. 102.17 to determine if the facility is eligible for this section.

Facilities may consider themselves as NOT having a laboratory if they do not have a "building" or separate site/location set aside for such services. We are interested in the capacity of the facility to perform tests, not necessarily the building. However, if the rapid test is the only test conducted in a facility, that facility is **not** considered to have a laboratory, even if they have a separate building for it. If on the other hand they do more than the rapid test, the laboratory section must be completed for that facility, even if the facility does not consider the location to be a laboratory.

Note: In large facilities, laboratory services usually take place in different locations of the facility, consisting of different departments, e.g., the immunology department, the hematology department, X-ray department, etc. You must notify the respondent that you will need to visit all the departments in order to complete the section if services are in different locations in the facility.

Q. 800: Filter

If response to this question indicates that there is a lab, put an "X" in the appropriate box and follow the instructions in the questionnaire. Ask to be shown the main location where diagnostic tests are done and find the most knowledgeable person.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 801 – Q. 805: Hematology

Q. 801 – Q. 802: Equipment and Reagents for Hemoglobin tests

Hemoglobin tests are blood tests that measure the amount of hemoglobin in the blood of an individual, and are used to diagnose or monitor anemia.

First determine (in Q. 801) if the facility conducts any hemoglobin tests onsite, i.e., in the facility. If so, proceed to ask for the specific test equipment and reagent indicated in Q. 802. For each test equipment used in the facility (column "a" in Q. 802 is "1") proceed to column "b" and ask to see the equipment and reagent, if applicable. Whether or not you are able to see the test equipment, ask if it is functioning or not (column "c"). You do not need to turn on the equipment, but can accept the response of the respondent.

802.01: Hematology analyser. A medical laboratory instrument primarily designed to measure different blood cells in whole blood, including hemoglobin, white blood cells and platelets. In other words, complete blood count.

802.02 & 03: HemoCue and Microcuvette. A HemoCue is a small, portable device that provides point-of-care hemoglobin measurement in a rapid and effective manner with the same performance as a large hematology analyzer. They require a Microcuvette to measure the volume of blood needed for the test.

802.04 & 05: Colorimeter or hemoglobinometer, and Drabkin's solution. Any of several types of instruments designed to measure the percentage of hemoglobin in a blood sample. Some use colorimetric techniques, comparing the color of the blood sample with a standard red color.

802.06: Pipette. This is a laboratory tool used to transport a measured volume of liquid. They come in several designs for various purposes with differing levels of accuracy and precision.

802.07: Litmus paper.

Q. 803 – Q. 804: Equipment for CD4 test

CD4 count is a blood test that measures the amount of CD4 cells in a blood sample. This test is used to monitor the progression of HIV and other immunity disorders.

If the facility conducts CD4 tests onsite (Q. 803 is "1"), continue to Q. 804.01 – Q. 804.05. If used, ask see the different items listed for CD4 test ask if it is functioning. As with the hemoglobin test, you do not need to turn on the equipment to validate if it is indeed functioning; accept the response provided by the respondent.

Q. 806 – Q. 826: HIV testing

First determine (in Q. 806) if the facility conducts any HIV testing, including HIV rapid diagnostic testing, either in the facility or through referral.

Q. 807 – Q. 808: HIV Rapid Diagnostic Testing

If HIV RDT is done in the laboratory or testing location in the facility, ask to see a sample of the RDT kit. Check to see if at least one test kit is valid, i.e., is not expired.

Q. 809 – Q. 810: Filter Paper Cards for DBS collection

If the laboratory or testing location in the facility uses filter paper cards to collect DBS for HIV testing, ask to see a sample of the filter paper cards. Check to see if at least one of the cards is valid, i.e., not expired.

Q. 811: Equipment for HIV testing that are done in the facility

For each type of laboratory test or test equipment listed, ask if the test is conducted or the test equipment is used in the facility. For each test equipment used in the facility for HIV testing (column "a" in Q. 811 is "1") proceed to column "b" and ask to see the equipment. Whether or not you are able to

see the test equipment, ask if it is functioning or not (column “c”). You do not need to turn on the equipment, but should accept the response of the respondent. If testing capacity is not present the day of the survey because an item is missing and the respondent reports that the test is usually available, circle “3” (NOT AVAILABLE) under column “b”.

In Q. 811.03, the Dynabeads are in the mixer, to prevent blood from clotting. In Q. 811.06, the PCR is for Early Infant Diagnosis of HIV infection.

Q. 812 – Q. 813: Guidelines for HIV testing

The guidelines must be in the laboratory or in an immediately adjoining area, where the provider can easily reach them. They may include the following:

01 Guidelines or protocols for HIV testing procedures (who to test, which test to use, etc.)
02 Any written guidelines on how to conduct an HIV test. This may be manufacturers’ instructions on how to conduct the test.
03 Guideline/protocol on confidentiality and disclosure.
04 Other guidelines/protocols for HIV testing procedures.

Guidelines that are posted on the walls are also acceptable, as long as they specify the steps necessary to conduct the test.

Q. 814 – Q. 817: Other Guidelines

Questions 814 and 815 are for guidelines on confidentiality and disclosure of HIV test results. Questions 816 and 817 are for any other guidelines relevant to HIV and related services. If they are reported to be available, ask to see them.

Note that guidelines that are posted on walls are acceptable, provided they clearly convey the relevant message.

Q. 818 – Q. 819: External quality control for HIV tests

External quality control refers to the system for independently verifying the accuracy of HIV test results conducted in a particular laboratory. If it is reported that there is a system for external quality control (Q. 818 is “1”), use Q. 819 to determine the system used. A facility may use a proficiency panel (A), external inspection/observation of technique (B), or may send blood specimen outside for retesting (C). It is possible that a facility uses more than one system.

Q. 820 – Q. 821: Record of external quality control checks of HIV test

If the laboratory maintains records or results of any external quality control, ask to see those records or results.

Q. 822: Error rate on quality control checks of HIV test

Ask whether error rates, i.e., number of discrepant (not matching) tests, are calculated for the external quality control checks. If the lab tracks any type of HIV test error rate, record the most recent error rate in the boxes provided.

Q. 823 – Q. 824: External HIV testing

Some facilities may send specimen outside for HIV diagnostic testing. If the laboratory ever sends blood specimen to an external lab for HIV testing (Q. 823 is "1"), ask and indicate in Q. 824 the HIV tests for which this is done: ELISA, Western Blot, PCR or any other type of test.

Q. 825 – Q. 826: Record of tests conducted at an external lab

If the laboratory maintains any records of tests conducted outside (Q. 825 is "1"), ask to see the records.

Q. 827: Standard Precautions

This is the same question as Q. 710 in section 7. Assess the general laboratory area, or the HIV testing area in laboratories that conduct HIV testing, for items for infection control.

Q. 830 – 839: Clinical Chemistry

These questions refer to the analysis of body fluids and the measurement of various body metabolites, enzymes and hormones.

Q. 830: Blood glucose test

A glucose test is a type of blood test used to determine glucose levels in the blood of an individual. It is mainly used in screening for any pre-diabetes or diabetes. If the test is provided in the facility, continue to Q. 831, otherwise skip to Q. 832.

Q. 831: Equipment for blood glucose test

Ask if the following test equipment is used in the facility. If so, ask to see it and then ask if it is functioning.

> 831.01: Glucometer. A medical device for determining the approximate concentration of glucose in the blood of an individual. A small drop of blood, obtained by pricking the skin with a lancet is placed on a disposable test strip that the meter reads and uses to calculate the blood glucose level.
>
> 831.02: Glucometer test strips. These are consumable elements containing chemicals that react with glucose in the drop of blood being tested. Each strip is used once and then discarded. Instead of strips, some models use discs that may be used for several readings.

Q. 832 – Q. 835: Liver and Renal Function tests

Liver function tests are groups of clinical biochemistry laboratory blood assays that provide information on the state of a patient's liver. They measure the levels liver enzymes, such as alanine transaminase

(ALT), aspartate transaminase (AST), albumin (Alb), alkaline phosphatase (ALP), gamma glutamyl transpeptidase (GGT) and lactate dehydrogenase (LDH).

Renal function tests are a collection of blood and urine tests (including serum creatinine, blood urea nitrogen (BUN), and urine osmolality and protein tests) that measure the functioning of the kidney.

A blood chemistry analyser can be used for these tests. Ask if the laboratory has this equipment and ask to see it. Whether you see it or not, ask if it is functioning.

Q. 836 – Q. 837: Urine chemistry testing and urine pregnancy testing

Urine chemistry tests use urine's chemical composition to test for markers of various diseases, particularly kidney disease, markers of urinary tract infections or diabetes, or for substances, such as drugs or alcohol. If the facility reports that they do any urine chemistry tests using dipsticks, or urine pregnancy testing, ask if the dipsticks and the urine pregnancy test listed in Q. 837 are used and available that day. In general, dipsticks are blotting paper impregnated with enzymes or chemicals sensitive to various parameters of clinical interest which, when dipped in urine, undergo a color change, allowing a substance to be quantified.

> 837.01: Dipsticks for urine protein. Check to see if there is a valid expiration date on the dipsticks.
>
> 837.02: Dipsticks for urine glucose. Check to see if there is a valid expiration date on the dipsticks.
>
> 837.03: A urine pregnancy test kit contains a test strip impregnated with an enzyme which, when dipped in urine, will with the hormone human chorionic gonadotropin (HCG) if present. HCG is a hormone produced by the placenta shortly after implantation of the embryo into the uterine wall.

Q. 838 – Q. 839: External testing of blood and urine for chemistries

Some facilities may send blood and/or urine specimen outside for clinical chemistry tests. If the laboratory ever sends blood and/or urine specimen to an external laboratory for any chemistries (Q. 838 is "1"), ask if specimen is sent outside for any of the tests listed in Q. 839. For each of the tests listed in Q. 839, circle "1" in column "A" if specimen is sent outside for the test, and proceed to ask to see, in column "B", records for those tests results.

Q. 840 – Q. 853: PARASITOLOGY / BACTERIOLOGY

Q. 840: Equipment for parasitology and bacteriology

For each of the equipment listed in Q. 840, ask if it is used in the facility and if used ask to see it. Whether or not it is shown to you, ask if it is functioning or not.

Q. 840.01: Light microscope. Otherwise known as the optical microscope, the light microscope is a type of microscope which uses visible light and a system of lenses to magnify images of small samples.

Q. 840.02: Electron microscope. This is a type of microscope that uses a beam of electrons to illuminate the specimen and produce a magnified image.

Q. 840.03: Refrigerator.

Q. 840.04. Incubator. In the laboratory or in biology, an incubator is a device used to grow and maintain microbiological cultures or cell cultures by maintaining optimal temperature, humidity and other conditions such as the carbon dioxide and oxygen content of the atmosphere inside.

Q. 840.05. Test tubes. Also known as a culture tube or sample tube, this is a common laboratory glassware consisting of a finger-like length of glass or clear plastic tubing, open at the top and usually with a rounded U-shaped bottom.

Q. 840.06: Centrifuge. A machine that rapid rotates to apply centrifugal force to its contents. It is used to separate fluid mixtures with different densities.

Q. 840.07: Culture / growth medium. This is a liquid or gel designed to support the growth of microorganisms or cells, or small plants. There are different types of media used for growing different types of cells.

Q. 840.08: Glass slides and covers. A glass or microscope slide is a thin piece of glass used to hold specimen for examination under a microscope. Slide cover glass (or cover slip) is a smaller and thinner sheet of glass that is placed over the specimen being examined under a microscope.

Q. 841 – Q. 847: Testing for Malaria parasites

Q. 841. Malaria testing in facility

First determine if any type of testing for malaria parasites is done in the facility. If yes, continue; otherwise, skip to Q. 848.

Q. 842 – Q. 844: Malaria Rapid Diagnostic Test (RDT) in facility and brand of RDT used

Ask if malaria RDT is done in the facility. If yes (Q. 842 is “1”), ask to see a sample malaria RDT test kit, checking to see if at least one kit has a valid expiration date (Q. 843). Whatever the response in the preceding question, check or ask the brand of RDT that is available.

Q. 845 – Q. 846: Malaria RDT manual, job aid or poster

Ask if there is a malaria RDT manual, job aid or poster available at the service site. If reported to be available, ask to see it and record appropriately.

Q. 847. Malaria Microscopy

The following stains are used to stain blood smears in order to identify parasites (including malaria parasites), fungi, and other organisms in blood smears. Ask for the availability of these stains. If available, ask to see the items.

847.01: Giemsa stain.

847.02: Field stain.

847.03: Acridine orange stain with Acridine orange microscope.

Q. 848 – Q. 849: Gram staining

Gram staining is a method of differentiating bacteria species into two large groups, Gram-positive and Gram-negative. It is usually the first step in identification of a bacterial organism and the default stain performed by laboratories over a sample when no specific culture is referred.

If Gram staining is done, ask if any of the reagents listed in Q. 849 is used; if used (column "a"), ask to see the items listed in column "b".

849.01: Crystal violet or Gentian violet is a dye that is used as a histological stain and in Gram staining.

849.02: Lugol's iodine or Lugol's solution is used when performing a Gram stain. It is applied for 1 minute after staining with crystal violet, but before ethanol. It binds to crystal violet and traps it in the cell.

849.03: Acetone or Acetone alcohol is used during Gram staining as a decolorizer

849.04: Neutral red, carbol fuchsin or other counter stain

Q. 850 – Q. 851: External testing

First ask if any specimen is sent to another laboratory of Gram's staining, India ink staining, malaria microscopy, or culture. If yes, ask if this is done for each of the tests listed in Q. 851, and ask to see records.

Q. 852 – Q. 853: Stool microscopy

Stool microscopic examination is one type of stool analysis, to help diagnose certain conditions affecting the digestive tract, including infections, poor nutrient absorption, or cancer.

If stool microscopy is done in the facility, ask if each of the items listed in Q. 853 is available in the laboratory area. If reported to be available, ask to see each item.

853.01: Formal saline

853.02: Normal saline

853.03: Lugol's iodine or Lugol's solution

Q. 854 – Q. 858: Syphilis testing

Q. 854 – Q. 856: Syphilis rapid diagnostic testing

First determine in Q. 854 is syphilis testing is done at all in the facility. If done, ask about syphilis rapid diagnostic testing. Ask to see a sample of the syphilis rapid diagnostic test kit (in Q. 856) if the response to Q. 855 is “1”. If shown to you, check to determine if the expiration date is valid on at least one of the kits.

Q. 857 – Q. 858: Syphilis serology

If in addition to syphilis RDT the facility reports that they do other syphilis testing (serology testing) in the facility, ask about each of the tests and test equipment listed in Q. 858

> 858.01: Venereal Disease Research Laboratory (VDRL) is a non-treponemal serological screening for syphilis. It is also used to assess response to therapy as well as to detect CNS involvement. An antibody produced by a patient with syphilis reacts with an extract from ox heart. Thus, it detects anti-cardiolipin antibodies, visualized through foaming of the test tube fluid, or flocculation.
>
> 858.02: PRC (for STIs)
>
> 858.03: Rotator or shaker
>
> 858.04: Rapid Plasma Reagin (RPR) test looks for non-specific antibodies to indicate the presence of *T. pallidum* in the blood. It does not look for antibodies against the *T. pallidum*, but rather for antibodies against substances released by cells when they are damaged by *T. pallidum*. It is a good screening test.

Q. 859 – Q. 860: Chlamydia

If the facility reports conducting any chlamydia tests in the facility (Q. 859 is “1”), ask about each of the tests, equipment or stains listed in Q. 860.

Q. 861 – Q. 873: Tuberculosis

Q. 861 – 862: Tuberculosis testing in facility

If the facility reports doing any TB testing in the facility (Q. 861 is “1”), ask about each of the test, test equipment or reagents listed in Q. 862.

> 862.01: Ziehl-Neelson test, also called fast-acid staining, uses microscopy and staining to examine sputum samples for mycobacterium tuberculosis. If done, ask for items 02 – 04 that are required in order to perform the Ziehl-Neelson test.
>
> 862.02: Carbol-Fuchsin is a stain commonly used in the staining of mycobacteria as it has an affinity for specific acids found in the body walls of mycobacteria.

862.03: 20–25% Sulphuric acid or acid alcohol is used for de-staining mycobacterium tuberculosis.

862.04: Methylene blue

862.05: Fluorescence microscope refers to any microscope that uses fluorescence to generate an image. They use the phenomenon of fluorescence and phosphorescence instead of, or in addition to, reflection and absorption.

862.06: Culture / growth medium. This is a liquid or gel designed to support the growth of microorganisms or cells, or small plants. There are different types of media used for growing different types of cells.

862.07: Biosafety hood or biosafety cabinet is an enclosed ventilated workspace for safety working with materials that are, or may be contaminated with pathogens requiring a defined biosafety level.

Q. 863 – Q. 864: Rapid diagnostic testing for Tuberculosis in facility

If the facility reports that they use rapid diagnostic testing for TB, ask to see a sample test kit and check to see if at least one test kit has a valid expiration date on it.

Q. 865 – Q. 866: Sputum containers

Ask if sputum containers are maintained at the service site. If yes, ask to see a sample container.

Q. 867 – Q. 869: Sending sputum specimen outside for testing

If the facility sends any sputum specimen outside for testing (Q. 867 is "1"), ask if records are maintained of results of those tests conducted outside. If the response to Q. 868 is "1", ask to see the records. If records are not maintained (Q. 868 is "2"), skip to Q. 870.

Q. 870 – Q. 873: Quality control checks of TB tests

Ask if the laboratory uses any systems for internal or external quality control for the TB sputum smears done in the laboratory (Q. 870). If yes, probe to determine (in Q. 871) which type of quality control is used for TB sputum testing. Ask if records are maintained for the quality control, and if yes, probe to determine if records are maintained for the internal quality control only, the external quality control only, or for both.

Q. 880 – Q. 881. Diagnostic imaging

Ask if the facility performs diagnostic X-rays, ultrasound, or computerized tomography. If yes, ask to go to the location where the diagnostic imaging takes place in the facility. Ask if each of the diagnostic imaging equipment is used in the facility. If used, ask to see it, and then ask if it is functioning.

881.01: x-ray machine. If there are more than one type of X-ray machine, we are looking for the one that is used for chest x-rays (e.g., for diagnosing pneumonia or TB).

881.02: Films for x-ray. Ask to see any unexpired films for the X-ray machine.

881.03: Ultrasound machine

881.04: Computerized tomography scan machine

Always remember to thank the respondent for taking time to help answer your questions

D.7 SECTION 9: MEDICINES AND COMMODITIES

This section is interested in the capacity of facilities to stock medicines that are then dispensed to clients; the purpose is not to assess the facility for the availability of a pharmacy in the form of a building.

You will be administering section 9 only after having completed Q. 210 – 216 and determined that the facility does stock medicines. Questions 210 – 216 are filter questions designed to help you understand how the storage of medicines is organized in a facility.

The section is divided into 4 subsections, section 9.1 (General medicines and supply items), section 9.2 (contraceptive commodities), section 9.3 (anti-TB medicines) and section 9.4 (antiretroviral medicines). Depending on how services are organized in a facility, and how contraceptive commodities, medicines for TB treatment, and antiretroviral medicines are stored, the 4 sub-sections may all be completed in the pharmacy, whether it is one location or there are satellite locations. Alternatively, some of the sub-sections may have to be completed at relevant service sites, if medicines for those services are stored at the respective service sites. The questionnaires are designed with skips to make it easy to navigate to the right sub-sections in order to collect the relevant information.

Do not get overwhelmed by the long list of medicines. In the majority of facilities, only a few of these medicines will be available.

Ask if each of the medicines listed in each of the questions is stocked and available in the facility that day. The names in the list are the generic names of the medicines; the brand names may be different but always check for generic names. If a particular medicine is never available (never stocked), circle “5” and move to the next medicine in the list, or to the next question. Whenever a particular medicine is reported as being available, ask to be shown that medicine. Depending on the type and formulation of the medicine, you will be shown medicines in large quantities, i.e., in bottles, cans, boxes or other containers. If you are shown the medicine, check to see if at least one (bottle of pills, bottle of a syrup formulation, etc.) is valid, i.e., not expired, circle “1” for that medicine and move on to the next medicine. You do not need to check all the stock, but enough to find one with valid expiration date. If the medicine is available but none are valid, the appropriate response is “2”. Note, however, that you will have to check the entire stock in order to determine that none are valid.

Record “3” if the medicine is reported to be available but for some reason the responded is unable to show it to you. For example, if it is said to be stocked at that location but the location is locked, the appropriate response is “3”. If the medicine is available in a different area in the facility (e.g., in a service area), do not record a “reported, not seen” response; rather, go to the location where it is said to be stored to observe the medicine. This is very important.

Q. 900: Filter question on availability of services

First check Q. 210. If a facility stores medicines, continue to section 9.1; otherwise, you skip to the next service site.

In large facilities, there may be several satellite pharmacies. Ask to be shown the main location in the facility where general medicines such as antibiotics, medicines for treating malaria, and other supplies are stored. If the facility has a pharmacist, find the chief/senior pharmacist. Otherwise, find the health worker responsible for pharmaceutical services at the facility. Introduce yourself and explain the purpose of your visit. Explain to the respondent that if any of the medicines you are interested in is stored elsewhere in the facility, you would like to go to that location to check those medicines.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

SECTION 9.1: GENERAL MEDICINES AND SUPPY ITEMS

Q. 901: Antibiotics

Several different groups of antibiotics are covered in this question. Ask if each of the antibiotics listed are available that day. Follow the rules for observing as described previously.

Q. 902: Medicines for worm infestation

Ask if each of the medicines listed are available that day. Follow the rules for observing as described previously.

Q. 903: Medicines for non-communicable diseases

Several different groups of medicines are covered in this question. Ask if any of the medicines listed are available that day. Follow the rules for observing as described previously.

Q. 904: Anti-fungal medicines

Ask if each of the medicines listed are available that day. Follow the rules for observing as described previously.

Q. 905: Anti-malaria medicines

Ask if each of the medicines listed are available that day. Follow the rules for observing as described previously. Note that there are different strengths of the Artemisinin-based combination therapy. Ask about availability of each individually.

Q. 906: Medicines for maternal and child health

There are different groups and types of medicines covered in this question. Ask if each of the medicines listed are available that day. Follow the rules for observing as described previously.

Q. 907: Intravenous fluids

Ask if each of the intravenous fluids listed are available that day. Follow the rules for observing as described previously.

Q. 908: Fever reducing and pain medicines

Ask if each of the fever reducing and pain medicines listed are available that day. Follow the rules for observing as described previously.

Q. 909 – Q. 911: Storage conditions for antibiotics and general medicines

As you ask about and you are being shown the medicines, look around and assess the condition of the storage area. Determine if the medicines are off the floor, if they are protected from water and from direct sunlight. Also, is there any evidence of rodents, and is the storage room or area well ventilated.

At the same time, determine if the medicines are organized according to expiration dates such that the medicines to soon expire are closest to the front.

Ask the respondent and try to establish the system used to monitor the amount of medicines they receive, the amount issued, and the amount present on the day of the visit. Ask to see some evidence of the system being used.

Q. 912: Supply items

These are supplies in the central storage location, prior to distribution to various service sites in the facility. These items are also assessed for each particular service area, so supplies that are not stored centrally will be “captured” when service areas are assessed. Ask to see each of the listed items.

SECTION 9.2: CONTRACEPTIVE COMMODITIES

Q. 920: Filter question

Check Q. 212 to determine where and how contraceptive commodities are stored: are they stored with other medicines in the pharmacy, or are they stored in the family planning service area? If family planning commodities are stored with other medicines (Q. 212 is “1”), continue to Q. 921. If on the other hand, upon checking Q. 212 you determine that family planning commodities are stored in the family planning service site (Q. 212 is “2”) or not stocked at all by the facility (Q. 212 is “3”), then skip this section and go to the next sub-section of this section. If the commodities are stored in the family planning service site, information on contraceptive commodities will be captured when administering the family planning section (section 13).

Q. 921: Contraceptive commodities

Ask if each of the contraceptive commodities listed are available that day. Follow the rules for observing as described previously.

Q. 922 – Q. 924: Storage conditions for contraceptive commodities

As you ask about and you are being shown the commodities look around and assess the condition of the storage area. Determine if the commodities are off the floor, if they are protected from water and from direct sunlight. Also, is there any evidence of rodents, and is the storage room or area well ventilated.

At the same time, determine if the commodities are organized according to expiration dates such that the commodities to soon expire are closest to the front.

Ask the respondent and try to establish the system used to monitor the amount of commodities they receive, the amount issued, and the amount present on the day of the visit. Ask to see some evidence of the system being used.

Q. 925: End of sub-section

If family planning commodities are stored in the pharmacy and you administered this sub-section in the pharmacy, proceed to the next section or service site. If you are interviewing in the family planning service area, thank the respondent and proceed to the next services section or service site.

SECTION 9.3: ANTI-TB MEDICINES

Q. 930: Filter question

Check Q. 214 to determine where and how anti-TB medicines are stored: are they stored with other medicines in the pharmacy, or are they stored in the TB service area? If anti-TB medicines are stored with other medicines (Q. 214 is “1”), continue to Q. 931. If on the other hand, upon checking Q. 214 you determine that anti-TB medicines are stored in the TB service site (Q. 214 is “2”) or not stocked at all by the facility (Q. 214 is “3”), then skip this section and go to the next sub-section of this section. If the anti-TB medicines are stored in the TB service site, information about these medicines will be captured when administering the TB section (section 19).

Q. 931: Anti-TB medicines

Ask if each of the anti-TB medicines listed is stocked and available that day. Follow the rules for observing as described previously.

Q. 932 – Q. 934: Storage conditions for anti-TB medicines

As you ask about and you are being shown the anti-TB medicines look around and assess the condition of the storage area. Determine if the anti-TB medicines are stored off the floor, if they are protected from water and from direct sunlight. Also, is there any evidence of rodents, and is the storage room or area well ventilated.

At the same time, determine if the anti-TB medicines are organized according to expiration dates such that the commodities to soon expire are closest to the front.

Ask the respondent and try to establish the system used to monitor the amount of medicines they receive, the amount issued, and the amount present on the day of the visit. Ask to see some evidence of the system being used.

Q. 935: End of sub-section

If anti-TB medicines are stored in the pharmacy and you administered this sub-section in the pharmacy, proceed to the next section or service site. If you are interviewing in the TB service area, thank the respondent and proceed to the next services section or service site.

SECTION 9.4: ANTIRETROVIRAL MEDICINES

Q. 940: Filter question

Check Q. 216 to determine where and how antiretroviral medicines are stored: are they stored with other medicines in the pharmacy, or are they stored in the ART service area? If antiretroviral medicines are stored with other medicines (Q. 216 is “1”), continue to Q. 941. If on the other hand, upon checking Q. 216 you determine that antiretroviral medicines are stored in the ART service site (Q. 216 is “2”) or not stocked at all by the facility (Q. 216 is “3”), then skip this section and go to the next sub-section of this section. If the antiretroviral medicines are stored in the ART service site, information about these antiretroviral medicines will be captured when administering the ART section (section 21).

Q. 941 – Q. 944: Antiretroviral medicines

Ask if each of the antiretroviral medicines listed in Q. 941 – 944 is stocked and available that day. They are organized by class, i.e., Nucleoside Reverse Transcriptase Inhibitors (Q. 941), Non-nucleoside Reverse Transcriptase Inhibitors (Q. 942), Protease Inhibitors (Q. 943), Fusion Inhibitors and combination formulations (Q. 944). Follow the rules for observing as described previously.

Q. 945 – Q. 947: Storage conditions for antiretroviral medicines

As you ask about and you are being shown the antiretroviral medicines look around and assess the condition of the storage area. Determine if the antiretroviral medicines are stored off the floor, if they are protected from water and from direct sunlight. Also, is there any evidence of rodents, and is the storage room or area well ventilated.

At the same time, determine if the antiretroviral medicines are organized according to expiration dates such that the commodities to soon expire are closest to the front.

Ask the respondent and try to establish the system used to monitor the amount of medicines they receive, the amount issued, and the amount present on the day of the visit. Ask to see some evidence of the system being used.

Q. 948: End of sub-section

If antiretroviral medicines are stored in the pharmacy and you administered this sub-section in the pharmacy, proceed to the next section or service site. If you are interviewing in the TB service area, thank the respondent and proceed to the next services section or service site.

Thank your respondent and move on to the next service site.

E. MODULE 3: SERVICE-SPECIFIC READINESS

E.1 SECTION 10: CHILD VACCINATION

Q. 1000: Eligibility

Child vaccination services include the administration of vaccines to prevent common childhood illnesses. Check Q. 102.01 and confirm if any child vaccination services are provided to children under age 5 years, either at the facility or on an outreach basis from the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

At this point ask to be shown the location in the facility where child vaccination services are provided. Find the person most knowledgeable about child vaccination services in the facility. Introduce yourself, explain the purpose of the survey, and proceed with the interview if the respondent is ready.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1001: Number of days services provided

Ask if each of the vaccines listed is provided to clients either in the facility or outreach.

1001.01: DPT+HepB+Hib (pentavalent) vaccination

1001.02: Polio vaccination

1001.03: Measles vaccination

1001.04: BCG vaccination

1001.05: Pneumococcal conjugate vaccine (PCV 13)

1001.06: Rotavirus vaccine

In column “a” for each vaccine, indicate the total number of days per month that the vaccine is provided at the facility, and in column “b” the total number of days per month through outreach. “Service provided at facility” means that a client arriving at the facility during normal working hours for that day could receive the service and would not be told to return another day. “Outreach” refers to services outside of the facility. These should be routinely scheduled visits to mobile service sites or villages or schools where the vaccination services are provided. If for example the only times vaccination services are provided outside of the facility are during special campaigns (e.g., national or sub-national vaccination days or Polio vaccination days) then these do not qualify as outreach services.

A four-week month means there are four 7-day weeks in a month, and the maximum number of days in a month is 28. If a service is not provided, put “00” in the boxes.

Q. 1002 – Q. 1005: Service guidelines

Ask if the national guideline for child vaccination services is available at the service area. The guidelines have to be observed in order to count as being available. If the national guideline is not available, ask if there is any guideline other than the national guideline.

Q. 1006: Items for vaccination services

The items listed below are essential in order to provide vaccination services. Ask the respondent if these items are available at the service site on that day, and ask to see them.

> 1006.01: Vaccination cards or booklets are where vaccination records are maintained and may come in different forms. In some countries, the “road to health” card is what is used. They will usually be given to the caretaker of the child to keep. Ask to see a blank or unused card. Pieces of paper or cardboards are not acceptable, even if those are what providers use for maintaining vaccination records.
>
> 1006.02: Tally sheets may come in different forms. Check to see what the national requirement is for the health system reports. There must be some form of register where every Immunisation is recorded according to number and type, where they can easily be added for reporting.
>
> 1006.03: summary forms. Check to see what the national requirement is for the health system reports. There must be some form of register where every Immunisation is recorded according to number and type, where they can easily be added for reporting.

Q. 1007 – Q. 1015: VACCINE COLD STORAGE

Q. 1007: Routine storage of vaccines

Routinely storing implies that vaccines are usually stored at the facility in a refrigerator and over time, not just for a few hours or for a day. If the facility collects vaccines and stores them overnight for use the next day or two only, this is not considered as routine storage and the correct response is “STORES NO VACCINES”. If ANY vaccines are stored at the facility, “1”, “ROUTINELY STORES VACCINES” is the correct response. It is possible a facility used to store vaccines but their refrigerator is broken. If there is a problem with the refrigerator and vaccines are currently not being routinely stored, the response is “2”. If vaccines are never stored at the facility, then the correct response is “3” “STORES NO VACCINES”.

Q. 1008: Vaccine storage equipment

If the facility routinely stores vaccines, ask to be taken to the area where vaccines are stored so you may see the vaccine storage equipment. Solar-powered, kerosene and gas refrigerators are just as acceptable as electric refrigerators.

Q. 1009 – Q. 1011: Temperature chart for vaccine storage

These questions check if the facility is maintaining a temperature monitoring chart for vaccines that they stock. In Q.1011, if the survey day's temperature is the only temperature missing, this can still be a "YES", especially if you are collecting this information relatively early in the day, as they may not yet have checked the temperature and recorded it for the day. If there are multiple charts, select the one with DPT-HB (or Pentavalent) data.

Q. 1012: Vaccine availability

Ask if each of the vaccines listed in Q. 1012 is stocked and available that day. Follow instructions provided in section 9 to complete this question.

Q. 1013: Temperature in vaccine storage unit

If there are multiple refrigerators or freezers, select the one where DPT-HB (or Pentavalent) is stored for checking the temperature.

Q. 1014: Vaccine carriers/cold chain boxes

Ask to see the vaccine carriers. It is ok if they are not able to show you the vaccine carriers but they say that they have it.

Q. 1015: Ice packs

Depending on the type of carrier used, 4-5 ice packs make one set. Ask to see the ice pack if the facility reports that they have them. Some facilities do not have ice packs but will purchase ice when necessary. If that is the case, that they purchase ice, circle "3". If there are fewer than 4 ice packs, then they do not have a set of ice packs.

Q. 1050 – Q. 1052: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1050 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1051 – 1052 under General Information (Q. 710 - 711), simply circle "11" in Q. 1050 and skip to the next section. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (not previously seen) and continue to assess this location for standard precaution items for child immunization.

E.2 SECTION 11: CHILD GROWTH MONITORING SERVICES

Q. 1100: Eligibility

Check Q. 102.02 and confirm if child growth monitoring services are provided by the facility, either at the facility or as an outreach. Child growth monitoring services may also be referred to as "well child" or "well baby" clinics, and may be part of the general OPD, or with child vaccination services. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Ask to be shown the location in the facility where child growth monitoring services are provided. Ask to speak with the person in charge of these services.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1101: Number of days services provided

In column "a", indicate the total number of days per month that child growth monitoring services are provided at the facility, and in column "b" the total number of days per month through outreach. "Service provided at facility" means that a client arriving at the facility during normal working hours for that day could receive the service and would not be told to return another day. "Outreach" refers to services outside of the facility. These should be routinely scheduled visits to mobile service sites or villages or schools. If for example the only times growth monitoring services are provided outside of the facility are during special campaigns (e.g., national or sub-national vaccination days) then these do not qualify as outreach services.

Q. 1102 – Q. 1103: Service guidelines

Ask if any guideline for growth monitoring is available at the service area. The guidelines have to be observed in order to count as being available.

Q. 1104: Items for grown monitoring services

The items listed below are essential for the provision of child growth monitoring services. Ask the respondent if these items are available at the service site on that day, and ask to see them. These items are described elsewhere in this manual. For child weighing scale, infant weighing scale and height/length board, ask if they are functioning.

1104.01: Child weighing scale.

1104.02: Infant weighing scale.

1104.03: Height or length board.

1104.04: Tape for measuring head circumference.

1104.05: Growth chart.

E.3 SECTION 12: CHILD CURATIVE CARE SERVICES

Q. 1200: Eligibility

Check Q. 102.03 and confirm if child curative care services are provided by the facility, either at the facility or as an outreach. Any curative care consultation for children under age 5 counts. Child curative care service may be part of the general OPD, or in a separate sick child OPD, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Once the facility is determined to be eligible for this section, ask to be shown the location in the facility where child curative care services are provided. Ask to speak with the person in charge of these services.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1201: Number of days services provided

In column “a”, indicate the total number of days per month that child curative care services are provided at the facility, and in column “b” the total number of days per month through outreach. “Service provided at facility” means that a client arriving at the facility during normal working hours for that day could receive the service and would not be told to return another day. “Outreach” refers to services outside of the facility. These should be routinely scheduled visits to mobile service sites, to villages or to schools.

Q. 1202: Specific services

For each of the specific service components, ask if providers in the facility offer them to sick children and circle responses accordingly.

01. Child malnutrition:

02. Vitamin A supplementation to children:

03. Iron supplementation to children:

04. Zinc supplementation to children:

Q.1203 – Q.1205: Integrated Management of Childhood Illnesses (IMCI)

The IMCI strategy is a specific approach to managing ill children; the strategy is outlined in the IMCI guidelines. While a country may have adopted the IMCI strategy, not all districts and facilities may have, and therefore not all providers will be expected to follow the strategy. Whether or not the response to

Q.1203 is a yes, ask if the IMCI guideline is available at the service site. If so, ask to see it. If available and you see it, skip to Q.1208. If not available, or it is reported to be available but you cannot see it at that time, continue to Q.1206.

Q.1206 – Q.1207: Other guidelines for diagnosis and management of childhood illnesses

Any other guideline for the diagnosis and treatment of childhood illness is acceptable.

Q.1208 – Q.1209: Routine activities prior actual consultation

Many facilities will register sick children and then take specific measurements (e.g. temperature, weight) prior to sending the child to the consultation room to be seen by the clinician. Ask if this system operates at the facility, and if yes, go to see where the system of taking measurements and other parameters prior to sending a sick child to the consultation room is implemented. Observe a few children as these parameters are taken, to see if they all receive the services listed in Q.1209. Indicate which procedures you see being conducted prior to consultation. For specific parameters that you do not observe, ask if that activity is routinely done for sick children. If sick child services are not being provided the day of the visit, but the respondent claims this system normally operates, you may indicate "ACTIVITY REPORTED, NOT SEEN" (Q.1209) for each relevant activity. If sick child consultation services are being provided the day of the visit, but you do not see these services being provided routinely for all sick children, the correct response will be "ACTIVITY NOT ROUTINELY CONDUCTED" even if the respondent indicates that they normally are provided.

Q.1210: Equipment and supplies

As if the following equipment and supplies are available in the service area. Use criteria described elsewhere in this manual (page 25 – 26) to complete this question.

01: Child weighing scale (250 gram gradation). May be a digital or balance scale upon which a caretaker can stand and hold the child. A child scale may also be a balance scale or a hanging scale that is calibrated with at least 250-gram (¼ kilogram) gradation.

02: Infant weighing scale (100 gram gradation). This may be a digital or balance scale upon which an adult can stand and hold the infant. An infant scale may also be a balance scale or a hanging scale that is calibrated in 100-gram intervals.

03: Thermometer.

04: Stethoscope.

05 - 06: Timer or watch with second hand. This is for counting the respiratory rate. A timer is specially made (often provided by UNICEF) to measure one minute, for counting respiratory rate. A health provider's personal wristwatch or a wall-clock with a second hand is also acceptable.

07 -10: ORS supplies. These items are to prepare and give ORS to a child with diarrhoea at the facility and for teaching the caretaker how to give ORS solution. Any type of graduated half-, or one-litre jar or pitcher appropriate for mixing and giving ORS solution is sufficient. We are interested also in a cup and spoon, and ORS packets, as well as bucket for cleaning soiled cups.

11: Examination table or bed.

Q.1211: IMCI and visual aids

01: IMCI mothers' cards are specifically designed for caretakers of sick children.

02: Visual aids refer to any flip charts/picture books and/or other items that can be used to teach a caretaker specific things about a the child's condition.

Q.1212 – Q.1213: Individual health records

These are cards or records where the history of an individual child is recorded, with notes on each illness and/or visit. The cards may be kept by the facility or may be returned to the caretaker to take home after the consultation. Some facilities use individual exercise books or folders to record the outcome of each visit. These keep a running history of the child's health events and prior treatments and allow the health provider to make a more informed assessment of the child's health problem. The "Road to Health" or another Immunisation card does not count unless there is space for notes regarding each visit and the facility indicates that this is used routinely as the child health card where providers are expected to write comments when the child is seen for illness. You may have to ask several questions to ascertain whether these cards are used as child health records or only for preventive health activities (growth monitoring, Immunisation information, vitamin-A distribution).

In some facilities, where IMCI is fully implemented, providers may use IMCI recording forms as job aids. These forms have pre-printed assessment questions and blank spaces for classifications, treatment and advice. The IMCI recording forms are acceptable as individual records only when they are filed in individual or family folders.

Q. 1250 – Q. 1252: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1250 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1251 – 1252 under General Information (Q. 710 - 711), simply circle "11" in Q. 1250 and skip to the next section. If on the other hand this

location has not yet been assessed for these standard precaution items, circle “31” (not previously seen) and continue to assess this location for standard precaution items for child curative care services.

E.4 SECTION 13: FAMILY PLANNING SERVICES

Q. 1300: Eligibility

Check Q. 102.04 and confirm if family planning services are provided by the facility, either at the facility or as an outreach. Family planning services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Once the facility is determined to be eligible for this section, ask to be shown the location in the facility where family planning services are provided. Ask to speak with the person in charge of these services.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1301: Number of days services provided

This refers to family planning services offered at the facility itself, and means that the client could come during normal working hours for that day and would not be told to return another day, but rather, would receive the necessary family planning services.

Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 1302: Specific services

For each of the methods ask if the method is "provided" (i.e., facility stocks the method and will make them available to clients), or if providers in the facility prescribe, counsel clients on the method, or refer clients for the method. Make sure the respondent understands the difference between the two categories.

01 - 03: Combined oral pills, progestin-only pills, combined injectables. An example of the combined progestin/oestrogen injectable preparation is ***Norigynon***. Other names are ***Cyclofem/Cycloprovera***

04: Progestin-only Injectable (2 or 3 monthly). Examples of the 3-monthly progestin-only injectable contraceptives are **DMPA (depot-medroxyprogesterone acetate),** ***Depo-Provera, and Depot.*** An example of the 2-monthly is NET-EN, also known as *Noristerat.*

05- 08: Other methods, including the male and female condoms, IUCDs and implants.

09: Emergency contraceptive pill. This per se, is not considered a family planning method, but rather a back-up plan. It is a regime of pills that can be taken after method failure or unprotected sex to

prevent pregnancy (also called “Morning-After Pill”). Specific examples include Prostinol 2. Some providers also use high doses of family planning pills (e.g. 50mg oestrogen), or combined daily pills to achieve the dose required for emergency contraception. If the provider indicates s/he uses combined or progestin-only pills for the emergency contraceptive, and she can explain how to use them (4 tablets within 72 hours of unprotected sex and another 4 tablets 12 hours after the first 4) this is accepted as having “EMERGENCY CONTRACEPTIVE”.

10: Cycle beads for Standard Days Method is an example of natural methods

11: Counseling on periodic abstinence, while it may be done in the facility, is not something that can be “stocked”. It is therefore under the column for “prescribe”.

12-13: Surgical methods, i.e., male sterilisation (vasectomy) and female Sterilisation (tubal ligation). These are not expected in lower level facilities.

14: Other methods

Q. 1303 – Q. 1306: Service guidelines

Ask if the national family planning guideline is available at the service area. The guidelines may have a country-specific name, e.g., “sexual and reproductive health guidelines”, or be part of a larger document. They may also be in the form of posters. The guidelines have to be observed in order to count as being available. It the national guidelines are not available, ask for any other guideline.

Q. 1307 – Q. 1308: Individual records

These are cards or records where the history of an individual family planning client is recorded, with notes on each visit. The cards may be kept by the facility or may be returned to the client to take home after the consultation. Some facilities use individual exercise books or folders to record the outcome of each visit. These keep a running history of the client family planning choices and allow the health provider to make a more informed assessment of the client. Ask to see a blank copy, if they are kept at the service site.

Q.1309 – Q.1310: Routine activities prior actual consultation

Many facilities will register clients, take specific measurements (e.g. temperature, weight) prior to sending them to the consultation room to be seen by the main provider. Ask if this system operates at the facility for FP, and if yes, go to see where the system of taking measurements and other parameters prior to sending a client to the consultation room is implemented. Observe a few clients as these parameters are taken, to see if they all receive the services listed in Q.1310. Indicate which procedures you see being conducted prior to consultation. For specific parameters that you do not observe, ask if that activity is routinely done for all family planning clients. If family planning services are not being provided the day of the visit, but the respondent claims this system normally operates, you may indicate “ACTIVITY REPORTED, NOT SEEN” (Q.1310) for each relevant activity. If family planning services are being provided the day of the visit, but you do not see these parameters being done routinely for all

family planning clients, the correct response will be "ACTIVITY NOT ROUTINELY CONDUCTED" even if the respondent indicates that they normally are provided.

Q. 1311: Family planning providers diagnosing and treating STIs

If the same providers that provide the family planning services also diagnose and treat STIs for FP clients, there is a better probability of compliance than if the family planning client with an STI has to go to another provider in another location in the facility. Take your time to determine the correct system.

Q. 1312 – Q1313: Family planning providers and HIV testing

With integration of services, family planning clients in some facilities may be equipped to conduct HIV rapid testing. If the answer to Q.1312 is a yes, ask to see a sample HIV rapid diagnostic test kit. Verify the expiration date on the kit.

Q. 1314: Equipment and supplies

Ask if the following equipment are available in the family planning service area. If they are, ask to see them, and ask the functioning status appropriately.

01. Digital BP apparatus
02. Manual BP apparatus
03. Stethoscope
04. Examination light
05. Examination bed or couch
06. Sample of family planning methods
07. Other family planning-specific visual aids
08. Pelvic model for IUCD
09. Model for showing male condom use
10. Model for showing female condom use

Q. 1315 – Q.1316: Equipment and supplies common to IUCD and implant

Check Q.1302.07 and Q.1302.08. If either IUCDs or implants are provided by the facility at this site, assess the area for the following equipment and supplies.

01. Sterile gloves: These will be new gloves, each pair packaged individually. *Verification may be verbal. [Note: some programs accept clean gloves for IUD insertion.]*

02. Antiseptic solution for cleaning the cervix prior to inserting an IUCD, and for cleaning skin prior to insertion of Implant. Different solutions will fulfil the criteria. Most frequently an iodine-based solution is used (e.g. Hibitine, iodine). *Dettol* is not.

03. Sponge-holding forceps: These may be found separate or in IUCD or Minor Surgery kits. If equipment is stated to be available in either the IUCD or Minor Surgical Kit, and a sterile kit is shown, this is accepted. You do not need to un-wrap the kit to see the equipment.

04. Sterile gauze pad or cotton wool: These may also be found separate or in IUCD or Minor Surgery Kits. Follow the same procedure as above.

Q. 1317 – Q.1318: Equipment and supplies specific to IUCD

Check Q.1302.07. If IUCDs are provided by the facility at this site, assess the area for the following equipment and supplies.

01 – 03. Speculums: There should be at least a Large (L), Medium (M) and a Small (S) speculum for the insertion of IUCDs.

04 – 05. These items (tenaculum (or Volsellum forceps) and uterine sound) are frequently found in a prepared package or IUCD kit. If the kit is sealed and sterile and it is stated that the equipment is in the kit, this may be accepted as “OBSERVED” as long as the package is observed.

Q. 1319 – Q.1320: Equipment and supplies specific to Implant

Check Q.1302.08. If Implants are provided by the facility at this site, assess the area for the following equipment and supplies.

01 – 02. Local anesthetic: e.g., lignocaine, with sterile syringes and needles.

03. Cannula and trochar may be found in a prepared package or implants kit. If the kit is sealed and sterile and it is stated that the equipment is in the kit, this may be accepted as “OBSERVED” as long as the package is observed.

04. Sealed implant pack

05. May be kept separately, or may be part of a Minor Surgery Kit. If the Minor Surgery Kit is sterile and it is stated that the equipment is in the kit, this is accepted

06. Minor surgery kit.

Q. 1321 – Q.1322: Processing of re-useable family planning equipment

Determine if re-useable equipment for family planning are processed at all, and where. If processed in the family planning service area (response 1), or both in the family planning site and elsewhere in the facility, proceed to Q.1321 and ask for the method(s) used for processing such equipment for re-use.

Q. 1350 – Q. 1352: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1350 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1351 – 1352 under General Information (Q. 710 - 711), simply circle "11" in Q. 1350 and skip to Q.1353. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for family planning.

Q. 1353: Storage of family planning commodities

Check Q.212 for storage location of family planning commodities to determine where to go next. If family planning commodities are stored in a location other the service site, or not stored at all, then that will be the end of the section on family planning. If on the other hand family planning commodities are stored in the family planning service site, then you have to assess the family planning commodities, in Q.921, before leaving this service site.

Remember to thank your respondent once you are done with this section before leaving the service site.

E.5 SECTION 14: ANTENATAL CARE SERVICES

Q. 1400: Eligibility

Check Q. 102.05 and confirm if antenatal care services are provided by the facility. Antenatal care services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Once the facility is determined to be eligible for this section, ask to be shown the location in the facility where ANC services are provided. Ask to speak with the person in charge of these services. If antenatal care services are offered in multiple locations in a facility (e.g. maternity and consultation area, consultant physician office, etc.) go to the location where the largest number of routine antenatal clients is seen to complete this section.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1401: Number of days services provided

This refers to ANC services offered at the facility itself, and means that the client could come during normal working hours for that day and would not be told to return another day, but rather, would receive the necessary ANC check and service.

Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 1402: Routine ANC

Ask if ANC providers in the facility provide any of the following services as part of routine ANC:

01. Iron supplementation
02. Folic acid supplementation
03. Intermittent preventive treatment of malaria during pregnancy (IPTp)
04. Tetanus toxoid vaccination

Q. 1403 - 1405: Tetanus toxoid vaccination

First check Q. 1402.04 to see if the facility provides TT vaccination services. If they do, then ask Q. 1404. If TT vaccination is available on all days that ANC services are offered, then we do not need to ask Q. 1405, since we already know in Q. 1402 the number of days that ANC services are offered. If TT

vaccination services are not available on all days that ANC services are offered, then continue to Q. 1405, and indicate the number of days that TT vaccination services are available in the facility.

Q. 1406: Routine ANC tests available from the ANC service site

ANC clients usually go through some routine tests during ANC visits. Some of these tests are available at the service site, while others are available elsewhere in the facility, or not at all. This question attempts to determine what tests are available to ANC clients as part of routine ANC and if the tests are available at the service site. If the test is reported to be available at the service site, ask to see a test kit or equipment, and determine if at least one is valid, i.e., not expired.

01. HIV rapid diagnostic test
02. Urine protein test
03. Urine glucose test
04. Rapid test for hemoglobin
05. Syphilis rapid diagnostic test

Q. 1407: Components of ANC services

Find out if ANC clients visiting the facility are offered the following as part of antenatal care services

01. Counseling on recommended minimum of 4 ANC visits for each pregnancy
02. Counseling on birth preparedness
03. Counseling on family planning post-partum
04. Counseling on HIV AND AIDS
05. Counseling about use of ITNs to prevent mosquito bites and malaria infection
06. Counseling about breastfeeding
07. Counseling on post-natal care visits

Q. 1408: Antenatal care providers diagnosing and treating STIs

If the same providers that provide the ANC services also diagnose and treat STIs for ANC clients, there is a better probability of compliance than if the ANC clients with an STI have to go to another provider in another location in the facility for STI services. Take your time to determine the correct system.

Q. 1409 – Q. 1414: Service guidelines

Ask if the national ANC guideline is available at the service area. The guidelines may have a country-specific name, e.g., "sexual and reproductive health guidelines", or be part of another document. They may also be in the form of posters. The guidelines have to be observed in order to count as being available. It the national guidelines are not available, ask if any other ANC guidelines are available (Q. 1411 & Q. 1412). In Q. 1413 and Q. 1414, ask to see the IPT guidelines. These may be stand-alone guidelines, or be part of another document. They may even be posters.

Q. 1415 – Q. 1416: Visual aids

These are usually educational materials to help providers explain important items to clients. Visual aids may include flip charts, flash cards, or posters so long as they impart a message related to the topic. If reported to be available, ask to see samples.

Q. 1417 – Q. 1418: Individual health records

These are cards or records (including health passports) where the history of an individual ANC client is recorded, with notes on each visit. The cards may be kept by the facility or may be returned to the client to take home after the consultation. Some facilities use individual exercise books or folders to record the outcome of each visit. These keep a running history of the client and allow the health provider to make a more informed assessment of the client. Ask to see a blank copy, if they are kept at the service site.

Q.1419 – Q.1420: Routine activities prior actual consultation

Many facilities will register clients, take specific measurements (e.g. temperature, weight) prior to sending them to the consultation room to be seen by the main provider. Ask if this system operates at the facility for ANC, and if yes, go to see where the system of taking measurements and other parameters prior to sending ANC clients to the consultation room is implemented. Observe a few ANC clients as these parameters are taken, to see if they all receive the services listed in Q.1420. Indicate which procedures you see being conducted prior to consultation. For specific parameters that you do not observe, ask if that activity is routinely done for all ANC clients. If ANC services are not being provided the day of the visit, but the respondent claims this system normally operates, you may indicate "ACTIVITY REPORTED, NOT SEEN" (Q. 1420) for each relevant activity. If ANC services are being provided the day of the visit, but you do not see these parameters being done routinely for ANC clients, the correct response will be "ACTIVITY NOT ROUTINELY CONDUCTED" even if the respondent indicates that they normally are provided.

Q. 1421: Equipment for routine ANC

Assess the ANC service site or area for the following equipment and supplies necessary for ANC services. Complete this section using the same criteria described earlier.

01. Digital BP apparatus

02. Manual BP apparatus

03. Stethoscope

04. Examination light

05. Fetal stethoscope

06. Adult weighing scale

07. Examination bed or couch

Q. 1422: Medicines and commodities for routine ANC

Ask if each of the medicines, vaccine and commodity listed in Q. 1422 is stocked and available at the ANC service site that day. Complete this question using the same criteria described earlier (see section 9).

01. Iron tablets (individual)

02. Folic acid tablets (individual)

03. Combined iron and folic acid tablets

04. SP for IPTp

05. Tetanus toxoid vaccine

06. Insecticide treated mosquito nets or LLINs

Q. 1450 – Q. 1452: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1450 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1451 – 1452 under General Information (Q. 710 - 711), simply circle "11" in Q. 1450 and skip to the next questionnaire section. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

E.6 SECTION 15: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV SERVICES

Q. 1500: Eligibility

Check Q. 102.06 and confirm if PMTCT services are provided by the facility.

Ask to be shown the location in the facility where PMTCT services are provided. PMTCT services will almost always be part of ANC services, and the services will likely overlap. It is therefore important that you complete the ANC section before completing this section, if these two services are available in a facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1501: Components of PMTCT services

PMTCT services may include one or more of these components: HIV testing and counselling, infant feeding counselling, provision of antiretroviral prophylaxis during pregnancy and/or at the time of delivery for the mother and child, infant feeding counselling and counselling on family planning and/or referral for antiretroviral therapy after deliveryPMTCT.

Ask if, as part of PMTCT, providers in the facility provide any of these services to ANC clients, and/or to children born to HIV positive women.

01. HIV testing and counseling to pregnant women
02. HIV testing to infants born to HIV positive women
03. ARV prophylaxis to HIV positive pregnant women
04. ARV prophylaxis to infants born to HIV positive women
05. Infant and young child feeding counseling
06. Nutritional counseling
07. Family planning counseling to HIV positive pregnant women

Q. 1502 – Q. 1505: HIV testing at PMTCT service site

In Q. 1502, check Q. 1501.01 to see if HIV testing services are offered to pregnant women as part of PMTCT. If yes, proceed to Q. 1503. In Q. 1503, if the PMTCT service site is the same as the ANC service site, then skip to Q. 1506 since the information in Q. 1504 and Q. 1505 will already have been collected when the section on ANC was completed. Remember, we will only complete this section after the ANC section has been completed.

If, for some reason, this PMTCT site is different from the ANC site, continue to Q. 1504 and ask if HIV rapid testing is available from this site. If yes, ask to see a sample HIV rapid diagnostic test kit. Check to see if at least one is valid, i.e., not expired.

Q. 1506 – Q. 1508: Collection of DBS sample for diagnosing HIV infection in children

In Q. 1506, check Q. 1501.02 to see if HIV testing services are offered to infants born to HIV positive pregnant women. If yes, ask in Q. 1506 if providers use filter paper cards to prepare DBS samples for HIV diagnosis for infants. If they do, ask to see a sample DBS filter paper card. Check to see if at least one is valid, i.e., not expired.

Q. 1509 – Q. 1514: Service guidelines

Ask if the national PMTCT guideline is available at the service area. The guidelines may have a country-specific name, e.g., "Malawi Integrated Guideline for providing HIV services" or be part of another document. They may also be in the form of posters. The guidelines have to be observed in order to count as being available. It the national guidelines are not available, ask if any other PMTCT guidelines are available (Q. 1511 & Q. 1512).

In Q. 1513 and Q. 1514, ask to see guidelines on infant and young child feeding counseling. These may be stand-alone guidelines, or be part of another document. They may even be posters.

Q. 1515 – Q. 1516: ARV medicines at the service site

Preferably, ARV medicines that are used for PMTCT ARV prophylaxis should be available at the service site. If they stock PMTCT ARV medicines at the PMTCT site, ask to see the following ARVs. Use the criteria described earlier to answer these questions.

01 Zidovudine tablets
02 Nevirapine tablets
03 Lamivudine tablets
04 Lopinavir tablets
05 Abacavir tablets
06 Efavirenz tablets
07 Tenofovir Disoproxil Fumarate tablets
08 Emtricitabine tablets
09 Zidovudine + Lamivudine tablets (combined)
10 Nevirapine syrup
11 Zidovudine syrup or dispersible ped. tabs
12 Lamivudine + Evafirenz + Tenafovir tablets

Q. 1550 – Q. 1552: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1550 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1551 – 1552 under Antenatal Care (Q. 1450 - 1451), simply circle "15" in Q. 1550 and skip to the next questionnaire section. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

E.7 SECTION 16: NORMAL DELIVERY CARE SERVICES

Q. 1600: Eligibility

Check Q. 102.07 and confirm if normal delivery services are provided by the facility. Note that, some facilities do not routinely provide normal delivery services but will do so if necessary. The answer will be "YES" if this facility falls under this category, i.e., will conduct emergency deliveries even though they do not routinely plan for such facility deliveries. Ask to be shown the location in the facility where normal delivery services are provided.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1601 – Q. 1603: 24-hr coverage

24-Hour delivery services mean a pregnant woman can arrive at the facility at any time of the day and be attended by qualified personnel. For Q. 1601, the person skilled in conducting deliveries may be a non-midwife, but must have some level of trained health provider (nurse aide is acceptable) so long as they are considered competent to conduct deliveries. ***Traditional birth attendants (TBAs) however are not acceptable.*** You may accept the word of the health worker regarding this answer.

On-call must be an officially assigned duty where the health worker is obligated to be available and reachable within a reasonable proximity of the facility. If specific staff is not assigned either duty or on-call 24 hours, the answer is "NO". Check for an on-call or duty schedule. If there is **no** duty schedule there is **no** 24-hour coverage. Unofficial arrangements where it is explained that the health provider lives nearby so "people know they can call" if they need help is not duty or on-call and the correct response is "NO".

Q. 1604: Signal functions for emergency obstetric care

Signal functions are a shortlist of key interventions and activities that address major causes of morbidity or mortality and that are indicative of a certain type and level of care. This question is to find out if the facility offers these services. If they do, we are interested in if the service has been provided at least once during the preceding 3 months.

01. Parenteral administration of antibiotics
02. Parenteral administration of oxytocic
03. Parenteral administration of anticonvulsant for hypertensive disorders of pregnancy
04. Assisted vaginal delivery

05. Manual removal of placenta

06. Removal of retained products

07. Neonatal resuscitation

08. Administration of corticosteroids for pre-term labor (This is not a signal function)

Q. 1605 – Q. 1610: Service guidelines

In Q. 1605 and Q. 1606, ask if the national guideline for Integrated Management of Pregnancy and Childbirth (IMPAC) is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name, e.g., “sexual and reproductive health guidelines”, or be part of another document. They may also be in the form of posters. The guidelines have to be observed in order to count as being available.

In Q. 1607 and Q. 1608, ask if the national guideline for comprehensive emergency obstetric care is available at the service area.

In Q. 1609 and Q. 1610, ask if there’s a guideline on management of preterm labor available at the service site. The guidelines may be part of another document. They may also be in the form of posters. The guidelines have to be observed in order to count as being available.

Q. 1611 – Q. 1612: Kangaroo mother care

Kangaroo mother care is a method of care of newborns, usually preterm infants. The method involves infants being carried, usually by the mother, with skin-to-skin contact.

In Q. 1611, ask if the facility practices this method. If yes, ask if there is a separate room designated for this practice or if integrated with postnatal ward.

Q. 1613 – Q. 1614: Use of partograph to monitor labor and delivery

If providers of delivery services are said to use the partograph to monitor labor and delivery, ask in Q. 1614 if the partograph is used routinely or only selectively. Routinely means on every pregnant woman.

Q. 1615 – Q. 1616: Number of beds

We are interested in the number of dedicated beds in the maternity ward/unit for the facility. In Q. 1615, indicate the number of dedicated maternity beds, and in Q. 1616, the dedicated number of delivery beds.

Q. 1617 – Q. 1621: Review of maternal or newborn deaths or “near-misses”

Reviews of maternal deaths and/or “near misses” (and reviews of newborn deaths and/or “near misses”) are formal reviews of the incidents, what led to the incident, and what steps can be taken to prevent such incidents from happening in the future. If Q. 1617 is yes, then take your time to tease out

the systems in place. Ask the informant to describe the system of reviews and ensure that there is a routine system with clear criteria for which types of cases are reviewed, and a specified procedure for review, including who participates in the review. The participants may be internal to the facility, or external. If the supposed system is in the form of an informal discussion among the health workers, the correct response for Q. 1617 is “NO”.

For Q. 1619, if the response is “once every month”, then the correct response to enter into the boxes will be “04”, which is equivalent to “once every month”, assuming there are 4 weeks in a month. The same applies for Q. 1621, if the facility conducts reviews of newborn deaths or “near misses”.

Q. 1622: Equipment for routine deliveries

Assess the delivery service site or area for the following equipment and supplies necessary for routine deliveries. Complete this section using the same criteria described earlier.

01. Incubator
02. Other external heat source
03. Examination light
04. Suction apparatus with catheter
05. Suction bulb
06. Manual vacuum extractor
07. Vacuum aspirator or D&C kit
08. Newborn bag & mask
09. Thermometer
10. Thermometer for low-body temperature
11. Infant scale
12. Fetal stethoscope
13. Digital BP apparatus
14. Manual BP apparatus
15. Stethoscope

Q. 1623: Other supplies and equipment for routine deliveries

Some of the equipment below may be individual (or loose) items, or may be packed inside a sterile "delivery pack" or closed sterile container. If you observe a sterile "delivery pack" and the respondent says that an instrument you are asking about is in the sterile "delivery pack" or container which cannot be opened for your to view, it is sufficient to say you have "observed" the instrument that is reported to be inside the sterile "delivery pack" or container.

01 Delivery bed
02 Delivery pack
03 Cord clamp
04 Speculum
05 Episiotomy scissors
06 Scissors or blade to cut cord
07 Suture material with needle
08 Needle holder
09 Forceps (large)
10 Forceps (medium)
11 Swab holder
12 Blank partograph

Q. 1624: Routine newborn care practices

Routinely means that this is part of the protocol for postpartum and newborn care. Accept the word of the respondent for the correct answer. If the respondent does not know the answer to any of these questions, ask to find a staff member who knows the answers and can help complete the questionnaire. Note that not all these practices are considered acceptable, or encouraged; however, we are asking to have a sense of what inappropriate practices are still in practice.

01. Delivery to the abdomen: this is the practice where the baby is put on the mother's abdomen, skin-to-skin, immediately following delivery.

02. Drying and wrapping newborns to keep them warm

03. Initiation of breastfeeding within one hour of delivery: this promotes early and exclusive breastfeeding

04. Complete (head-to-toe) examination of newborn prior to discharge

05. Suction the newborn by means of catheter: This would be most often using a foot or electric power source for suction. Suctioning a newborn with a catheter is rarely appropriate, except in an emergency situation. The hard catheter and suction may cause injury to an infant and can increase chances of HIV infection.

06. Suction the newborn by means of suction bulb: this is a more child-friendly way of suctioning a newborn

07. Weigh the newborn immediately after delivery: the newborn should be weighed once the health (of the newborn) is ensured.

08. Administer vitamin K to newborn

09. Apply tetracycline eye ointment to both eyes of newborn

10. Give full bath (immerse newborn in water) shortly (within minutes/1 hour) after birth: This refers to immersing the newborn in water. Immersing in water shortly after birth may contribute to hypothermia. If the facility only routinely sponges the infant off (e.g., in the case of HIV-exposed newborn), the correct response is "NO"

11. Give newborn prelacteal liquids: This is a practice where some facilities give a water solution to a newborn before the mother starts producing enough breast milk. This practice is not needed and may result in preventing exclusive breastfeeding and illness for the newborn.

12. Give newborn OPV prior to discharge: This is encouraged; it is protection against polio, and increase the chances that the child will be fully immunized.

13. Give the newborn BCG prior to discharge: This is encouraged to increase the probability that the child will be fully immunized and even if not, to ensure that the child has received the level of protection against tuberculosis that is possible with the vaccine.

Q. 1625: Medicines and supplies

These medicines and supplies should ideally be available at the service site. Ask if any of these are available. Use the criteria described in section 9 to code.

01. Tetracycline eye ointment

02. Injectable antibiotic, for example Ceftriaxone

03. Injectable uterotonic, for example, Oxytocin

04. Magnesium sulphate

05. Injectable diazepam

06. Intravenous solution with infusion set

07. Skin disinfectant other than Chlorhexidine

08. 4% Chlorhexidine solution (for treatment of umbilical cord)

09. Injectable Hydralazine

Q. 1626 – Q. 1630: PMTCT DURING LABOR AND DELIVERY

Does the facility offer any services geared toward preventing mother-to-child transmission of HIV when during labor and delivery?

If yes, determine if HIV testing is offered at the delivery area, and if a valid (not expired) HIV rapid test kit is available (Q. 1627 – Q. 1628).

Q. 1629 – Q. 1630: ARV medicines at the service site

Preferably, ARV medicines that are used for PMTCT ARV prophylaxis should be available at the service site. If they stock PMTCT ARV medicines at the delivery site, ask to see the following ARVs. Use the criteria described earlier to answer these questions. This is the same list of ARV medicines in the PMTCT section, but may be stored separately.

01 Zidovudine tablets
02 Nevirapine tablets
03 Lamivudine tablets
04 Lopinavir tablets
05 Abacavir tablets
06 Efavirenz tablets
07 Tenofovir Disoproxil Fumarate tablets
08 Emtricitabine tablets
09 Zidovudine + Lamivudine tablets (combined)
10 Nevirapine syrup
11 Zidovudine syrup or dispersible ped. tabs
12 Lamivudine + Evafirenz + Tenafovir tablets

Q. 1650 – Q. 1652: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1650 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1651 – 1652 under Antenatal Care (Q. 1450 - 1451), simply circle “15” in Q. 1650 and skip to the next questionnaire section. If on the other hand this location has not yet been assessed for these standard precaution items, circle “31” (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

E.8 SECTION 17: MALARIA SERVICES

Q. 1700: Eligibility

Check Q. 102.08 and confirm if malaria services (diagnosis and/or treatment) are provided by the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services. Ask to be shown the location in the facility where normal delivery services are provided. Malaria services will definitely be part of the general OPD.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1701: Number of days services provided in facility

This refers to malaria services offered at the facility itself such that a client could come during normal working hours for that day and would not be told to return another day, but would receive the necessary service. Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 1702: Diagnosing malaria

If a client came to the facility with signs and symptoms of malaria, will a provider in this facility make the call and say that the client has malaria? This could be based purely on clinical symptoms, or by using laboratory tests. If Providers in this facility cannot make that call, then skip to Q. 1710.

Q. 1703 – Q. 1704: Blood tests to confirm malaria

If providers diagnose malaria, we want to know if they use blood tests, either microscopy or rapid test, to confirm the diagnosis. If they do not use blood tests to confirm malaria, skip to Q. 1710. If they do use blood tests to confirm malaria, ask (in Q. 1704) if they do so for all suspected cases, or only for some cases.

Q. 1705 – Q. 1706: Malaria rapid diagnostic testing at malaria service site

If providers do malaria RDT at the services site, ask to see a sample mRDT kit. Check if at least one is valid, i.e., not expired.

Q. 1707: Brand of mRDT

Indicate, or ask for, the brand(s) of mRDT that are used at the service site. Multiple responses are allowed, so probe to make sure you capture all the brands used.

Q. 1708 – Q. 1709: Brand of mRDT

Ask if providers of malaria services have any training manuals, posters or other job aids for using mRDTs available at the service site. If they do, ask to see the manual, posters, or job aids.

Q. 1710: Prescribing treatment for malaria

If a patient is diagnosed as having malaria, are providers in the facility able to prescribe treatment for the malaria? It is possible, although unlikely, that a facility will only diagnose malaria and not prescribe treatment.

Q. 1711 – Q. 1714: Service guidelines

In Q. 1711 and Q. 1712, ask if the national guideline for diagnosis and treatment of malaria is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name, or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available. If you see the guideline, end this session and proceed to the next service site.

If the national guideline is not available, then ask, in Q. 1713, if there is any other guideline for the diagnosis and treatment of malaria. Ask to see it in Q. 1714.

Thank your respondent and move to the next service site.

E.9 SECTION 18: SEXUALLY TRANSMITTED INFECTION SERVICES

Q. 1800: Eligibility

Check Q. 102.09 and confirm if STI services (excluding HIV services) are provided by the facility. STI services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services. Ask to be shown the location in the facility where STI services are provided. If multiple locations are used, go to the location in the OPD where the most number of STI clients will go, and speak with the in-charge or the most knowledgeable person for STI services. For example, if the services are considered reproductive tract infection (RTI) services, and are seen in urology (men) and gynaecology (female) you should visit both places to determine where the most cases are likely to be seen. This most often will be gynaecology since STIs include common vaginal infections that occur more frequently in sexually active women. If these are the more common type of infection seen, clients will attend specific OB/GYN clinics in large facilities. This is where you should collect your information for this particular category. In small facilities, clients with the primary complaint of RTI/STI symptoms would most likely be seen first in the general outpatient clinic for sick adults.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1801: Number of days services provided

This refers to STI services offered at the facility itself such that a client could come during normal working hours for that day and would not be told to return another day, but would receive the necessary service. Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 1802 – Q. 1803: Diagnosing STIs

If a client came to the facility with signs and symptoms of a sexually transmitted infection will a provider in this facility make the call and say that the client has an STI? This could be based purely on clinical symptoms, or by using laboratory tests. If Providers in this facility cannot make that call, then skip to Q. 1804.

If providers will diagnose STIs, how do they do it? “Syndromic” refers specifically to following the diagnostic and treatment decision algorithms from the “Syndromic Approach” promoted by the World Health Organization (WHO). Etiologic diagnosis requires laboratory verification. Clinical diagnosis is similar, but a less structured approach than “syndromic”. Clinical diagnosis assumes that providers

approach each set of symptoms and findings uniquely, use their personal assessment and their knowledge to decide the diagnosis and treatment that is appropriate.

Q. 1804: Prescribing treatment for STIs

If a patient is diagnosed as having an STI, are providers in the facility able to prescribe treatment for the STI? It is possible, although unlikely, that a facility will only diagnose STI and not prescribe treatment.

Q. 1805: Filter

Q. 1806 and beyond only apply if the facility either diagnoses or treats STIs, or both. Therefore, check Q. 1802 and Q. 1804. If the facility either diagnoses STIs, or prescribes treatment for STIs, or both, then proceed to Q. 1806. Otherwise, no need to proceed. Cross check with your respondents to make sure that Q. 102.09 is correct.

Q. 1806 – Q. 1807: HIV testing and counseling services for STI clients

Is it the practice of the facility to offer STIs clients HIV testing and counseling services, or to refer them for the service (Q. 1806)? If yes, are they offered HIV testing and counseling services (or referred for HIV testing and counseling services) routinely, or are they offered/referred only if they are suspected to be HIV positive?

Q. 1808 – Q. 1809: HIV rapid diagnostic testing at STI service site

If providers do HIV RDT at the STI services site, ask to see a sample HIV RDT kit. Check if at least one is valid, i.e., not expired.

Q. 1810 – Q. 1813: Service guidelines

In Q. 1810 and Q. 1811, ask if the national guideline for diagnosis and treatment of STIs is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name, or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

If the national guideline is not available, then ask, in Q. 1812, if there is any other guideline for the diagnosis and treatment of STIs. Ask to see it in Q. 1813.

Q. 1814 – Q. 1815: Partner notification

"Active" partner notification (or follow-up) refers to the scenario whereby the facility notifies partners of STI clients, either through a letter or through public health workers, they may be infected with an STI based on information provided by the client. This answer is still valid if the permission of the client is required to notify partners so long as it is the ***facility*** that does the actual notification. "Passive" partner notification refers to asking/requesting the client to notify potentially infected partners to show up for diagnostic and treatment services.

Q. 1816 – Q. 1817: Individual health records

These are cards or records (including health passports) where the history of an individual client is recorded, with notes on each visit. The cards may be kept by the facility or may be returned to the client to take home after the consultation. Some facilities use individual exercise books or folders to record the outcome of each visit. These keep a running history of the client and allow the health provider to make a more informed assessment of the client. Ask to see a blank copy, if they are kept at the service site.

Q. 1818: Visual aids and information for clients to take home

Assess the STI service site or area for the following items, using criteria previously described

Visual aids		Information for client to take home	
01	Visual aids about STI	08	Information about STIs
02	Visual aids about HIV/AIDS	09	Information about HIV/AIDS
03	Visual aids about cervical cancer	10	Information about cervical cancer
04	Posters on STIs, including HIV	11	IEC materials on male condom
05	Posters on HIV/AIDS	12	IEC materials on female condom
06	Model to demonstrate male condom	13	Male condoms to be offered to clients
07	Model to demonstrate female condom	14	Female condoms to be offered to clients

Q. 1850 – Q. 1852: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1850 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1851 – 1852 under General OPD (Q. 710), simply circle “11” in Q. 1850 and skip to the next questionnaire section. If on the other hand this location has not yet been assessed for these standard precaution items, circle “31” (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

E.10 SECTION 19: TUBERCULOSIS SERVICES

Q. 1900: Eligibility

Check Q. 102.10 and confirm if TB services are provided by the facility. TB services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services. Go to the location where TB services are provided to complete this questionnaire section.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 1901: Number of days services provided

This refers to TB services offered at the facility itself such that a client could come during normal working hours for that day and would not be told to return another day, but would receive the necessary TB service. Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 1902 – Q. 1903: Diagnosing TB in the facility

If a client came to the facility with signs and symptoms of TB infection will a provider in this facility make the call and say that the client has TB? This could be based purely on clinical symptoms, or by using laboratory tests and investigations. If Providers in this facility cannot make that call, then skip to Q. 1904.

If providers will diagnose TB, how do they do it? Ask for the most common method used by providers in the facility to diagnose TB. Keep in mind that it is possible, although rare, to have more than one site in a facility where TB services are available. If providers in the site you are currently collecting information make the final decision on the patient whether or not to start him/her on chemotherapy ***regardless*** of where the TB tests and investigations are done, one of the responses 1-5 MUST apply.

This is very important: regardless of where the test result is decided - even if sputum test is read at a district hospital, if this unit makes the decision to put a client on TB treatment, responses 1-5 must apply. So if someone reads the test and says "sputum positive" if this clinic still must decide if it's time to put the client on treatment (making the diagnosis) then 1-5 apply. The assumption is that a diagnosis without an initial prescription is not a diagnosis. Someone must see the results and say "I received 3 sputum tests that were read positive so I made the diagnosis and then prescribed the medicines".

1. **Sputum smear (only)** is the test for acid fast bacillus (AFB).
2. **X-ray (only)** refers to a chest X-ray.
3. **Either sputum or X-ray** means either one of these methods may be used to diagnose TB.
4. **Both Sputum and X-ray** means that both tests are required in order to diagnose TB.
5. **Clinical symptoms (only)** means that no sputum or x-ray is used but a diagnosis is commonly made from patient's symptoms only.

Q. 1904 – Q. 1905: Referring clients outside for TB diagnosis and agreement with external testing site

A facility might not have the means to diagnose TB and therefore rely on external testing sites. If the facility refers clients outside for TB diagnosis, ask if there is an agreement between this facility and the referral facility to send test and other investigation results back to the originating facility, either directly or through the client.

Q. 1906 – Q. 1907: Record of referred clients for TB diagnosis

If there are records of clients who are referred for TB testing, ask to see the record with information on clients who are referred outside for TB diagnosis.

Q. 1908: Prescribing treatment for TB or TB treatment follow up

If a patient is diagnosed as having active TB, are providers in the facility able to prescribe treatment for the client? Or, will providers in the facility provide TB treatment follow up patients who have been put on treatment elsewhere?

Q. 1909: TB treatment regimen

Direct Observed Treatment-Short course (DOTS) Strategy is the WHO recommended approach to TB treatment and has 5 main components, namely:

1. **Political commitment with increased and sustained financing**
2. Case detection through quality-assured bacteriology
3. Standardized treatment, with supervision and patient support, including DOT
4. An effective drug supply and management system
5. Monitoring and evaluation system, and impact measurement

Ask what treatment regimen or approach is used by providers in this facility to treat TB. The following describe the different possible regimen and/or approaches.

Direct Observation of therapy (DOT) – 2M intensive phase + 4M follow up: This forms part of the supervised treatment and is where the health worker/family member/volunteer, observes the client taking their medicine on a daily basis. Either the client goes to the health facility, or a health worker/family member/volunteer goes to the client's home to observe the client ingest the medicine. There are two options here: 2 months of intensive phase in a facility, followed by 4 months of follow-up treatment elsewhere.

Follow-up only after intensive treatment provided elsewhere: Some facilities only provide follow-up treatment services for client after initial intensive treatment program elsewhere.

Diagnose and treat while inpatient, discharge elsewhere for follow-up:

Provide full treatment, with no routine direct observation phase:

Diagnose and prescribe/provide anti-TB drugs only – no follow-up: This is true mainly of higher level facilities. They will diagnose and either prescribe or provide the necessary anti-TB drugs. No follow-up of clients, since this will take place at a lower level facility near the client.

Diagnose only, no treatment or prescription of medicines: Some facilities will only diagnose but not provide any treatment or prescription for anti-TB meds. If this is the case, the correct response is (7), and that ends the interview.

Q. 1910: Filter

Q. 1911 and beyond only apply if the facility either diagnoses or treats TB, or both. Therefore, check Q. 1902 and Q. 1908. If the facility either diagnoses TB, or prescribes treatment for TB, or both, then proceed to Q. 1911. Otherwise, no need to proceed. Cross check with your respondents to make sure that Q. 102.10 is correct.

Q. 1911 – Q.1912: System for testing TB patients for HIV infection

TB is one of the opportunistic infections associated with HIV. Therefore, individuals with TB should be screened and tested for HIV. Ask if the facility has a system for testing TB patients for HIV. If there is a system, ask for some evidence of the system. It may be a computerized system, or in the form of a register.

Q. 1913 – Q. 1914: HIV rapid diagnostic testing at TB service site

If providers do HIV RDT at the TB services site, ask to see a sample HIV RDT kit. Check if at least one is valid, i.e., not expired.

Q. 1915 – Q. 1920: Service guidelines

In Q. 1915 and Q. 1916, ask if the national guideline for diagnosis and treatment of TB is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name (e.g., the national TB control program manual) or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

In Q. 1917 – Q. 1918, ask if there is a guideline for the management of HIV and TB co-infection. This may be part of another guideline, or even a poster.

In Q. 1919 – Q. 1920, ask if there is a guideline on management of multi-drug resistant (MDR) TB at the service site. It may be part of another guideline. If available, ask to see it.

Q. 1921: Filter

Q. 1922 is only relevant sputum samples are collected at the service site. Check Q. 1903 to confirm if any sputum sample is collected at the service site.

Q. 1922 – Q. 1923: Sputum containers at service site

Ask sputum containers are maintained at the service site. If so, ask to see a sputum container.

Q. 1950 – Q. 1952: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 1950 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 1951 – 1952 under General OPD (Q. 710), simply circle "11" in Q. 1950 and skip to Q. 1953. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

Q. 1353: Storage of family planning commodities

Check Q.214 for storage location of TB medicines to determine where to go next. If TB medicines are stored in a location other the TB service site, or not stored at all, then that will be the end of the TB section. If on the other hand TB medicines are stored at the TB service site, then you have to assess the TB medicines, in Q.930, before leaving this service site.

Remember to thank your respondent once you are done with this section before leaving the service site.

E.11 SECTION 20: HIV TESTING SERVICES

Q. 2000: Eligibility

Check Q. 102.11 and confirm if HIV testing and counseling services are provided by the facility. HIV testing and counseling services may be part of the general OPD, or in a separate location, such as the VCT center depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services. If you are told that HIV testing and counseling services are available in more than one location in the facility, go to the location where most clients receive these services and complete this questionnaire for the entire facility.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2001: Number of days services provided

This refers to HIV testing services offered at the facility itself such that a client could come during normal working hours for that day and would not be told to return another day, but would receive the necessary HIV testing service. Use a 4-week month to calculate the number of days. This means there cannot be more than 28 days in a month, even when the respondent says they offer the service 7 days a week.

Q. 2002: Procedure for receiving HIV test

This question is trying to capture all the possible options for making HIV testing services available to clients. Take the time to ensure that the respondent understands the question. Probe to get all possible responses. **Note** that testing may be available **within** or **outside** the facility, and it is possible to have multiple responses.

Q. 2003 – Q. 2004: HIV rapid diagnostic test kit

We are interested in the availability of HIV RDT at the service site, if HIV testing is done. Q. 2004 is only applicable if HIV testing is done at the location where you are administering the questionnaire. Therefore, check Q. 2002. If response “A” is circled, then continue to Q. 2004; otherwise, skip to Q. 2005.

Q. 2005 – Q. 2006: Individual client records

These are cards or records where the history of an individual client is recorded, with notes on each visit. The cards may be kept by the facility or may be returned to the client to take home after the consultation. Some facilities use individual exercise books or folders to record the outcome of each visit.

These keep a running history of the client and allow the health provider to make a more informed assessment of the client. Ask to see a blank copy, if they are kept at the service site.

Q. 2007 – Q. 2010: Service guidelines

In Q. 2007 and Q. 2008, ask if the national guideline for HIV testing and counselling is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

In Q. 2009 and Q. 2010, ask if there is another guideline for HIV testing and counseling. This is only if there national guidelines are not available.

Q. 2011 – Q. 2013: Access to HIV Post-exposure Prophylaxis

If providers working in the facility have access to PEP, the obvious location for testing exposed individuals will be the location where most of the HIV testing and counseling is done. If you are administering this questionnaire at the main HIV testing and counseling location in the facility, then this is where one can expect to find information on PEP. If this is not the location for PEP, then you will have to go to the location where PEP is provided to health workers working in the facility.

Ask for written protocols and/or guidelines for PEP. Note that these may be part of another document, or even posters.

Q. 2014 – Q. 2052: STANDARD PRECAUTIONS

Q. 2014: Filter

Standard precautions will be assessed for the HIV testing and counseling service site only if blood samples are collected at the site. Therefore, check Q. 2002 to check if any of responses “A”, “B”, “F” is circled, indicating that blood is drawn at the site.

To assess the location for standard precautions, see Q. 710 – Q. 711 for instructions on how to fill this question.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 2050 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 2051 – 2052 under General OPD (Q. 710), simply circle “11” in Q. 2050 and skip to Q. 2053. If on the other hand this location has not yet been assessed for these standard precaution items, circle “31” (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for antenatal care.

Q. 2053 – Q. 2054: Availability of condoms at HIV testing site

Ask if condoms are stocked at the HIV testing site for offering to clients. If yes, ask to see some sample of condoms. Check is at least one is valid, i.e., not expired.

Q. 2055 – Q. 2057: Agreement with external HIV testing site

Q. 2026 is only applicable if any HIV testing happens outside of the facility, i.e., if a response of “E” or “F” or both is circled in Q. 2002. So, check Q. 2002; if either “E” or “F” or both are circled, even in combination with any other responses, then proceed to ask Q. 2056.

If there is an agreement (Q. 2056 = “1”), ask to see the evidence of such an agreement.

Thank your respondent and move to the next service site.

E.12 SECTION 21: HIV TREATMENT SERVICES

Q. 2100: Eligibility

Check Q. 102.12 and confirm if HIV treatment (antiretroviral treatment - ART) services are provided by the facility. HIV treatment (ART) services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2101: Antiretroviral treatment (ART) prescription

First determine if providers in the facility prescribe ART. This includes providers who may use the facility as an outreach site and visit on scheduled days to provide the service.

Q. 2102: Antiretroviral treatment (ART) follow-up services

Clients may be put on treatment in one facility, but receive treatment follow-up services in another facility. Determine if providers in this facility provide any ART follow-up services, including community-based services.

Q. 2102A: Outreach sites

In an effort to bring ART services closer to the population, some facilities can be used outreach sites, with providers from district hospitals regularly going there to provide services. If providers will come only once in a while, and not follow any particular schedule, this does not qualify as outreach services.

Q. 2103: Filter

The remaining questions in this questionnaire are only applicable if the response to at least one of the three preceding questions is a “YES”. Therefore, check Q. 2101, Q. 2102 and Q. 2102A, if at least one of them has a “YES” response.

Q. 2104 – Q. 2107: Service guidelines

In Q. 2104 and Q. 2105, ask if the national ART guideline is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

In Q. 2106 and Q. 2107, ask if there is another ART guideline available. This is only if there national guidelines are not available.

Q. 2108: Pre-ART baseline laboratory tests

The following are tests that are recommended in some settings to be done prior to starting a client on ART. Ask if it is the practice to do any of these tests, routinely, before starting clients on ART. For any test that is done, try to determine if it is done routinely, for all clients, or only selectively.

Tests

01	Hemoglobin/hematocrit	07	Urinalysis
02	Full blood count	08	Liver function test
03	CD4 test	09	TB sputum test
04	HIV RNA viral load	10	Hepatitis B
05	Pregnancy test for women	11	Chest X-ray
06	Renal function test	12	Any other routine test

Q. 2109: Tests to monitor clients on ART

Clients on ART are monitored to see how they are responding to treatment. The same tests discussed above are monitored during the course of the treatment. Ask if any of these tests are done during the time that the client is on treatment. If yes, are they done routinely or only selectively.

Q. 2110: Assessment of ARV medicines

Depending on where ARVs for treatment are stored you might have to assess ARV medicines at this service site. Check Q. 216 to determine where ARVs for treatment are stored. If stored at the ART service site, then complete Q. 941 at this site before leaving. If ARVs for treatment are stored elsewhere, then this will be the end of this section.

As always, thank the respondent before moving to the next service site.

E.13 SECTION 22: HIV CARE AND SUPPORT SERVICES

Q. 2200: Eligibility

Check Q. 102.13 and confirm if HIV care and support services are provided by the facility. HIV care and support services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Ask to be shown the location where HIV care and support services are offered and ask to speak with the most knowledgeable person. Introduce yourself and explain the purpose of your visit.

Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2201: Components of HIV/AIDS care and support services

HIV care and support services include psychosocial, clinical, social and economic, human rights and legal, and family and community components. For our purposes, a facility is considered to provide HIV/AIDS care and support services if the facility provides treatment for any opportunistic infections or for symptoms related to HIV/AIDS (such as treatment for topical fungal infections, cryptococcal meningitis, or Kaposi sarcoma), or they provide (or prescribe) palliative care for patients (such as symptom or pain management or nursing care for the terminally ill), or they provide nutritional rehabilitation services, including the prescription or provision of fortified protein supplements, or they provide care for pediatric AIDS patients.

Determine if any of the services listed below are available to clients from this facility.

01. Prescribe treatment for opportunistic infections or symptoms related HIV/AIDS
02. Provide systemic intravenous treatment of specific fundal infections such as cryptococcal meningitis
03. Provide treatment for Kaposi sarcoma
04. Provide or prescribe palliative care for patients
05. Provide nutritional rehabilitation services
06. Prescribe or provide fortified protein supplementation
07. Care for pediatric HIV/AIDS patients
08. Prescribe or provide preventive treatment for TB

09. Primary preventive treatment for opportunistic infections

10. Provide or prescribe micronutrient supplementation

11. General family planning counseling

12. Provide condoms for preventing further transmission of HIV

Q. 2202 – Q. 2203: Screening HIV positive clients for TB infection

Individuals with HIV infection are prone to opportunistic infections. Facilities may screen HIV/AIDS clients for TB infection. Ask if there is a system in place in the facility to routinely screen and test HIV-positive clients for TB. If they do, ask to see some evidence of such a system.

Q. 2204 – Q. 2107: Service guidelines

In Q. 2204 and Q. 2205, ask if the national guideline for the clinical management of HIV is available at the service site. If yes, ask to see it. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

In Q. 2206 and Q. 2207, ask if there is a guideline available for palliative care. This is only if the national guidelines for the clinical management are not available.

Q. 2208 – Q. 2209: Availability of condoms at HIV testing site

Ask if condoms are stocked at the service site for offering to clients. If yes, ask to see some sample of condoms. Check is at least one is valid, i.e., not expired.

E.14 SECTION 23: SERVICES FOR NON-COMMUNICABLE DISEASES

Q. 2300: Eligibility

Check Q. 102.14 and confirm if services for non-communicable diseases are provided by the facility. These services may be part of the general OPD, or in a separate location, depending on the organization of services in the facility. A facility is eligible whether the services are provided by the facility staff or by others who routinely come to the facility to provide the services.

Go to the location where these services are offered. Find the most knowledgeable person responsible for non-communicable diseases. Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2301 – Q. 2305: Diabetes

If providers in the facility diagnose and/or manage diabetes, ask to see the national guidelines for the diagnosis and management of diabetes. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

If the national guidelines are not available, ask to see any other guideline for the diagnosis and management of diabetes.

Q. 2310 – Q. 2314: Cardio-vascular diseases

If providers in the facility diagnose and/or manage cardio-vascular diseases (such as hypertension), ask to see the national guidelines for the diagnosis and management of cardio-vascular diseases. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

If the national guidelines are not available, ask to see any other guideline for the diagnosis and management of cardio-vascular diseases.

Q. 2320 – Q. 2324: Chronic respiratory diseases

If providers in the facility diagnose and/or manage chronic respiratory diseases (such as COPD), ask to see the national guidelines for the diagnosis and management of chronic respiratory diseases. The guidelines may have a country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

If the national guidelines are not available, ask to see any other guideline for the diagnosis and management of chronic respiratory diseases.

Q. 2330 – Q. 2331: Basic supplies and equipment

This service site may already have been assessed under section 7 (see Q. 700) of the questionnaire. If so indicate circle "1" in Q. 2330. If this location has not yet been assessed, then proceed to assess the service area, using criteria previously discussed.

Q. 2350 – Q. 2352: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 2350 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 2351 – 2352 under General OPD (Q. 710), simply circle "11" in Q. 2350 and move to the next service area. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for non-communicable diseases.

E.15 SECTION 24: MINOR SURGICAL SERVICES

Q. 2400: Eligibility

Check Q. 102.15 and confirm that minor surgical services are provided by the facility. The service may be part of the general OPD, or in a separate location, depending on the organization of services in the facility.

Go to the location where minor surgical services are provided and find the most knowledgeable person responsible for the service. Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2401: Equipment and supplies

Ask to see the following equipment; if available, ask if it is functioning.

01. Needle holder
02. Scapel handle with blade
03. Retractor
04. Surgical scissors
05. Naso-gastric tube
06. Torniquet

Q. 2402: Medicines and supplies

Ask if the following medicines and supplies are available at the service site or immediately adjacent.

01. Absorbable suture material
02. Non-absorbable suture material
03. Skin disinfectant
04. Lidocaine or Lignocaine injection
05. Ketamine injection

Q. 2403 – Q. 2104: Service guidelines

Ask if the guidelines on integrated management of emergency and essential surgical care (IMEESC) or a country-specific guideline is available at the service site. If yes, ask to see it. The guidelines may have a

country-specific name or be part of another document. It may also be in the form of posters. The guidelines have to be observed in order to count as being available.

Q. 2450 – Q. 2452: STANDARD PRECAUTIONS

See Q. 710 – Q. 711 for instructions on how to fill this question.

It is possible in small facilities that one service area will serve as the site for multiple services. It will therefore be redundant to collect information on standard precautions multiple times from the same location, even if we are assessing different services offered from this site.

Since you may have visited another service site before this particular service, it is possible you may already have collected this information under another service. Q. 2450 is therefore to help you indicate under which service this information has already been collected, if indeed it has already been collected. If for example you have already collected the information in Q. 2451 – 2452 under General OPD (Q. 710), simply circle "11" in Q. 2450 and move to the next service area. If on the other hand this location has not yet been assessed for these standard precaution items, circle "31" (NOT PREVIOUSLY SEEN) and continue to assess this location for standard precaution items for non-communicable diseases.

E.16 SECTION 25: CESAREAN SECTION SERVICES

Q. 2500: Eligibility

Check Q. 102.16 and confirm that Cesarean section services are provided by the facility. Cesarean section services will almost always be done in the surgical theatre.

Go to the location where minor surgical services are provided and find the most knowledgeable person responsible for the service. This person may not be stationed at the service site at all times, but you will have to go to the service site to observe the equipment and other items you have to observe. Using the staff listing form, list the health providers who are working at the service site during your visit. This form serves several purposes. It provides information on the availability of personnel on the day of the survey, as well as providing a sample frame for selection of health workers for the Health Worker Interview. The respondent for this section of the inventory questionnaire is automatically pre-selected to be interviewed with the Health Worker Interview.

Q. 2501 – Q. 2503: 24-Hour staff coverage for Cesarean section

In some cases, personnel other than clinicians/physician perform Cesarean sections; this is acceptable, depending on country standards.

If after regular working hours the facility provides emergency services and this is by a trained health worker who is on-site and on duty, this counts as 24-hour service. If the health worker is not on-site at all times but is on-call and can be called in (after regular working hours) to see patients, this also counts as 24-hour coverage. However, in both cases, there has to be a duty schedule or call-list to support this claim. If a duty schedule or call list is maintained for 24-hour staff coverage, ask to see it. Circle “1” in Q. 2503 only when a duty schedule is shown to you. There will be cases when the respondent will say they have a resident health worker, i.e., someone who lives on the facility premises, and this person is by default available to provide 24-hour services but with no duty schedule. In such a case, circle response “2” in Q. 2502.

Q. 2504 – Q. 2506: 24-Hour staff coverage for anesthetist

These questions are similar Q. 2501 – Q. 2503 above; use the instructions outlined above to complete these questions.

Q. 2507: Cesarean section in past 3 months

Cesarean section is one of the signal functions for Comprehensive Emergency Obstetric Care (CEmOC). This question is one of the several questions trying to establish if the facility is a CEmOC facility.

Q. 2510: Equipment for Cesarean section

Ask to be shown the following equipment for Cesarean section.

01. Anesthesia machine

02. Tubings and connectors (to connect endotracheal tube)

03. Oropharyngeal airway (adult)

04. Oropharyngeal airway (pediatric)

05. Magills forceps (adult)

06. Magills forceps (pediatric)

07. Endotracheal tube (cuff sizes 3.0 – 5.0)

08. Endotracheal tube (cuff sizes 5.5 -9.0)

09. Intubating stylet

10. Spinal needle

Thank your respondent and move to the next data collection point.

E.17 SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

Q. 2600: Eligibility

First determine whether the facility conducts blood typing and eligibility testing / cross matching by checking Q. 102.18. If blood typing and compatibility testing is not done in the facility, skip to next service site.

Q. 2601: Availability of reagents

If the facility does blood typing and compatibility testing, ask if the items listed in Q. 2601.01 through 2601.04 are available.

2601.01: Anti-A reagent:

2601.02: Anti-B reagent:

2601.03: Anti-D reagent:

2601.04: Coomb's reagent: this is used in both the direct Coombs test and the indirect Coombs test. The indirect Coombs test is used to detect very low concentrations of antibodies present in a patient's plasma/serum prior to a blood transfusion. In antenatal care, the Coombs test is used to screen pregnant women for antibodies that may cause hemolytic disease of the newborn. It can also be used for compatibility testing, antibody identification, and RBC phenotyping.

E.18 SECTION 27: BLOOD TRANSFUSION SERVICES

Q. 2700: Eligibility

First determine if the facility does any blood transfusion services by checking Q. 102.19. If blood transfusion services are not done in the facility, go to the next service site. Otherwise, ask to be shown the location in the facility where blood is processed prior to transfusion. In most facilities this will be the laboratory area.

As with other services, use the staff listing form to compile the names and services of staff working in the area.

Q. 2701: Source of blood used in facility

Facilities may obtained blood from different sources, including from a national blood bank, regional blood bank, relatives, etc. Determine what the source(s) are for this facility. Determine all the different sources the facility obtains blood. Multiple responses apply.

Q. 2702: Blood transfusion in past 3 months

Blood may be transfused for various reasons. This question is interested in the transfusion of blood specifically in the obstetric context, e.g., during a Cesarean section, or to manage a case of post-partum hemorrhage. Note that you may have to speak with another respondent other than the person responding to this question at the moment. However, since the location where blood is processed also supplies the blood to different users in the facility, they are aware of how the blood is used. If blood has been transfused during the past 3 months but not in an obstetric context, the correct response is "NO". Note that blood transfusion is one of the signal functions of Comprehensive Emergency Obstetric Care (CEmOC).

Q. 2710 – Q. 2714: SCREENING BLOOD FOR INFECTIOUS DISEASES

Q. 2710: Screening of blood

The objective of this question is to determine if blood that is transfused in the facility is screened at all for infectious diseases, regardless of where that screening might be. It is important that the respondent understands this. If blood is obtained from the National blood bank, for example, the facility will know what screening is done at the national level before blood is supplied to facilities.

Q. 2711: Where blood is screened

Once you determine that blood is screened, take the time to find out if the screening is done "only in the facility", "only at an external facility", or both internally and externally.

Q. 2712: Routine screening of blood

There are actually "two questions in one" for each of the four items listed. First determine if blood is screened for each of the listed infectious diseases, either in the facility or externally. If the response is "YES" for a particular test, say for HIV, go on and ask if the screening is done "always", "sometimes" or only "rarely. Do this for all the infectious diseases listed.

Q. 2713: External screening

The preceding question did not try to sort out if samples of blood that is transfused in the facility are sent outside the facility for screening for any of the infections listed. Q. 2713, however, specifically tries to determine if samples of blood that is transfused in the facility are sent outside for screening for any of the infectious diseases listed in Q. 2712. If the response to Q. 2713 is yes, spend some time to determine in Q. 2714 for which of the infectious diseases blood samples are sent outside. For the screening tests for which blood samples are sent outside, ask to be shown records of the screening tests.

Q. 2720 - Q. 2725. BLOOD STORAGE

Q. 2720: Stock-out

Stock-outs are defined differently using different cut-off durations. For blood, we are interested in non-availability for longer than one day. Find out if the facility has been out of blood for longer than one day any time during the past 3 months.

Q. 2721 – Q. 2723: Blood storage equipment and temperature

Not all facilities will store blood, even if they are capable of, and do transfuse blood. Find out if the facility stores blood anywhere in the facility. If stored, go to where blood is stored and indicate the storage conditions. Once you see the blood storage equipment, check the temperature in the unit and record appropriately.

Q. 2724 – Q. 2725: Guidelines on appropriate use of blood

Ask if there are any guidelines on the appropriate use of blood and safe transfusion practices. Use the definitions under guidelines. If guidelines are not available, proceed to the next section; otherwise, ask to be shown the guideline.

E.19 SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

Asses the general level of cleanliness of the facility by observing if floors are swept, counters and tables are wiped and free of dirt or waste. Is there any broken equipment, papers or boxes around or sharps are outside sharps boxes, or bandages and other waste material are lying uncovered.

01. Floors:

02. Counters/tables/chairs:

03. Needles, sharps outside sharps boxes:

04. Sharps boxes overflowing:

05. Bandages/infectious waste lying around uncovered:

06. Walls. Significant damage:

07. Doors. Significant damage:

08. Ceiling. Water stains or damage:

8 OBSERVATION OF CLIENT-PROVIDER CONSULTATIONS

A. General Overview of Observations

The purpose of observing client-provider consultations is to capture whether the providers carry out client assessments or examinations in compliance with standards for the service being provided. Another objective is to assess whether the information sharing between the client and the provider include elements identified as those important for quality of care. Ultimately, observations help answer the question *"Does the process followed in service delivery meet standards of acceptable quality and content".*

Interviewers who will be observing the consultations should be persons who have both the training and experience in providing the type of service being observed. The observer must therefore be a trained health worker, e.g., a nurse, nurse midwife, clinical officer or a doctor, but not necessarily an expert in the service being observed. The observer must have excellent listening skills and have the ability to pay attention to detail during the observation. Observers should NOT be assigned to observe providers whom they know, and definitely should NOT be assigned to providers whom they supervise. The familiarity increases the potential for bias in the service provider and the observer responses.

The priority services for which consultations are observed are:

1) Antenatal care, both new and returning clients
2) Family planning, both new and returning clients
3) Children 5 years of age and younger who are ill. Children in this age group who present with an injury, for example, are not eligible for observation.

The organization of services varies from facility to facility, and also depends on the size of the facility. In many facilities however, the client flow is as follows:

1. One provider or clerk "registers" the client.
2. Another provider takes various measurements, e.g., temperature, weight, blood pressure.
3. A third provider sees the client and discusses the symptoms, problems, and then advises. This provider will then write a prescription, if necessary. *The "consultation" is considered the interaction where questions are asked, signs and symptoms discussed, advice given, and prescriptions are written. In this case, the primary provider is the one who actually ends up advising and writing the prescription.*

   Following a specified system, providers are individually assigned a unique "provider identification code" or "provider id number" to identify each provider for the period that the survey team remains in the facility. This provider code will be taken from the **staff listing form**, which will be discussed later. In large facilities where there are numerous providers involved

with the various tasks related to the examination and consultation for the client, if feasible, you should attempt to *follow* a “selected” *client* as s/he is seen by the various providers. Keep in mind however that activities that are conducted prior to the consultation (e.g. measuring blood pressure, temperature, weight, group health education) will also be captured in the Inventory questionnaire, so if following one client through the system will mean much waiting at each stop in the system, and subsequently missing on other consultations, it is better to sit in on the consultation interactions and to record the exchange of information between the main provider and the client. The team leader and the in-charge should discuss the service delivery system so that the strategy that is followed ensures that the SPA data collection proceeds in the most efficient and effective manner.

4. The provider may send the client to another location in the facility for laboratory diagnostic tests, refer the client to another provider for further evaluation, or admit the client to the facility. Your observation can end at this point. The exceptions are where another provider, as part of the consultation conducts a procedure. For example if a different provider conducts the antenatal client’s abdominal palpation, you must still follow the client to observe the palpation. If a procedure is conducted for the FP client, such as removal or insertion of an intra-uterine contraceptive device (IUCD) you must follow the client to observe the procedure.

   If the client is to receive a laboratory test or medication and then return to the original provider, you should attend the final consultation between the observed provider and the client to conclude the consultation.

5. After the client has completed all activities pertaining to the visit to the facility that day and is prepared to depart the facility, another member of your team will conduct the exit interview.

B. Specific Issues for Observations

Depending on the size of the facility, and how client services are organized, clients for the priority services (ANC, FP and curative care for sick children) are usually seen by different providers in different areas of the facility. In smaller facilities, the different services are likely to be offered relatively close to one another, and even sometimes by the same providers. It is therefore quite simple to identify and observe the different clients across the different services we are interested in observing consultations. In large facilities however, the different service areas may not be immediately next to each other and the observer will have to move between service areas of the facility.

C. Selection of Providers to Observe

The goal is to select a maximum of three (3) providers of each of the priority services, and for each selected provider, observe a maximum of five (5) consultations for that service.

The number of providers selected for observation, and thus the corresponding number of clients observed in any given facility will depend on:

1. The number of providers who are providing the priority services on the day of the visit;

2. The number of clients available and eligible for observation on the day the team is in the facility; and

3. The amount of time that the team spends in the facility.

For each of the priority services for which services are being provided on the day of the visit, randomly select 3 providers to observe. If there are 3 or fewer providers of any of the priority services, there is no selection involved; observe all of these providers. Do not observe more than 3 providers of any particular priority service.

Depending on the size of the facility and the number of providers working in that facility, it is possible to observe 3 providers of ANC, a different set of 3 providers of FP services, and another set of 3 different providers for curative care for sick child services, i.e., 9 different providers in all. It is also possible, in smaller facilities, that the same provider(s) will be seeing clients of different services the same time. For example, one provider may be seeing ANC clients as well as FP clients, and you will end up observing this provider for both types of consultations.

Using ANC services as an example, if there is only one provider of ANC services on duty and providing services on the day of the visit to the facility, you can only observe that one provider, and the maximum number of ANC consultations observed for that provider as well as for the facility (provided clients are available), would be 5 consultations. If there are two providers of ANC services and both are seeing ANC clients, the maximum number of ANC consultations observed for the facility (provided clients are available) would be 10 consultations, dividing the consultations equally among the two providers. Finally, if there are three providers of ANC services, the maximum number of ANC consultations observed in the facility would then be 15 (provided clients are available), dividing the consultations equally among the three providers.

For most facilities, however, this maximum number of consultations observed will not be reached because of lack of time or lack of clients.

For most facilities, interviewing teams will only be present for one day and that will be enough to observe the maximum number of consultations. That might not always be the case in larger facilities. To increase the numbers of observations at large facilities, two days might be allocated.

D. Selection of Clients For Observation

As indicated above, the goal is to observe a maximum of 5 client consultations for every selected provider of each of the priority services, and a maximum of 15 client consultations for each of the priority services, dividing the consultations among a maximum of 3 selected providers. This will all be possible if there are enough clients visiting the facility on the day that you are in the facility.

For each of the priority services for which consultations will be observed, whenever possible and feasible, clients should be screened for eligibility in the waiting area and systematically selected for observation. This systematic selection is only possible when there are eligible clients waiting in the waiting area to be seen. Otherwise, clients should be taken on an as-come basis.

It may be possible to get a sense of the estimated number of clients that are expected to receive a particular service in the facility during the period when the team will be in the facility; however, using this estimated number of expected clients to select and "pace" clients for observation can be problematic, since in fact, one can never tell how many clients will come on a particular day.

The rarest eligible clients are new family planning and first-visit ANC clients. These clients should be given priority in selection for observation when they are available. Therefore, the following points must be considered when selecting clients for observation:

1. For antenatal and family planning, if there are clients waiting to be seen, you should determine who are first-time and who are follow-up clients. Taking them in order they will be seen (they are usually registered) you can select the sample at an approximate ratio of 2 new clients for every 1 follow-up client. If there are no waiting clients, observe the clients as they arrive, as you will not know how many clients to expect.
2. If there are two or more providers of the same service and they are all seeing clients of a priority service (e.g., ANC) at the same time, arrange with the facility in-charge or with the providers to ensure that eligible clients for that service go to both of the providers. Where there is one person on your team as an observer for any particular period, the observer would see who the first eligible client is, complete the observation, and then check on the next eligible client and request that if it will not create a problem that the next eligible client go to the other provider.
3. If there are 2 or more providers of the same service and they are all seeing the same types of clients (e.g., FP clients) at same time, and there are not enough clients (or time) to allow for the observation of 5 consultations for each of the providers, divide up the clients among the providers such that you can observe each of the providers. It might mean ending up observing fewer than 5 consultations for each of the providers. But, by doing things this way, we have information from all providers of the service and not from only one provider of the service.
4. If there are 2 or more providers seeing different types of clients at the same time (for example one of the providers is seeing ANC clients and the other is seeing FP services, and both are working at the same time), organize the observation such that no one service takes priority over another. In other words, do not focus exclusively on one service and miss observations for the other services. If, for example, observing 5 FP consultations is likely to result in not observing any ANC consultations when indeed there are ANC clients available for observation, you must limit the number of FP observations, even if there are FP clients available and eligible for observation, in order to be able to also observe some ANC consultations. This might result in observing fewer than 5 FP clients consultations, and also fewer than 5 ANC client consultations, but, this is preferable to observing 5 FP clients and not having any ANC clients.

E. Client Listing Forms

In order to properly analyze the data, it is necessary that the total number of all eligible clients for each of the priority services who visit the facility for services on the day the team visits the facility is collected.

The client listing form is used to gather this type of information (see Appendix 1). This allows for the description of how representative the service operation was on the day of the survey, using average number of clients on service days as the indicator. Depending on the size of the facility, the different types of services offered, and the client load, the facility in-charge should be asked to ensure that the client list is completed and the team leader must ensure that the data is collected prior to departing from the facility. The provider may be asked to complete the list as s/he sees clients. Alternatively, if the required information is listed in a register in an easily retrievable manner, the information can be collected at the end of the day from registers. The team must ensure that the data is collected from all relevant registers as some facilities may a separate register for each provider seeing clients. The data forms (Appendix 1) must be included in the envelope with the questionnaires from the facility.

F. General Procedures for Conducting Observation

1. Revealing content of observation protocol: The content of the observation protocol should NOT be shared with the provider. Knowing the specific items you are observing during the consultation may influence the provider's behavior and bias the results. If the provider asks, you may simply respond that it is a guideline for you, as the observer, so that you do not forget what happens during the consultation.

The observation protocols include the following components:

i. COVER PAGE, comprised of facility id, provider information, and information about observation, and consent information.

ii. COMPONENTS OF ACTUAL OBSERVATION, with sub-groups such as client history, client examination, etc., depending on the service type.

2) Client eligibility and identification: The Team Leader (TL) should discuss with the in-charge and the provider the types of cases that will be observed and decide upon a system for identifying eligible clients. This is particularly important in facilities where there are multiple service delivery sites and multiple providers.

If, it appears that a selected client does not meet the eligibility criteria for the service observation, you should verify eligibility with the TL. If the client clearly does not meet the criteria, or the TL verifies the client is not eligible, write a note on the questionnaire explaining why this is so and submit this questionnaire with completed observations. If the eligibility is questionable and it is not possible to confirm with the TL, continue the observation but write a note in the comment section at the end to explain why the client may not be eligible.

3) Consent: Prior to observing any consultation, the consent of both the provider and the client is required. The in-charge (or someone from the facility who is designated by the in-charge) should introduce you to the provider(s) who will be observed, or, if it is a large department, to the person in charge of the department. If more than one provider will be observed in a department it would be easiest (if possible) if the observation component is explained to all providers at the same time and a

general consent sought from each. Ensure that if the facility uses different providers for the specific procedures to be observed, that consent is received from these providers as well. Circumstances may arise where a provider who has given general consent for observation feels an observation should be curtailed or is not appropriate (e.g. the provider needs sensitive information or needs permission for an examination and believes the client is not providing it because of the presence of the observer). Ensure that the provider knows that even with the general consent s/he may request that you do not observe some individual cases.

Consent will be more likely if the provider is assured that this is in no way an evaluation of the provider, and that the information from the observation will only be used in an aggregate manner (e.g. describing characteristics of the particular service provision in many facilities of this type). Explain that you will be taking a few notes during the consultation. *Do not mention that you are observing for specific practices or the sharing of specific information between the provider and the client.* Specifically mention to the provider that s/he should care for the client as if you were not there, and that you are not supposed to say anything or talk with the provider or client during the observation.

When obtaining the consent from the client, explain that you are a health professional, and that this observation is a part of a national survey of health facilities. Explain that the purpose of observing the consultation is to have a better understanding of the service provision system. Reassure the client that no personal information that is shared between the provider and the client is being collected, and that all information will remain strictly confidential. Mention that you will be sitting near the service location to observe, but that you won't be talking or participating in any way in the service provision. It is important that the client be encouraged to allow the observation, but also that they do understand that they can refuse the observation if they wish.

The approach for obtaining the consent of the client should be discussed prior to beginning observations. It may be most appropriate that consent is obtained in the waiting area by an interviewer responsible for identifying eligible clients, or it may be more appropriate for the provider to request the consent, if the provider is familiar with the client.

In order to minimize errors during data processing and data analysis, the observer should still fill out the cover sheet for any observation even if the provider or client refuses to give consent after being selected.

4) Observer behavior

a. The observer should be discreet when noting down an observation.

b. Seat yourself near enough so that you can hear any discussion between the provider and the client, but so that you are not in direct eye contact with either. *The presence of the observer is likely to influence the interaction between the client and provider by making both more self-conscious and aware of what they are saying and doing.* To decrease this influence, try to sit and behave in a manner to minimize any attention being drawn to you. *Keep the expression on your face pleasant and neutral, and do not say anything or indicate approval or disapproval of the consultation by your expression.* This is particularly important if you see or hear things that you think are not correct.

c. It is important that during the observation you remain as unobtrusive as possible to minimize the influence your presence has on the quality of the consultation. Observers should avoid any actions that might distract the provider or the client. Thus, the observers should avoid clicking pens, unnecessarily shuffling pages, making eye contact with the provider or client, speaking, or doing anything that may disrupt the interaction. If at any time during the session the observer is clearly distracting the provider or the client, or if the client asks the observer to leave, the observer should politely withdraw.

d. If there is a situation where you feel that for the safety of the client you must intervene, wait until after the consultation is completed, if it does not increase the risk to the patient. Then ask to speak with the health worker for a moment, and leave the area where the client is, to discuss the matter. Make a note on the questionnaire if this occurred.

5) Familiarity with the questionnaire: The observation questionnaires are designed so that the observer circles letters or numbers, or fills in a box to describe what is seen. Because there is no fixed order in which activities take place during a consultation, the observer must be familiar with the observation protocols so that whenever a particular action is carried out or issue discussed, s/he knows exactly where to mark the questionnaire.

6) Issues for accurate recording for the observation: Activities recorded as “observed” or “not observed” may change as the session progresses. For example, a client may at first seem only to want “information and/or counselling” about family planning, but may decide to accept a family planning method for a first time, or the client may have come for follow-up on a method, and decide to switch methods. In a like manner, an action may occur out of sequence. For example, clients may be sent to a laboratory for tests prior to, or at the end of a consultation. Also some information may be shared in an informal manner, such as a casual mention that “my child is eating well despite being sick”. For these reasons, the observer must be alert, watch the body language of the client and the provider, listen to the tone of voice, and observe non-verbal communication such as a nod or shake of the head.

It is essential that the observer only mark what s/he sees or hears. Thus it is essential that s/he pay close attention to all discussion between the provider and the client. There will be activities that are on the observation checklist that will not be conducted because the items are not appropriate for the particular client. *Please note: A “Y” for “none of the above” is not necessarily bad. If the observed visit is a follow-up visit for an antenatal or family planning client, and the provider still asks “first visit” client history questions, this may mean either the provider did not look at the client health card, or the client does not have a health card, or the appropriate information was never documented on the health card.* Information from the health card must never be used to fill in the observation questionnaire. ONLY RECORD WHAT YOU SEE AND WHAT YOU HEAR.

The observer should circle the letter responses for observed events during the consultations and immediately upon completion of the consultation, circle the “Y” responses for “none of the above” which is equivalent to “NO”. *A non-filled response indicates missing or unknown information and is not acceptable. Every question must have a response circled for an activity or action that was observed, or a “Y” for “none of the above”.* After observing many interactions it becomes difficult to differentiate which client or provider a certain action or conversation is associated with. For this reason, at the end of each

consultation, and prior to the next observation, make sure that all items on the observation checklist are complete.

Consistency is important to ensure the quality of the information. Discuss any situations that arise where it was difficult to determine the correct response so that as much as possible, the observers use the same criteria for interpreting events into responses on the questionnaires.

G. Definitions Applicable Across All Observations

COVER PAGE

Most of the information on the cover page is the same as that on the cover of the Inventory Questionnaire. However, these should be completed for each questionnaire in order to be able to link all questionnaires from every facility. *For the same reason, even if a provider or client refuses to give consent, and therefore you are unable to complete an observation, still go ahead and fill out the cover sheet for the consultation that was refused before setting that questionnaire aside.*

1 Facility Identification: Indicate the facility name as provided, location of the facility and most importantly, the unique facility number.

2 Provider Information

- **Provider category:** Indicate the highest level of technical professional training the provider being observed has achieved. This provider category code must be consistent with the information on the staff listing form.
- **Sex of provider:** Indicate the sex of the provider. Enter "1" for male and "2" for female providers.
- **Provider serial number:** the team will assign all providers who are observed and/or interviewed a unique provider identification code number (taken from the staff listing form) for the duration of the visit, which will appear on every questionnaire that will be associated with that particular provider. This code number must be the same as on the staff listing form.

3 Information about observation

- **Date:** This is the date of the visit, the day the observation took place.
- **Interviewer (Observer) Name and Code:** Record the name and code number of the interviewer conducting the Observation. Each interviewer will be assigned a unique code.
- **Client code:** Each client will be assigned a Client Code according to the system explained during training. Ensure that this same Client Code is also used for the Exit Interview.
- **Time:** Record the time the actual consultation started, not when you start to obtain consent or explain the observation procedure to either the provider or client or both provider and client.

4 Actual Observation of consultations

<u>Provider consent:</u> Explain the observation component of the survey to the provider in the manner described during training. Then read the consent statement in the questionnaire to the provider.

During subsequent observations with the same provider, it is sufficient to simply ask if it's ok to remain for the next consultation.

<u>Client/Caretaker consent:</u> Explain the observation component of the survey to the client/caretaker, or else ask the Provider to explain, in the manner described during training. Then read the consent statement in the questionnaire to the client/caretaker.

After obtaining consents from both the provider and the client/caretaker, the observer should be seated near enough to hear the consultation and to see all actions, but also further away enough that the client and provider will not be distracted or easily make eye contact. **LISTEN AND OBSERVE**. There are specific subjects that should come up during the consultation. It does not matter if the provider or the client raises the topic.

<u>Physical Examination:</u> In many facilities some of the physical examinations (e.g. measurements of weight, temperature, blood pressure) are done by a different provider at a different location than by the consulting provider; if the observer does not actually see the examinations being conducted for the client being observed, s/he cannot mark "YES" for the questions in the Observation Questionnaire. The information that these measures are taken prior to the observation will be collected during the Inventory section of the survey.

NOTE: *If the system is such that a different provider takes various measurements (weight, temperatures, etc.) before the consultations and the location is such that the observer actually sees these measurements being taken on the client, "YES" may then be marked for those physical examination activities indicated in the questionnaire.*

<u>Looks at Health card:</u> Where there is an individual health card, the provider should look at the card (for past history, or for measurements taken in the facility prior to the consultation) either prior to or while talking with the caretaker. This may be the child's Road to Health Card, the pre-printed Antenatal or Family Planning card, or the general health card used by the facility. The main criteria are that the cards provide a running history of health events and services for the same client, over time.

<u>Visual aids:</u> Visual aids can address any issues related to service delivery. You must see these being used with the caretaker or client whose consultation is being observed.

<u>Provider writes on health card</u>: This refers specifically to writing on an individual health card, such as that described above. The observer should be able to identify that an individual health card is being used and notes on this illness or treatment prescribed written. This does not refer to plotting weight and does not refer to filling in a register.

H. Detailed Instructions for Completing Antenatal Care (ANC) Observations

1. Facility identification: See instructions above

2. **Provider Information: See instructions above**

3. Information about Observation: See instructions above

4. Observation of ANC Consultation

Q. 100. Provider Consent

See instructions above

Q. 101: Client Consent

See instructions above

Q. 102: Time observation started

See instructions above

Q. 103: Observation # for provider

This is an effort to determine if providers' practices are different depending on the number of consultations being observed. In other words, do they modify their behavior for the first few observation for which they are being observed and then revert to earlier practices?

Q. 104 – Q. 116: General observation items

For each of the group of action items in the observation protocol (client history, aspects of prior pregnancies, danger signs of current pregnancy, etc.), circle the letter (or letters) that correspond to an action (or actions) taken by the provider or by the client at any time during the consultation. Only circle actions that you observe as having taken place during the consultation. When the consultation is over and none of the actions in any of the groups is observed, you may then circle "Y" for "none of the above" signifying that none of the actions listed in the group took place or was observed by you to have taken place during the consultation. For example, if at the end of the consultation none of the actions in the group labelled "client history" takes place, then and only then can you circle "Y" for that group.

Q. 104: Client history

These questions may not be asked by the provider or volunteered by the client if this is a follow-up visit. However, where there is no proper documentation of information from prior visits, one may find that providers do ask the same questions regarding the client history on more than one visit. It is important to note if this occurs, as it does relate to the quality of services provided. The information on the subject may be discussed without a direct question or statement being made by the provider or the client. The observer must listen carefully to see if any of these issues arise during conversation.

01) Client's Age: The client may either state her date of birth or her age as a number. It is not important if her exact age is mentioned. If approximate age is discussed during the session, this is sufficient to circle "A" as client's age being discussed.

02) Medications client is taking: Usually this would be asked only during the first visit. It may also be discussed during follow-up visits. If it is discussed, circle "B".

03) Date client's last menstrual period began: The provider should try to determine the exact date. If the woman does not know exactly, but the provider attempts through various questions to determine an estimated date, even to the week, this is sufficient to circle "C".

04) Number of prior pregnancies client has had: The provider may determine this in different ways. If the information gathered includes the number of living children, any stillbirths, miscarriages, or abortions this is sufficient to circle "D".

05) None of the above: if at the end of the entire consultation you are certain that none of the items pertaining to client history ever took place, circle "Y" to indicate that none of the above took place.

Q. 105: Discussions regarding aspects of prior pregnancies

01) Prior stillbirth(s): The provider may ask about a fetus that dies in the womb or an infant who never takes a breath at birth.

02) Infant deaths: The provider may ask about any infant that died in the first week of life. This will include those who took even one breath before dying.

03) Heavy bleeding: This may be determined through general questions on complications or problems related to previous pregnancies and/or previous deliveries. The client might mention that she bled so much that she needed a blood transfusion, or required treatment. If the client does not mention bleeding when she is asked about complications in general or when she is asked about problems associated with previous pregnancies or deliveries, then the provider must specifically ask about bleeding for this to be marked as having taken place.

04) Previous assisted delivery: This particular question is referring to any form of assisted delivery, including the use of forceps, vacuum extractors, or even Caesarean section. If the client does not mention this, the provider must specifically ask about difficult delivery and use of equipment such as the Ventouse (vacuum extractor), of Caesarean section.

05) Previous spontaneous abortions: this may also be referred to as a miscarriage. Strictly speaking, spontaneous abortion, or miscarriage, is the spontaneous loss of a fetus before the 20th week of pregnancy. Pregnancy losses after the 20th week are called preterm deliveries.

06) Previous multiple pregnancies: Important because it will increase risk factors and will need closer supervision.

07) Previous prolonged labor: On average, the duration of labor for first time mothers is between 12-18 hours, and about half that time for repeat mothers. Prolonged labor could be due to many factors, including when the fetus is too big and cannot move through the birth canal, the fetus is in an abnormal position, the birth canal is too small, and when contractions are weak. Prolonged labor is risk factor to consider, and a reason to encourage facility-based delivery.

08) Previous pregnancy-induced hypertension: The provider may mention a threshold of diastolic pressure (e.g., >90 mmHg) to the client, or simply mention the topic of high blood pressure that manifested only with the pregnancy.

09) Previous pregnancy-related convulsions: This is to assess whether the client may have had eclampsia, which is a life threatening condition of pregnancy.

10) High fever or infection: this may be in relation to any previous pregnancies.

11) None of the above: if at the end of the entire consultation you are certain that none of the items pertaining to "aspects of prior pregnancy" ever took place, circle "Y" to indicate that none of the above took place.

Q. 106: Danger signs of current pregnancy

Circle the appropriate code in column "A" if the provider specifically asks about any of these danger signs, or the client mentions them. A general question, e.g., the provider asking "any problems" is not sufficient for "YES". The exception is in item 8 when he has exhausted the specific items.

Circle the appropriate code in column "B" if the provider counsels the client on any of the danger signs.

Note that the actions in the two column might not happen in sequence, i.e., a provider might ask about, or the client mention a symptom, but the provider will not "counsel" the client immediately. The provider might counsel the client on these danger signs only after asking about all the danger signs.

01) Vaginal bleeding: Every client must be asked at each ANC visit specifically about bleeding, either light or heavy. If this is asked by the provider, or the client mentions any bleeding, circle "A" in column "A". If the provider goes on the advice or counsel the client on what to do with the bleeding, then circle "A" in column "B".

02) Fever: This could be symptom of complications of pregnancy and is expected to be specifically mentioned during the consultation. As in item 01 above, if the provider asks the client about fever with the current pregnancy, or the client mentions that she has fever or has had fever, then circle "B" in column "A". If the provider continues to advice or counsel the client on what to do with the fever, circle "B" in column "B".

03) Headache or blurred vision: These could be symptoms of complications of pregnancy and are expected to be specifically mentioned during the consultation. Follow the same instructions as above.

04) Swollen face or hands: these could be symptoms of complications of pregnancy and are expected to be specifically mentioned during the consultation. Follow instructions as above to complete.

05) Tiredness or breathlessness: These could be symptoms of complications of pregnancy and are expected to be specifically mentioned during the consultation. Follow instructions as above.

06) Fetal movement: If movement of the fetus is mentioned at any time during the consultation, for example, the provider asks the client if she feels the fetus move from time to time, or the provider comments that he/she felt the fetus move while palpating the abdomen, or the client specifically mentions that she has (or has not yet) felt the baby move, or the client says she does not feel the fetus move as much as it used to move, these are sufficient for "YES". Follow instructions as above.

07) Cough or difficulty breathing for 3 weeks or longer: Persistent cough for 3 weeks or longer is cause for concern in a pregnant woman and may be a symptom of TB. Follow instructions as above.

08) Other symptoms or problems: Ideally, a provider should encourage the client to describe any worries or symptoms related to the pregnancy. If the provider asks the client if she has any other concerns, or the client volunteers other concerns, this is enough to capture as "yes"

09) None of the above: If at the end of the consultation you are certain that none of the items pertaining to "danger signs of current pregnancy" took place, you may circle "Y" for none of the above.

Q. 107: Physical examination

If measurements (blood pressure and weight) are taken by a provider other than the one providing the consultation services, the observer may mark "YES" if s/he sees the measurements being taken on this client. If s/he does not see this, the information will be captured in the inventory questionnaire, that the facility does routinely collect the measurements prior to the consultation.

01) Blood pressure: Monitoring blood pressure is important during pregnancy as elevated blood pressure is an indication of potential problems. The client may have had her blood pressure measured prior to being seen by the provider you are observing. If you (as the observer) observe a client's blood pressure being measured before they come into the consultation room for assessment as part of the visit to the facility on that day, then you should circle "A".

02) Weight: same as with blood pressure.

03) Examine conjunctiva/palms for anemia: Assessing for anemia is an important component of any ANC visit.

04) Examine legs/feet/hands for edema: Retention of fluids could be signs and symptoms of problems and assessments for edema are usual components of ANC visits.

05) Examine for swollen glands: This could be an indication of an infectious disease, including AIDS

06) Palpate the client's abdomen for fetal presentation: Client must be lying flat for these examinations to take place. It is important to know the difference between palpating the abdomen for fetal presentation and palpating for fundal height. These are applicable only after a certain gestational age of the foetus.

07) Palpate the client's abdomen for uterine height: See item 06 above

08) Listen to the client's abdomen for fetal heartbeat: This can be done by using a stethoscope, a fetoscope, or by using an ultrasound scan or sonicaid.

09) Conduct an ultrasound scan / refer the client for an ultrasound scan / look at recent ultrasound scan report: If any of these take place as part of the consultation and you observe it, circle "I". An ultrasound scan can also be used to check for fetal heartbeat. If a scan is done, you should also circle "H".

10) Examine the client's breasts: Routine breast examination during antenatal care visits is <u>not recommended.</u>

11) Conduct vaginal examination / examination of perineal area: Routine antenatal vaginal and/or pelvic examination does not accurately assess gestational age, nor does it accurately predict pre-term birth or cephalo-pelvic disproportion. It is therefore <u>not recommended.</u>

12) Measure fundal height with tape measure:

13) None of the above: If at the end of the consultation you are certain that none of the items pertaining to "physical examination" took place, you may circle "Y" for none of the above.

<u>Q. 108: Routine tests</u>

Note that there are 4 columns. This question therefore requires you to pay attention to what is being discussed or done as far as tests are concerned. Column "A" is for instances when the provider simply <u>asks the clients about any of these tests</u>, if they have been done. Column "B" specifically refers to the provider <u>performing the test as part of the consultation</u>. Column "C" is specific to when the client is <u>referred by the provider to have the test done elsewhere</u>. Note that these tests might not be discussed in sequence, neither will the actions pertaining to individual tests be taken in sequence. For example, a provider might ask the client about hemoglobin test, and then syphilis test, before performing the hemoglobin test and then referring the client for syphilis test.

Column "D", however, will only be filled for any of the tests if it is determined after the consultation that none of the items in columns "A", "B" or "C" took place as part of the consultation.

<u>Q. 109: HIV Testing and Counselling</u>

Circle the appropriate letter for the items listed if you observe them as having been discussed as part of the consultation.

01) HIV status: Circle “A” only if the provider explicitly asks the client if she knows her HIV status. The health worker might also contribute this information. If the client is a returning client, this might not feature in the consultation.

02) HIV test counselling: The provider might counsel the client on HIV test as a routine part of the ANC, or the client might voluntarily ask for HIV testing, necessitating the need to counsel. All depends on the policy for HIV testing in the country. Note also that this might not be part of the ANC if this is a returning client.

03) Referral for HIV test counselling: The client might be referred for counselling elsewhere.

04) Perform HIV test: Circle “D” only if the provider actually performs the HIV test, or the test is done by another provider as part of the ANC and you see it being done.

05) Referral for HIV testing: Circle “E” if the client is referred for HIV testing elsewhere in the facility and you do not see the actual test being done.

06) None of the above: As with other action items, circle code “Y” for this question only if at the end of the consultation you are certain that none of the items pertaining to “HIV counselling and testing” took place.

Q. 110: Maintaining a health pregnancy

Circle the appropriate code if the provider gave the client any of the following advice, or counselled her on these items.

01) Nutrition: This may include any discussion of how the woman is eating, what she is eating, if she has changed her diet as advised previously or other indication that the conversation is a follow-up of prior consultation.

02) Progress of pregnancy: This entails the provider telling the client about the progress of her pregnancy. This may be any general comment indicating the provider’s assessment of the pregnancy.

03) Importance of at least 4 ANC visits: It is recommended that a pregnant woman makes a minimum of 4 ANC visits during the course of any pregnancy. Circle “C” if the provider discussed this with the client.

04) None of the above: As with other action items, circle code “Y” for this question only if at the end of the consultation you are certain that none of the items pertaining to “maintaining a health pregnancy” took place.

Q. 111: Iron prophylaxis

Iron is mandatory for normal fetal development, including the brain. Iron deficiency may have deleterious effects for intelligence and behavioral development. It is important therefore to prevent iron deficiency in the fetus by preventing iron deficiency in the pregnant woman. Iron deficiency anemia during pregnancy is also a risk factor for preterm delivery and low birth weight. Circle the appropriate

code if the provider gave the client any of the following treatments or counseling pertaining to iron prophylaxis.

01) Prescribed or gave Iron/folic acid tablets: Only circle "A" if this happens as part of this consultation. If the provider indicates that the client has already received iron or folic acid or both, and ascertains that she still has a supply, this is sufficient for "YES".

02) Explain purpose of iron/folic acid: ideally, the purpose of the iron/folic acid should be explained to the client. Circle "B" if this takes place as part of the consultation.

03) Explain how to take: This may be trivial, but circle "C" if the provider explains to the client how she should take the pills.

04) Explain common side effects: Iron has the side effect of constipation. It is important that this is explained to the client.

05) None of the above: As with other action items, circle code "Y" for this question only if at the end of the consultation you are certain that none of the items pertaining to "iron prophylaxis" took place.

Q. 112: Tetanus Toxoid

01) Prescribed or gave TT injection: If this is not the first visit, the provider may simply ask the woman if she received the tetanus toxoid as prescribed previously. If the provider (or pregnant woman) indicate that two doses of tetanus toxoid has already been received during this pregnancy, or else a booster dose has been received during this pregnancy (in addition to prior tetanus toxoid injections), this is sufficient for "YES", in which case you should circle "A".

02) Explain purpose of TT: Circle "B" if the provider explains the purpose of the TT injection.

03) None of the above: As with other action items, circle code "Y" for this question only if at the end of the consultation you are certain that none of the items pertaining to "iron prophylaxis" took place.

Q. 113: De-worming

Helminthic infections during pregnancy may be associated with adverse outcomes, including maternal anemia, low birth weight, and perinatal mortality. Deworming during pregnancy has therefore been strongly advocated.

Circle appropriately whether the provider prescribed or gave Mebendazole to the woman and explained its purpose during this consultation. Circle "Y" only if at the end of the consultation you determine that none of the items pertaining to "de-worming" took place.

Q. 114: Malaria

Circle the appropriate letter if you observe any of the actions listed below taking place during the consultation.

01) Gave malaria prophylaxis (IPT): The medication of choice is SP. It is recommended that up to 4 doses of IPT be administered during the course of a pregnancy. Providers are expected to stock

the medicine at the service site and give them to clients so that the clients do not have to go elsewhere in the facility to obtain them.

02) Prescribed malaria prophylaxis: In some facilities, clients may be asked to go elsewhere to obtain the medicine. Circle “B” if the clients was prescribed SP to be obtained elsewhere.

03) Explain purpose of malaria prophylaxis: this might not feature in the consultation if this not a first time client. Only circle “C” if you observe or hear the provider explain this to the client.

04) Explain how to take antimalarial medicine: Circle the appropriate letter only if you observe or hear the provider explain this to the client.

05) Side effects: It is desirable that clients know of any side effects of any medicines they are taking. Circle the appropriate letter if you observe or hear the provider explain possible side effects of the medicine to the client.

06) Insecticide treated bed nets: policies vary from country to country where insecticide treated bed nets are provided to ANC clients. In some cases, the nets are maintained at the service site; in other cases, clients are directed to obtain them from a different location in the facility. If either of the two practices takes place, then circle the appropriate response.

07) Explain purpose: Circle “G” if the provider clearly explains to the client the importance of using the treated bed nets.

08) Dose of IPTp taken in presence of provider: SP for IPTp is to be taken by the pregnant woman under direct observation. Usually, we are not in the position to tell if this is the first, second, third or fourth dose of SP that the client is taking, especially if this is not explicitly stated during the consultation. Circle “H” if you observe the client taking a dose of IPT while at the facility, under the supervision of a health worker. Circle “H” only if you see it happen.

09) Importance of further dose of IPT explained: WHO recommends that at least two doses of SP are given during regularly scheduled ANC visits after the first trimester. Strictly speaking, there is no limit to the number of doses of SP a pregnant woman can take during the course of a pregnancy after the first trimester, provided they are given during regularly scheduled ANC visits. Providers are expected therefore to continue to encourage and discuss the importance of further doses of IPT to clients.

10) None of the above:

Q. 115: Preparation for delivery

Depending on how close the client is to delivery, providers will start discussing things that the pregnant woman should start preparing in anticipation of the delivery. Circle the appropriate letter if these discussions took place during the consultation.

01) Where client will deliver: it is safer for the pregnant woman to deliver in a health facility, to benefit from the services of a skilled birth attendant. Providers might start discussing “where” the woman plans to deliver, depending on the gestational age.

02) Advice client to prepare: Providers might also discuss with the woman specific things she should do in preparation for the delivery. For example, to set aside money, or make arrangements for transportation.

03) Advice client to use skilled birth attendant:

04) Items for emergency delivery:

05) Any indication that these issues have been discussed previously (e.g. “Have you selected who will conduct your home delivery?” or “Have you already purchased the items we spoke about previously, that you will need for the delivery?”) is sufficient for a “YES”.

Q. 116: Newborn and postpartum recommendations

01) Care for the newborn: if any discussion takes place about how to care for the newborn, for example, keeping the newborn warm, or taking care of the cord, circle “A”.

02) Early initiation and prolonged breastfeeding: this is related to the next point.

03) Exclusive breastfeeding: the WHO emphasizes the value of breastfeeding for mothers as well as children and recommends exclusive breastfeeding for the first six months of life. If exclusive was mentioned and recommended to the client, circle “C”

04) Vaccination for new born: any discussion on importance of vaccinating the new born.

05) Family planning postpartum: It is desirable for the health of the mother and the infant that births are spaced 24 or more months apart. To achieve this, some form of contraception is required. This issue should be introduced to the woman.

06) None of the above:

Q. 117 - 121: OVERALL OBSERVATION OF INTERACTION

Q. 117: Any questions

Providers must encourage clients to ask questions. Record if the provider asked the client if she had any questions.

Q. 118: Use of visual aids during consultation

The use of any visual aids that address issues related to pregnancy, childbirth, care of the newborn is sufficient.

Q. 119: Looked at client card

Especially for continuing clients for whom some information is likely to have already been documented on a health card, it helps for the provider to review the information as part of the current visit. Where there is an individual health card, the provider should look at the card (for past history, or for measurements taken in the facility prior to the consultation) either prior to or while talking with the client

Q. 120: Write on client card

This refers specifically to writing on an individual client card. This may be a special antenatal care card or a more general client health card/chart. The observer should be able to identify that an individual card is being used and notes on this consultation are written.

Q. 121: Outcome of consultation

The client may be sent home, sent to the laboratory for a test, sent to another provider either in the facility or outside the facility, or the client may be admitted. If the client is to go to the lab and return, if possible, try to be at the final meeting when laboratory results will be discussed.

Q. 122 – Q. 124: QUESTIONS TO ASK PROVIDER PERTAINING TO CONSULTATION

Some information might not be possible to obtain simply by observing a consultation. In order to put the entire consultation in perspective, it is important to ask some direct questions of the provider pertaining to the specific consultation you just observed.

Q. 122: Gestational age

Specifically ask the provider this question, to tell you the gestational age of the fetus. If the provider indicates a gestational age in months, ask him/or her to translate this into weeks.

Q. 123: Number of ANC visits

Some of the information gathered during the consultation will make sense (or not) depending on the number of ANC visits the clients is making to the facility or to the provider. Ask the provider which order of visit (e.g., first, second, etc.) this is for this facility (i.e., it could be that you are observing in a hospital and the client went already to a health centre for her first visit with this pregnancy, but for this hospital it is still the first visit).

Q. 124: Order of pregnancy:

Ask specifically the provider whether the client has had previous pregnancies, regardless of the duration or outcome.

Q. 125: Time consultation ended:

Record the time consultation ends.

Q. 126: Comments

Your comments are important, especially if you noticed anything that was not captured by the questionnaire.

I. Detailed Instructions for Completing Family Planning Observations

1. Facility identification: see instructions above
2. Provider Information: see instructions above
3. Information about Observation: see instructions above
4. Observation of Family Planning Consultation

Q. 100: Provider consent

See instructions above

Q. 101: Client consent

See instructions above

Q. 102: Time observation started

Record time observation started

Q. 103: Observation # for provider

This is an effort to determine if providers' practices are different depending on the number of consultations being observed. In other words, do they modify their behavior for the first few observation for which they are being observed and then revert to earlier practices?

Q. 104: Sex of client

Record the sex of the client, circling "1" for male client and "2" for female client.

Q. 105 – Q. 224: GENERAL OBSERVATION ITEMS

For each of the group of action items in the observation protocol (client history, physical exams, partner and STIs, questions/concerns, privacy/confidentiality, methods provided or prescribed, etc.), circle the letter (or letters) that correspond to an action (or actions) taken by the provider or by the client at any time during the consultation. Only circle actions that you observe as having taken place during the consultation. When the consultation is over and none of the actions in the groups is observed, you may only then circle "Y" for "none of the above" signifying that none of the actions listed in the group took place or was observed by you to have taken place during the consultation. For example, if at the end of the consultation none of the actions in the group labelled "client history (female clients only)" takes place, then and only then can you circle "Y" for that group.

Q. 105: Client history (female clients only)

These questions may not be asked if this is a follow-up visit. If none of these questions are asked, or the information is not volunteered by the client by the end of the consultation, circle "Y" for none of the above.

01) Last delivery date or age of youngest child: Either the approximate date the woman last gave birth, the approximate date of her last pregnancy termination, or the age of the youngest child (if the child was the last delivery) are acceptable. Circle "A" if any such discussion transpired.

02) Last menstrual period: Did the provider ask the client when she had her last menses? Or did the client volunteer this information? This is trying to determine if the client could potentially be pregnant.

03) Breastfeeding status: Any discussion of current breastfeeding status. If observe the woman to be breast-feeding during the consultation, circle "C" even if the provider did not explicitly ask, or the client did not offer this information.

04) Regularity of menstrual cycle: Did the provider question the woman regarding regularity of her menses? Or did the woman volunteer this information? If yes, circle "D".

05) None of the above

Q. 106: Client history (all clients)

These questions may not be asked if this is a follow-up visit. However, where there is poor documentation of information from prior visits we may find that providers do ask the same questions regarding the client history on more than one visit. The exchange of information might take place without direct questions or statements being made by the provider or the client. The observer must therefore listen carefully to see if any of these issues arise during conversation.

01) Age of client: The client may either state her date of birth or her age as a number. It is not important if her exact age is mentioned. If approximate age is discussed during the session, this is sufficient to circle "A".

02) Number of living children: The provider may ask the client how many children s/he has, or the topic may arise naturally when discussing a suitable contraceptive method. A client with children living in a different household is still considered to have living children.

03) Desire for a child or for more children: Contraceptives can be used to either space births, or limit births. A client may not have any children at the moment, but still want to use a method to delay having a child.

04) Desired timing of next child: this information is closely related to the preceding item. A client may have just had a child, and looking to delay the birth of the next child, or looking to completely stop having any more children. Circle "D" if any such discussion took place, or if the client indicates a desire for no more children.

05) None of the above:

Q. 107. Physical Exam & Health Status

01-02) Blood pressure and weight: If measurements (blood pressure and weight) are taken by a provider different from the one providing the consultation services, the observer may mark "YES" if s/he sees the measurements being taken on this client. If s/he does not see this, the information will be captured in the Inventory Questionnaire that the facility routinely collects the measurements prior to the consultation.

03) Smoking: Did the provider ask the client about his or her smoking status?

04) Symptoms of STIs: The provider would normally ask about symptoms such as abnormal discharge or painful urination.

05) Chronic illness: The provider might ask about specific chronic illnesses or a general question about health problems. Questions might be asked about heart problems, blood pressure problems, diabetes, and respiratory illness.

06) None of the above:

Note: Where pre-printed family planning client cards are used much of this information is on the cards. The observer must not collect any of the observation information from the cards. The only source of information for the observation is ***what the observer sees and hears during the consultation.***

Q. 109. Partner and STIs

This topic addresses potentially sensitive topics hence both the provider and the client may discuss these issues indirectly or in a subtle manner. Be sure to pay attention to subtle cues that indicate that these topics have been addressed.

01) Partner's attitude toward FP: Any discussion related to whether the client's partner has any opinions on the family planning method, side effects, or anything else which indicates that there has been consideration of the partner opinion with regards to the method. Even if the response is that the client does not want the partner to know or has not yet discussed this with the partner, this is still recorded as the issue has been discussed.

02) Partner status: Discussion of specific issues related to the partner (multiple partners; client's partner having multiple partners; frequency of partner absence, duration of partner's absence, etc.) which may affect counselling about which method to use, would count as "YES", for which "B" should be circled.

03) Perceived risks of STIs and HIV: This may include discussion of characteristics putting someone at higher risk for an STI, information on HIV transmission, information on symptoms of STIs. Monogamous couples may still experience an STI related to the normal course of sexual relations. Thus, this is a relevant topic for all persons who are sexually active, regardless of personal or partner characteristics.

04-05) Use of condoms: The role of condoms in preventing transmission of STIs and in preventing re-infection while a couple is being treated for an STI should be discussed with all clients regardless of personal or partner characteristics. If the client is using another method of contraception, the provider should still discuss condoms as a second method when relevant.

06) None of the above.

Q. 109 Questions/concerns

01) Questions regarding current method: This is not applicable to all clients, since not all clients will already be using a method. Circle "A" if the provider asked the client if he/she had any questions or concerns regarding the method they are currently using.

02) Client expressed concerns: As with the previous item, not all clients will be using a method at the time of visiting the provider that day, therefore there will be no reason to express concerns about current method, or ask any questions about current method.

03) None of the above:

Q. 110 Privacy / confidentiality

01) Visual privacy: Did the provider take measures to ensure visual privacy? This may be achieved with a screen, a curtain, or a private room. If people walk in and out of consultation room that is supposed to be a private area, this is not achieving visual privacy.

02) Auditory privacy: Did the provider take measures to ensure visual privacy, such that the discussion between the client and the provider cannot be overheard? Visual privacy achieved with a curtain or screen may not provide auditory privacy if people are located near the barrier.

03) Confidentiality: Did the provider orally assure the client of confidentiality? The provider should explicitly indicate to the client that all issues discussed are confidential between the provider and the client, and will not be disclosed to others without the client's permission.

04) None of the above:

Q. 111. Method(s) prescribed or provided

Note that this question has two (2) columns, and the information has to be verified with the provider. Read the instructions as laid out in the questionnaire.

1. A client may be prescribed a method to obtain outside the facility. All such responses must be captured in column A. Alternatively, the client may be provided or given a method in the facility; these are captured in column B.
2. If this is a continuing client making a follow-up visit for re-supply of the method the client is continuing, indicate the method that is being re-supplied in Column B.
3. If condoms were either prescribed (column A) or provided (column B) along with another method, circle both methods.
4. At least one response must be reported for each of the columns. Neither column A nor column B can be blank, without a response. If no method was prescribed or provided, then circle "Y" in both column A and column B.

Q. 112 – Q. 129: METHOD-SPECIFIC INFORMATION

There are specific examinations and information required to safely prescribe, or continuously use different family planning methods. Some of these issues would be discussed in general terms, prior to discussion on specific methods and some only if and when a method is determined to be appropriate. For all method(s) prescribed and/or provided, indicate if the items related to that method(s) were discussed with the client. Familiarize yourself with the information points for each of the methods outlined in Q. 112 through Q. 129 so you can quickly identify what is being discussed.

Of course only one or two methods will apply to each patient per visit, but it is important to be familiar with all the indicated information points.

Q. 130: Additional provider actions

01-02) Individual client record: Where there is an individual health card or a family planning card, the provider is expected to look at the card (for past history, or for measurements taken in the facility prior to the consultation) either prior to seeing the client, or while the actual consultation is taking place. He/she should also note or write notes in the card. Did any of these take place during the consultation?

03) Visual aids: Visual aids can address issues related to family planning or related topics such as STIs or HIV/AIDS. You must see these being used for the client whose consultation is being observed. The mere fact that visual aids are present does not count if the provider does not "use" them to enhance the consultation.

04) Return visit: This may be a specific date, or may be instructions to the client to go to a registration department to establish a return date, or providing the client with information on when they should make another appointment or return.

05) None of the above

Q. 131: Information to confirm with the provider

Confirm the following information with the provider.

01) Previous contact: We are looking for previous contact for services from this family planning clinic. If the client has had previous contact with the provider, the provider may or may not discuss all of the items in the session. Where integrated health services are provided, the client may have had contact for other services (such as curative or Immunisation). This does not count as a "family planning contact".

02) Prior pregnancy: Verify this information with the provider.

Q. 201-205 ELIGIBILITY FOR CLINICAL OBSERVATION

Q. 201: Clinical procedures conducted

Indicate which procedure, if any, was carried out. It is possible that one client has multiple procedures. If any clinical procedure (such as pelvic examination, insertion of an IUCD or implant, performing a male or female sterilization) was conducted proceed to the next set of questions.

Q. 202: Clinical provider

If the person providing clinical procedure is the same person who provided the FP counselling, skip the consent and proceed to Q. 206 since we already have information on his qualification etc. If a different provider, then get his/her consent and continue to the next question.

Q. 203-205: Informed consent and provider information

These are to be completed only if the provider performing the clinical procedure is different than the FP screening and counselling provider.

Q. 206 -225 DEFINITIONS PERTAINING TO OBSERVATION OF PROCEDURES

The following definitions apply to all procedures:

Visual Privacy: The client should be screened from the view of others. This may be achieved in a private room, or using a curtain or screen. If persons, including other providers came in the area during the procedure, the client did not have visual privacy.

Auditory Privacy: A conversation or interaction between the client and provider should not be overheard by others. If the privacy is achieved using a screen or curtain, ensure that people are not sitting or remaining near enough on the other side to overhear conversations.

Wash Hands: Providers should wash their hands with soap and water, or else use an alcohol based hand rub to disinfect hands prior to beginning the examination/procedure. This includes washing or disinfecting hands prior to putting on gloves. They should then also wash or disinfect their hands with soap AFTER removing gloves.

Wipe contaminated surfaces: The table where equipment was placed as well as the examination table (if there is no individual paper or cloth cover) should be wiped with a chlorine solution immediately after this client leaves. If it is left for someone else to do later, the correct response is "NO".

Decontaminate: The speculum, scalpel blade, and other re-useable items that may have come in contact with vaginal secretions or blood must be placed in a chlorine bleach solution immediately upon completion of the procedure. If items are left on a table or in a dry basin for someone else to remove, the correct response is "NO".

Q. 206 – 209: PELVIC EXAMINATION

Q. 206: Filter

Check Q. 201. If pelvic examination was not done, skip to Q. 210. Otherwise, record if any of the following took place before, during or after the procedure.

Q. 207. Before procedure

Did the provider do any of the following before the procedure? Specifically, did the provider

01) Ensure visual privacy:

02) Ensure auditory privacy:

03) Explain procedure to the client before starting the procedure: The provider is expected to explain to the client what to expect during the procedure so that she is not nervous. If a speculum examination is conducted this should also be explained prior to commencing.

04) Prepare instruments before starting the procedure:

05) Wash or disinfect his/her hands before starting procedure:

06) Put on latex gloves before starting procedure:

07) None of the above: If the provider did none of these before starting the procedure, circle "Y" for none of the above.

Q. 208. Before procedure

Pelvic examinations do not take a long time; therefore it is important that you pay close attention to what is happening. During the procedure, did the provider:

01) Use sterilized or high-level disinfected instruments?

02) Ask the client to take slow deep breaths and to relax?

03) Visually inspect the external genitalia?

04) Explain the speculum procedure to the client, i.e., if a speculum was used?

05) Visually inspect the cervix and vaginal mucosa (using speculum and light)?

06) Perform bimanual examination?

07) None of the above: if the provider did none of these during the procedure, circle "Y" for none of the above.

Q. 209: After procedure

After the procedure, did the provider:

01) Remove his/gloves?

02) Wash or disinfect hands after removing gloves?

03) Wipe contaminated surfaces with disinfectant?

04) Place re-usable instruments in chlorine-based disinfecting solution immediately after the procedure?

05) None of the above:

Q. 210 – 214: IUCD INSERTION, REMOVAL OR INSPECTION

Q. 210: Filter

Check Q. 201 to verify if an IUCD was inserted, removed or inspected. If none of these was done, skip to Q. 215.

Q. 211: Before procedure

01-02 Ensure visual/auditory privacy: Refer to instructions at beginning of section under "Instructions pertaining to observations"

03) Explain procedure to client before starting: The provider is expected to explain to the client what to expect during the course of the IUCD insertion, removal or inspection so that she is not nervous. If a speculum examination is conducted this should also be explained prior to commencing.

04) Reconfirm method choice with a new client: Prior to beginning any procedures, the provider should at some point mention to the client that she is going to have an IUCD inserted. This is so that it is clear the client understands the procedure she is to undergo.

05) Confirm pregnancy status with a new client: For IUCD insertions, the provider should reconfirm that the client is not pregnant before proceeding with the procedure.

06) Prepare instruments before procedure: All equipment must be within easy reach of the provider at the start of the procedure. It is not good practice if the provider has to leave the client to get an instrument or supplies.

07) Wash or disinfect hands: See above

08) Put on latex gloves: The gloves should either be a one-time use clean or sterile gloves which the observer sees the provider pulling from the box, or disinfected latex gloves which are stored in a closed container with a clasp.

09) Clean cervix and vagina with antiseptic:

10) None of the above

Q. 212: During procedure

01) Bimanual exam: A bimanual exam is conducted with fingers from one hand inside the vagina, and the other hand used to palpate the uterus from the abdomen.

02) Speculum exam: This must include using a spotlight to look inside the speculum. The procedure must be conducted prior to the bimanual examination. It is used to assess whether there is an RTI/STI and for cervical cancer screening.

03) Inspect/visualize cervix and vaginal mucosa: For a “YES” response, the speculum must be in place, and a spotlight aimed inside the inserted speculum.

04) Use a tenaculum: The tenaculum is used to grab the cervix to enhance insertion of the IUD.

05) Sound the uterus: The uterine sound is inserted after the tenaculum, and then is removed after evaluating the depth of the uterus.

06) Explain any of the above to client: did the provider explain any of the above procedures to the client?

07) No-touch technique: The IUCD will be placed inside an inserter barrel using sterile technique. The IUD should not be removed from the insertion tube before placing it in the uterus.

08) Used sterilized instruments:

09) None of the above

Q. 213: After procedure

01) Remove gloves

02) Washed hands: See above under “Observation of Procedures” on page 156

03) 5-minute Wait: The client should be made comfortable either lying down or sitting and should remain at least 5 minutes after insertion.

04-05) Decontamination procedures: wiping contaminated surfaces with disinfectant, placing instruments (and gloves if appropriate) in chlorine solution after procedure.

06) None of the above

Q. 214: Client-Provider interaction after IUCD insertion

01) Good for 5 or 12 years: Did the provider tell the client that the IUCD was good for up to 5 years if using the Levonorgestrel IUCD (e.g., Mirena™) or 12 years if it was the Copper T?

02) Return visit: Was client instructed to return to the clinic 3 to 6 weeks after insertion or after 1st menses?

03) Regular string checks: Indicate whether the client was instructed to regularly check the strings?

04-05) Possible side effects: Was the client told of the possible side effects of the inserted IUCD such as heavy bleeding for the first few months, spotting, or mild abdominal cramps, and to return if any such side effects should persist?

06) Card with date of IUD insertion: Clients must be given cards stating date IUCD was inserted and a follow-up date.

07) Shown removed IUCD: If the procedure was for the removal of an IUCD, was the client shown the IUCD that had been removed?

08) None of the above

215-219. Injectable Contraceptives

Q.215: Filter question

Check Q. 201 to verify if an injectable contraceptive was given. If no, skip to Q. 220.

Q. 216: Before procedure

01-03) Verification: If the person who gives the injection is the same person with whom client consulted, the correct response is “YES” for each of these issues which was verified during the consultation. If the injection is provided by another person, that person must verify that the client is aware that the injection is for contraception, and that the client is certain she is not pregnant or that the injection is being provided at the correct time.

04-05) Ensure visual/auditory privacy: Refer to instructions at beginning of section under “Instructions pertaining to observations”

06) Washing hands: See above under “Observation of Procedures” on page 156

07) Prepare in clean location: Was this the case, with a clean table or tray to set items on?

08) None of the above

Q. 217: During procedure

01) New needle and syringe: Verify that needle and syringe is new (sterilized).

02) Opening new pack: Was the new pack of syringe and needle opened in presence of client?

03) Remove needle: If there is a needle in the vial at all times, or the provider leaves the needle in the vial, the correct response is "NO". It is often a (very poor) practice to leave the needle in the vial to prevent having to poke the rubber each time an injection is provided. However, leaving the needle in the vial at all times leaves a direct opening for contamination.

04) Stir/Mix: The provider should ensure that the solution is mixed by tipping the vial back and forth or gently shaking and then looking (to see that the solution is mixed).

05) Injection site preparation: A cotton swab or gauze with alcohol (or sterile water) should be used to clean the injection site. The site must be left for 15-30 seconds to air-dry before injection.

06) Draw back plunger: The observer will see the provider insert the needle and then stabilize the syringe while briefly withdrawing. This is to ensure that the needle is not inserted into a vein. If there is no indication of hesitation between inserting the needle and pushing the medication, the plunger was not drawn back.

07) No massage: The provider may gently wipe the injection site to remove blood or liquid, but if the site is rubbed firmly, the correct response is "NO".

08) None of the above

Q. 218: After procedure

01) Disposal of needles: The needle must be put into a sharps box and the syringe either put in a decontamination solution or thrown away.

02) Instruction to client: Did the provider instruct the client not to massage injection site?

03) Return visit: Was client told when to return?

04) None of the above

219. Needle and Syringe provision

Indicate whether the client or the facility provided the needle and syringe used for the injection.

220-225. Implant insertion or removal

220. Filter

Check Q.201 to verify if implant insertion or removal was done.

Q. 221: Before procedure: Did provider do any of the following?

01-02) Verify: If the same provider verified non-pregnancy or desire for insertion or removal of implant during consultation this is acceptable. If the provider inserting the Implant is a different person, this provider must verify with the client that she is not pregnant prior to commencing the procedure or must reconfirm that the Implant is to be removed, if this is the procedure to be carried out.

03-04) Ensure visual/auditory privacy: Refer to instructions at beginning of section under "Instructions pertaining to observations"

05) Explain procedure: The provider is expected to explain to the client what to expect during the course of the implant insertion (or removal) so that she is not nervous.

06-07) Instruments: All equipment/instrument must be within easy reach of the provider at the start of the procedure. If the provider must leave the client to get an instrument or supplies, mark "NO".

The instruments should either be in a sealed cloth with tape indicating autoclave, a sealed manufacturers' package, or stored in a metal box with a clasped lid. If any of the instruments are sitting in a solution, or stored in an open container, the correct response is "NO". The instruments should be laid out on a sterile cloth, using sterile technique.

08) Wash hands:

09) Sterile gloves: Sterile gloves are either in a one pair per packet, (sealed packet), or if re-used, the observer must verify that HLD procedures including storage were carried out. Clean gloves taken out of a bulk-single glove box are not sterile.

10) None of the above

Q. 222: During procedure: Did provider do any of the following?

01) Clean skin: The skin where the incision will be made should be cleaned with an antiseptic and allowed to dry.

02) Protect area: The area must then be covered with a sterile towel.

03-04) Local anaesthetic: A new or sterilized needle and syringe must be used to inject the local anaesthetic at the insertion site. Several minutes should be allowed between giving the anaesthetic and inserting the implant. The implant insertion should only be mildly uncomfortable. If the client indicates moderate or severe pain, the correct response to this question will be "NO".

05) None of the above

Q. 223: After procedure: Did provider do any of the following?

01) Disposal of sharp items: The blade from the scalpel must be put into a sharps box/container

02) Wipe contaminated surfaces: Observe if provider wiped off contaminated surfaces after the procedure

03) Decontamination procedures for reusable instruments: if any re-usable instruments were used, were they placed in a chlorine-based solution immediately after the procedure?

04) Removal of gloves: did the provider remove gloves after the procedure?

05) Wash/disinfect hands after removing gloves: did the provider wash or disinfect hands after taking off gloves?

06) Care of incision: The provider must give some explanation to the client about how long the bandage should remain, and how to care for the site until the incision is completely healed.

07) Return visit: The provider must discuss dates for a return visit, to remove plaster

09) None of the above

Q. 224: Client-Provider interaction after Implant insertion

01) Good for 3-5 years: Did the provider tell the client that the Implant was good for 3- 5 years?

02) Possible menstrual changes and/or side effects: did the provider inform the client about possible changes she will experience with her menses and possible side effects?

03) Possible non-menstrual side effects: did the provider inform the client about possible non-menstrual changes she will experience, such as nausea, weight gain, and breast tenderness?

04) Return visit: Was client instructed to return to the clinic is there were any side effects?

05) Show removed Implant: Clients who are having their implant removed should have the verification from the provider that all the Implant was removed. In some instances if a client does not immediately become pregnant, she may be suspicious that all of the Implant was not removed. Thus, showing each stick as it is removed helps to solidify confidence between the providers and the clients.

06) Card with date of Implant insertion: Clients must be given cards stating date Implant was inserted and removal date.

07) None of the above

225. Source of needle/syringe

Indicate whether the client or the facility provided the needle and syringe used for the injection.

301-305 FAMILY PLANNING STATUS

After the consultation, specifically ask the provider the following questions about the client. These questions are being asked of the provider because some of this information may not be apparent during the consultation.

301. Client status upon arrival

This information may not be apparent during the course of the consultation.

302. Principal reason for visit

If it is time for re-supply or routine follow-up, but the client also has a problem with the method, most often the principal reason (the reason she came today and not previously or later) for the visit will be "1" "FOR RE-SUPPLY".

303. Outcome of visit (for current users only)

The client may be continuing with the current method, switched methods, or something else.

304. Most recent use of contraception

This question is for clients who are not current users, but may have used a method in the past.

305. Did client leave facility with a method?

At the end of the consultation, did the client leave the facility with a contraceptive method or not.

306. Write on client card

This refers specifically to writing on an individual client card. This may be a special family planning card or a more general client health card/chart. The observer should be able to identify that an individual card is being used and notes on this consultation are written.

307-308. Time when observation ended and comments

Indicate time when observation ended and write your comments.

J. Detailed Instructions for Completing Observation of Sick Child Consultations

1. Facility Identification
2. **Provider Information**
3. Information about Observation
4. **Observation of Provider's interaction with caretaker and child**

Cover page: Name and location of facility, facility number, provider category, sex and serial number of provider (from staff listing form), date of observation, your name and code, and the client code.

Q.100-101. Consent: Permission from provider and client/caretaker to proceed with observation

Q.102. Time Observation Started: Use the 24-hour style. E.g., 1:15 PM will be 13:15

Q. 103: Observation # for provider

This is an effort to determine if providers' practices are different depending on the number of consultations being observed. In other words, do they modify their behavior for the first few observation for which they are being observed and then revert to earlier practices?

Q.104. Sex/gender of child: The sex of the child may not be obvious during the consultation. It is therefore important to confirm the sex with the provider.

105-108 ASSESSMENT OF THE SICK CHILD

105. Main symptoms

By IMCI protocol, every sick child visit to the facility must be an opportunity for the provider to fully examine a sick child, in which case each of the major symptoms (cough, diarrhoea, fever, and ear problems) should be assessed, regardless of the complaint(s). For example, if a child was brought in for a cough, the provider should ask the caretaker whether the sick child has diarrhoea and fever also. The principle of the IMCI approach is to ensure that a complete assessment of the illness(es) is made. If the provider stops assessing when one symptom is found to be positive, the integrated management process is not complete.

Listen attentively to the discussion between the provider and the caretaker for questions, comments, or discussion about the child's cough or difficult breathing, diarrhoea, fever or body hotness, and ear problems since they may not follow in any particular order, and vary from client to client.

Q.106. General danger signs

Still following the IMCI guidelines, after establishing the presence or absence of major symptoms, providers are expected to assess for general danger signs (GDS). General danger signs include; inability to drink or breastfeed at all (01), vomiting everything (02), and convulsions (03) during the current illness.

The questions about eating or drinking, and vomiting, may be related. The issues being assessed are whether the child is so sick and weak to be able to drink something or can suckle the breast (for young infants). Comments on changes in breast feeding or eating habits, any comment which may indicate the child eats some, but less, the child vomits "sometimes", all provide information which clarifies if the child is eating or drinking at all, or vomiting everything or not. A convulsion may be referred to by symptoms or a local term. It does not matter whether it is a reported incident that occurred at home, or it took place in the facility on the day of the consultation. If at any time during the consultation, the provider asks, or the client mentions something to clarify the child's status with these symptoms and the current sickness, circle "YES" for the relevant topic. If uncertain whether something said counts or not, write a note with the comments in question so that you can discuss the question with the team leader. It is important that the decisions for what counts and what does not count when the discussion is vague, be consistent for all observations. Therefore, when decisions about what is a "YES" or "NO" for the different topics are made, these should be shared between the teams so that each time this arises the same decision (YES or NO) is made.

Q.107. Symptomatic HIV infection

Did the provider check for symptoms of HIV infection by asking any of the following questions: 01) the mother's HIV status, 2) TB disease in any of the sick child's parents, 3) two or more episodes of diarrhea each lasting 14 days or more?

Q.108. Physical examination

Watch for each component of the physical examination. In some facilities, all sick children are weighed and have their temperature taken during registration or at another location, prior to seeing the main provider. If this is the situation in this facility, this will be indicated in the inventory section of the questionnaire or in the exit interviews of the caretakers of sick children.

Observe carefully whether the provider performed any of the following physical examinations or procedures:

01-02) Assess fever: The provider can establish the presence of fever by measuring the body temperature with a thermometer (01), or touch the child's body (02) in order to feel how hot the child is.

03) Counting respirations should be obvious as the provider must be quiet and observe the child's chest and at the same time checking at a timing device, such as a timer or a wristwatch or a wall clock with a second hand. The provider is expected to measure the number of breaths per minute for all children presenting with a cough or difficult breathing.

04) Listening to the chest with a stethoscope (auscultate) may elicit any respiratory problems

05) Checking for dehydration must be a specific act where the abdomen is pinched to observe the skin turgor. Use the following points when deciding whether the provider checked the skin turgor. If the provider performed a skin pinch, but you think s/he did it incorrectly, circle "YES" but write a note on the remarks section on the questionnaire.

- *The child should be placed on the examination table or on the caretaker's lap, flat on his/her back.*
- *The arms should be at the sides and the legs straight.*
- *The pinch site should be halfway between the umbilicus and the side of the abdomen.*
- *The provider should not use fingertips when performing the "pinch" as this will cause pain. In addition, the skin fold of the pinch should be vertical (in line up and down with the child's body).*

06-07) Checking for pallor by checking the palms or the conjunctiva, again must be a specific act. If the provider turns the palms upward and looks at them or compare the colour with that of the provider or the caretaker, this would count as a "YES". When checking the conjunctiva the provider should pull down the lower lid for the eye. Without a specific action, it is unlikely anemia was checked for.

08) Checking mouth and throat, especially for signs of dental problems and throat infection.

09) Check for neck stiffness, to rule out any central nervous system infection (e.g., meningitis).

10-11) If there are any ear problems, looking into the child's ears or feeling behind the ears will help elicit the signs and symptoms.

12) Without undressing the child to examine, it is very easy to miss certain important information.

13) Checking for oedema must be a specific act by the provider.

14) If the child is weighed with the main provider, you should be able to see the weight being plotted on the card, or compared to a standard. In some facilities this is conducted prior to the consultation. If this is the case, and you see it being done for the child you are observing, this should count.

Q.109. Other assessments

01) This is intended to confirm whether a child is unable to drink or breastfeed, one of the general danger signs, or to assess whether there are signs of dehydration (thirsty/drinking poorly). The child is not able to drink if s/he cannot take the fluid in the mouth and swallow it, or in case of young infants, the child may not be able to suck or swallow. Thus, if the provider asks the mother to breastfeed (or voluntarily breastfeeds) during the consultation, circle A. Also, if the provider offers some fluid (such as water or ORS solution) to the child to drink, circle A.

02-03) The provider should inquire as to the normal feeding (02) or breastfeeding (03) practices when the child is **not ill**. Such inquiries include: frequency of breastfeeding (in children <2 years of age), whether the child takes complementary foods, type of food, and frequency.

04) The provider should inquire as to the feeding and breastfeeding practices during this illness. The discussion may be what was eaten "today". This may involve inquiring whether the child is eating (or drinking) more or less than normal.

05) Weight: The provider would observe the Growth Card ("Road to Health" most often) and might comment to the caretaker that the child is doing fine, or might mention that the child needs to be fed more, without actually mentioning the weight. If, after observing the card some discussion which relates to weight and growth takes place, this is a "yes".

06-07) Vaccination and vitamin A: Observe the actions of the provider. Often the Immunisation information is included on the growth chart. Observe whether the provider looks at the Immunisation or vaccination section. If the Immunisation card was not brought to the consultation, did the provider ask the caretaker about the numbers of different vaccines the child has received and when they were received? Note also whether the provider enquired about Vitamin A for the child.

08) Record whether the provider looked at the child's card at any time before/during the consultation.

09) De-worming: Check whether the provider asked if the child had received de-worming medication in the last six months (only for children 2years or order).

110-113 CONSULTATION AND TREATMENT

Q.110. Counselling of caretaker

01) General feeding recommendations during sickness and health: This would include general comments which indicate that current practices are good, or comments indicating that at a certain age the caretaker should begin adding other foods (specifying certain types of food) or increasing the number of meals per day to keep the child healthy; or that a child of this age needs to be fed actively to be healthy, etc. In IMCI settings, providers should use the “Food Box” to give individual feeding advice.

02-03) Extra fluids and food: All sick children must be given extra fluids- including breast milk, and food. Providers are expected to advise caretakers to increase fluids and continue feeding during the illness. If the child is exclusively breast fed, and the provider advises the caretaker to encourage breastfeeding more frequently during this illness, this is a “yes”. If the caretaker mentions giving extra fluids or still feeding the child during the illness, the provider should make some comment indicating this is good. Or else the caretaker should specifically comment on encouraging fluids and food, encourage the caretaker to give more of the foods the child will take, etc.

04) The provider is expected to indicate to the caretaker the name of the illness (or the general type of illness). For example, telling a caretaker that the child has a “serious breathing problem”, without specifically stating “pneumonia” still counts as a “YES”.

05) Signs and symptoms for IMMEDIATE return: The signs and symptoms that may be mentioned will vary according to the current symptoms and the illness. For any sick child, however, the provider must advise the caretaker to immediately bring the child if s/he is not able to drink or breastfeed, becomes sicker, or develops a fever that persists. Other warning signs that warrant immediate return are fast breathing, difficulty breathing, blood in stool, and drinking poorly. Any one of these would be sufficient for a “YES”. There may be other warning signs that may vary depending on the classification of the current illness. If the caretaker is informed about another location to go to if certain symptoms persisted, this would also count as a “YES”.

Q.111. Additional counseling

01) Prescribed or provided oral medications. Did the provider give a written prescription to the caretaker to obtain/buy at the pharmacy or in town, or did the provider actually give oral medication to the child? We are interested in medicines that the caretaker will be administering to the sick child at home.

02) Instructions on proper dosage: For each medicine prescribed or provided the provider is expected to explain the dosage, i.e., the quantity (how much), how frequently and for how long to give the medicine to the sick child. If the provider says something like “the pharmacist will explain this to you”, the response is “NO”.

03) Ask caretaker to repeat instructions: Making sure that the caretaker understands how to give oral medicines to the child at home is extremely important. It is not enough if the provider asks questions such as “do you understand?” But if the provider asks the caretaker to repeat the instructions or to show him/her how to give the medicines, record as “YES”.

04) Providing the first dose of prescribed oral medicine: This is not applicable if no oral medication were prescribed. If uncertain whether oral medications were prescribed or not, the answer is “NO” (since it is certain the provider did not provide the first dose).

05) Follow-up visit: Did provider discuss follow-up visits with the caretaker?

Q.112. Referrals and Admissions

Record whether the provider did any of the items listed. If child was referred, did the provider explain to the caretaker why the child is being sent to another health worker or for the type of laboratory test? A simple explanation that “we want to check your blood to see why you have fever” is sufficient. It is not necessary to give the technical name of the test.

Q.113. Outcome of consultation

This refers to the final disposition of the child from this sick-child service. If the child is seriously ill, the provider may not take time to make a diagnosis, but may immediately refer the child to a higher-level facility or admit the child. If the child is sent to a higher skilled provider within the facility for outpatient diagnosis and treatment, this is still considered a referral.

201-214 DIAGNOSIS CLASSIFICATION AND TREATMENT

You (the observer) should **ask** the provider the specific question listed for each symptom, even if you think that the response is obvious. The opinion of the provider is what we are seeking, not the opinion of the observer. Thus the question must be asked.

For example: Ask: “Did you think the child had any problem with coughing or difficulty breathing?” If yes, then ask: “What diagnosis did you make?” The possible diagnoses for respiratory symptoms are: pneumonia, bronchopneumonia, bronchial spasm/asthma, upper respiratory infection, etc. If the provider gives an answer other than what is listed, write the exact word/phrase of his/her diagnosis or classification in “Other diagnosis”.

Ask in a similar manner, for the other symptoms or systems from Q201 through Q208.

Questions 209-214 relate to treatment provided by the provider, depending on the diagnosis established. Similar to previous set of questions, if the prescribed treatment does not match any of the pre-coded responses, indicate in “OTHER TREATMENT” the specific treatment prescribed.

215-216 ASK THE PROVIDER

<u>Q.215: Visit number</u>

This refers to whether this is the first visit to this health facility for this particular illness, or if this is a follow-up visit. ***The client may have been seen earlier in this facility for a different illness***. This information helps us to understand what information and procedures are relevant to this particular consultation.

<u>Q.216 Vaccination activity</u>

Ask the provider if he/she vaccinated this child during this visit; record response accordingly.

<u>217 Record time observation ended.</u>

<u>Observer comments:</u> General comments about the observation. For example if you observe anything that was not captured by the questionnaire that you think is important.

9 CLIENT EXIT INTERVIEWS

A. General Overview of Client Exit Interviews

The client exit interview questionnaires are designed to collect information, from the client's perspective, about the client-provider interactions in each of the priority services. The exit interview assesses the client's perception of information shared and advice received. It also collects information on the opinion of the client about common areas of complaint when receiving services. Therefore, the exit interviews are conducted only with clients whose consultations are observed, and with caretakers of sick children whose consultations are observed.

Exit interviews must be done by interviewers other than persons who observe the particular client's consultation. In other words, the person who observes a particular client's consultation cannot be the same person who interviews that client with the exit interview questionnaire.

At the start of the observation, the interviewer doing the observation should ask the client, or caretaker of a sick child, if s/he would agree to participate in an exit interview. Explain that as a part of the facility survey it is important to talk to some of the clients and that it will only take a few minutes. If in agreement, the client is directed after the consultation to an interviewer who will be waiting to conduct the interview. The client will already have been assigned a unique code during observation and this is the same code to be used for the exit interview.

It is very easy to lose clients, even when they have agreed to be interviewed. It is important to take practical steps to prevent this from happening, or to minimize such occurrences. There are different ways to ensure that clients whose consultations are observed are connected with interviewers for the exit interview. Providing the client with a blank exit interview (with the consent and client ID completed) may be a practical way to ensure that the client ID is consistent for the observation and exit interview; however, with this approach, the client can easily be "lost". Another practical option might be for the interviewer who observes the consultation to walk out with that client and introduce them or hand them over to the interviewer who will conduct the exit interview. Sometimes, it is necessary to solicit the help of facility staff who will direct the client to the exit interviewer. The same Client Code be placed on the Observation and the Exit Interview questionnaires so that the information can be linked.

The exit interview questionnaires include the following components:

(1) Cover Page

(2) Information about the visit

(3) Client satisfaction

(4) Personal Characteristics of the client

B. General Procedures for Completing Exit Interviews

The exit interviews will be conducted with all clients (and caretakers of sick children) whose consultation was observed. The location for conducting the exit interview should be quiet and provide auditory privacy. There should be a seat for the interviewer and for the client. The exit interview will be conducted after the client has completed all steps at the facility.

In order to minimize errors during data processing and data analysis, the observer should still fill out the cover sheet for any exit interview questionnaire even if the client refuses to give consent after being selected. In other words, each observation questionnaire must be accompanied by an exit interview questionnaire, even if it is an incomplete questionnaire.

C. Definitions Applicable Across All Exit Interviews

COVER PAGE

Follow the same instructions as those for the Observation sections. Fill out the cover sheet of any exit interview even if a client refuses to give consent.

1 Facility identification: Similar to information on the observation section

2 Information about interview

- **Date:**
- **Interviewer Name and Code:** Record the name and number code of the interviewer conducting the Interview.
- **Client code:** This must be the same code assigned during observation.

3 Information about visit

Q.100. Client/Caretaker consent

Explain the interview component of the survey to the client/caretaker then read him/her the consent statement in the questionnaire.

201-210 CLIENT SATISFACTION AND PERSONAL INFORMATION

201. Waiting time: If more than one hour you may have to estimate. Probe to try to come to the most reasonable estimate if uncertain. "DON'T KNOW" should be used only if a reasonable estimate cannot be made. Reasonable estimate refers to within 30 minutes if the wait was at least more than 1 hour. *If the client arrived prior to service hours of the facility, deduct the time the client was waiting prior to when the facility opened from the waiting time mentioned. For example, if the client arrived at 7:00 am but the clinic opens at 8:00 am, and she was able to see a provider at 9:00 am, she did not wait for 2 hours but only for 1 hour, i.e. you deducted the 1 hour prior to opening of the clinic.*

202. Opinions of Client: Read each item and if the client cannot respond readily, probe a bit to help understand whether the issue existed at all (if it was not an issue at all, "NO" is the correct response); if it seriously concerned the client ("BIG"), or if the client noticed, but it did not greatly concern him/her ("SMALL").

203. Pre-pay: This would include any official status for exemptions or discounted prices.

204-205. Total amount paid: This refers to money paid on day of visit for services. If the client must purchase medications or purchase laboratory services **after** leaving the facility this cost is not included. You may have to assist in adding to achieve the total, if money was paid in different locations. Specifically ask about any tips or extra payments, which were made unofficially. These should be added as well.

206-207. Proximity to facility: We want to find out how close the client/caretaker lives to the facility. If the facility is not the closest to where the client lives, we want to know why they did not go to the closest facility.

208. General satisfaction: This question assesses the client's general satisfaction with the services received.

209. Recommending facility to others: A way to confirm satisfaction with a facility is by asking whether the client would recommend such facility to a friend or relative.

300-306 PERSONAL CHARACTERISTICS OF CLIENT/CARETAKER

301. Relationship to sick child: This question applies to only the sick child exit interview.

302. Age at last birthday: If uncertain, make a reasonable estimate based on known events in the country. "DON'T KNOW" is appropriate only if the age cannot be estimated within 5 years.

303-305. Education, Reading and writing: These questions will contribute to the understanding of the responses. First ask whether respondent about their education level and grade completed. If applicable, ask if they can read or write.

D. Detailed Instructions for Completing Exit Interview with ANC Client

Cover page

Complete the name, location of the facility, the facility number, date, your name and code number, and the client code (remember, the client code should be the same as on the observation protocol.

Q.100. Consent

Read and record consent as instructed before.

Q.101. Time interview started

Q.102. ANC or Vaccination card

Ask the client whether she has her ANC or vaccination card with her. In some facilities, ANC cards are kept in the facility. Ask for any documentation regarding her visit today. Some facilities have separate tetanus vaccination cards, some have a column on the ANC card where the date TT is given is indicated, and some might simply have a note indicating the TT status.

Q.103. Tetanus Toxoid Shots

Check whatever document the client has to determine whether it is indicated anywhere that she has received TT shots.

Q.104. Gestational age, from client card

This information you should capture from whatever document the client has with her.

Q.105. Intermittent Preventive Treatment (IPTp)

Is there is information on the card showing the client has received IPT. If so, how many doses?

Q.106. Previous pregnancy or pregnancies

Ask if the clients has been previously pregnant, even if the pregnancy did not result in a live birth (e.g. if the other pregnancy resulted in an abortion or miscarriage). Any "prior pregnancy history" is relevant for the antenatal care history.

Q.107. First visit to facility for pregnancy

Make certain that the response is correct for first visit *to this facility* and *for this pregnancy*.

Q.108. Iron/folic acid

These medicines may not be provided at each visit, but should be provided during some antenatal visit. If the client is unsure, probe about "*a medication to make the blood stronger"* (iron) and show her the iron or folic acid or iron with folic acid pill.

Q.109. Explanation about iron/folic acid

Even if only prescribed, or provided during a previous visit, we want to know if the client remembers a provider explaining how to take the medicines.

Q.110-111. Side effects of Iron pills

Iron pills do have some common side effects. We want to know whether the provider explained any of these side effects, at this or any ANC visit, and whether the client knows any of them.

Q.112-113. intermittent preventive treatment of malaria (IPTp)

Q.112 finds out if client was given an IPTp, either during the current or previous visit. If given, we want to know if it was swallowed in the facility, in the presence of a provider (DOT).

Q.114-116. Insecticide Treated Net (ITN)

This is relevant in malaria-prone areas. The idea here is to capture who if ANC clients are being advised to sleep under treated nets and being offered treated nets.

Q.117. Nutrition during pregnancy

We are interested whether ANC clients are advised on the importance of proper nutrition during pregnancy.

Q.118. Signs of problems with pregnancy

Every pregnancy has the risk of complications, and it is important that pregnant women are aware of signs of such complications. We are interested whether ANC clients are counselled on signs of complications with the pregnancy, and if they know of any.

Q.119-120. Knowledge of pregnancy complications

For clients who respond that they have been advised on danger signs, ask them to tell you signs of complications that they know, and what they were advised to do in case they experienced any of those.

Q.121-122. Delivery preparations

Even if the plan is for a facility delivery, it is important for pregnant women to have certain things ready in preparation for any emergencies.

Q.123. Money set aside for delivery

If the response is “YES”, probe to determine if, in the client’s opinion, what has been set aside is considered adequate to take care of all expenses.

124-125. Where to deliver

Where a woman delivers is very important for all pregnancies. We want to know whether a provider discussed with the client where she plans to deliver. In addition to a provider discussing that with the client, ask where she plans to deliver. Will it be at the facility where she’s been interviewed, at another facility, or elsewhere?

Q.126. Knowledge of intra-partum and post-partum complications

If she says she knows of complications during and immediately following childbirth, probe for her to give you examples of such complications.

Q.127-128. Exclusive breastfeeding

The importance of breastfeeding is well documented in the literature. However, are providers advising women to breastfeed and to exclusively breastfeed? For how long?

129. Family Planning

Most providers will discuss family planning with a pregnant woman toward the due date so don’t be surprised if most of the clients respond in the negative.

Q.201-209 Refer to "Client Satisfaction and Personal Information" section of "Definitions Applicable Across All Exit Interviews" on page 171

Q.301-306 Refer to "Personal Characteristics of Client/caretaker" section of "Definitions Applicable Across All Exit Interviews" on page 171.

E. Detailed Instructions for Completing Exit Interview with FP Client

Cover page: Name and location of facility, facility number, date of interview, your name and code, and the client code (important, should be the same code as the observation).

Q.100. Consent

101. Time interview started

Q.102-106 CLIENT FAMILY PLANNING HISTORY

Q.102. Sex of client

Q.103-104. Family planning status prior to coming to facility today

Spend time to elicit a response to Q.103. We are interested in what the client was doing to prevent pregnancy at the time she came to the facility today. If the client answers s/he was using something, but had stopped because of a problem, the correct response will be "NO".

For those who respond that they were using something to prevent pregnancy at the time they came to the facility today, skip to Q.105. For clients who are currently not using any method (Q.103 = NO), ask Q.104. If the client hesitates, probe. Even one time attempting rhythm or using a condom anytime during the past 6 months counts as a "YES".

Q.105. Last method used

If the client indicates trying different methods, clarify that you are interested in which method was used the very last time a method was used.

Q.106. Provider asks about problems with method

If the response is "NO" probe to ensure that the provider did not ask in other ways (e.g. have you had any problems with bleeding; is there any problem with side effects; etc). Make sure the client understands that we want to know if the provider asked her about problems even if she did not have problems.

Q.107-108. Problems with the method

Regardless whether a provider asked the client if he/she was having problems with the method (Q.106 is either a "yes" or a "no"), go ahead and ask the client whether s/he has been having any problems with the method they are using. If "yes", then continue and ask Q.108, whether the client told the provider about the problem(s).

Q.109. Advice from provider

This is asked only if the client says that he/she was having problems with the method (Q.107 = 1) and that he/she had mentioned the problem to the provider (Q.108 = 1). If the advice was that the problem would resolve itself, or not to worry, this is sufficient for a "YES" response.

Q.110. Outcome of Visit

A client may continue with the same method s/he is currently using or restart a method previously used (1); he/she may also decide to switch methods (2). Alternatively, a client may choose to stop using a method because of problems with method (3) or stop for other reasons (4) such as wanting to start a family. Take time to understand the outcome of this visit.

Q.111. THOUGHTS OF SWITCHING METHODS

SOME CLIENTS MAY HAVE CONSIDERED SWITCHING METHODS BEFORE COMING TO THE FACILITY, AND MAY HAVE EVEN DECIDED ON WHICH METHOD THEY WANT TO SWITCH TO. FIND OUT IF THIS IS THE CASE WITH THIS CLIENT.

Q.112-113. Decision for new method

Q.112 is only asked of clients who say that they have not used a method or taken any steps to prevent pregnancy at any time during the prior 6 months (Q.104 = 2). The question tries to establish if they had thought of any method they wanted to use before arriving at the facility. If they have (Q.112 = 1), then ask about the specific method(s) they had thought about or considered.

Q.114-115. Methods discussed

A provider may not have even discussed the specific method(s) the client thought about or that he/she had considered using when they came to the facility. This question therefore tries to establish if the method the client thought about or had considered was among the methods the provider discussed during the visit. Multiple responses are possible here; therefore probe (without mentioning specific methods) to ensure that all methods discussed during the visit are mentioned.

Q.116. Method received

After the initial response, probe to ensure that if two methods were decided upon (e.g. natural method plus condoms) that both have been mentioned. "REC" indicates that the client actually received the method and has the method in hand (or inserted, if IUCD) at the time of the interview. "PRES" means prescription and may include having an appointment to return for IUCD, sterilization or other method. Note that "PRES" also captures *referrals*. Even if continuing with the prior method where re-supply is not required (e.g. the client came to check on the IUCD which remained inserted) probe to ensure that you do not miss a second method (e.g. condom) that the client may have received or gotten a prescription for during this visit.

Note that each column must have at least one response. If no method was prescribed or client referred, circle "Z" (for no method) under PRES. Likewise, if no method was received by the client that day, circle "Z" under REC.

IF “Z” IS CIRCLED UNDER BOTH “PRES” AND “REC”, THEN SKIP TO Q.201. YOU ONLY SKIP TO Q.201 IF “Z” IS CIRCLED UNDER BOTH “PRES” AND “REC”.

Q.118. Client knowledge from consultation

We are interested in whether the client remembers any of the indicated exchanges having taken place during the consultation.

Q.118. Client understanding of method

For the method(s) the client is using/will use, ask the indicated question. If necessary, probe to clarify the answer of the client.

Q.119. Client knowledge about STI protection with method

This question is to determine if client knows whether or not the method protects against STIs.

Q.201-208 Client Satisfaction and Personal Information

Refer to “Client Satisfaction and Personal Information” section of “Definitions Applicable Across All Exit Interviews” found on page 171.

Q.301-305 Personal Characteristics of Client/caretaker

Refer to “Personal Characteristics of Client/caretaker” section of “Definitions Applicable across All Exit Interviews” found on relevant section

F. Detailed Instructions for Completing Exit Interview with Caretaker of Sick Child

Cover page: Name and location of facility, facility number, date of interview, your name and code, client code (important: it should be the same code as the one used for the observation!).

Sex of caretaker

The sex/gender of the caretaker will be used to evaluate differences in Counselling for caretakers of different sex.

100. Consent

101. Time interview started

102-107 VISIT INFORMATION

Q.102. Name of child

Write the name the family calls the child, and in subsequent questions refer to the child by name, as a courtesy. This will also help make the interview more personal.

Q.103-104. Child’s Age

Determine the child's age by birth date, and also by age in months. Over two years of age, the months are less important. Use the child's health card if there is one, otherwise ask the caretakers about the age of the sick children. If the caretaker is uncertain of the child's age, attempt to figure out the age using seasonal or country events (e.g. "was the child born before or after the beginning of the last rainy season"). You must determine some estimate of age in months even if the caretaker does not know for certain.

Q.106-112. Signs and Symptoms of Current Illness

The objective is to determine if the child had symptoms relevant to the IMCI diagnostic and treatment protocols. Circle "1" for any symptoms indicated in Q.106 – Q.111.

Capture any other reason for which child was brought to facility in Q.112.

Q.113. Prior visit for same sickness

This question refers to the current episode of illness, and visit to this specific health facility. If the child had the same symptoms previously and was cured, and now has the illness again, the response is "NO". This episode is a new episode. This may help us in understanding the observation component since the provider may respond differently if this is a follow-up visit or a return because the child is not responding to earlier treatment. Indicate how long ago child was seen in facility for same illness, if the caretaker says the child had been seen previously with same illness during this episode.

Q.114. When current illness started

The day of the interview counts as day number "0". If the illness started the previous day, the correct responses will be "1 day" and you enter "01"in the boxes. You may need to probe to help the respondent. You may only use "DON'T KNOW" only if the caretaker cannot provide any reasonable estimate.

Q.115-118 INFORMATION PROVIDED TO CARETAKER

The responses to the following questions refer to the perception of the caretaker. People sometimes forget events when asked about them outside of the specific context or if they were preoccupied during the consultation. However, with probes, most people can be reminded. ***Unless indicated, never read the possible responses that are written, but rather attempt to probe more generally.***

Q.115. Diagnosis

The caretaker does not need to know the medical name. If the caretaker is uncertain, probe for whether the provider explained anything about the illness. If the caretaker explains s/he was told the child has "severe lung illness" or something similar, this is sufficient for "YES". If the caretaker indicates s/he considers that s/he was told what the illness was, this is sufficient for "YES". If the caretaker explains something like "I think there's a problem with the lungs, but the provider didn't say anything" the correct response will be "NO".

Q.116. What to do if child does not get better

If the caretaker says s/he doesn't know, give general probes to elicit some response. (e.g., "yes, but supposing the fever continues, would you try to get another treatment"? If yes, "from whom, or from where?")

Q.117. Advice from provider to caretaker on danger signs

This question is specific to situations when there is an emergency. If the caretaker does not remember or hesitates, probe, but do not read any of the specific responses to the client. You might ask, "Were you told for example to bring the child back immediately if there was still any symptom after some time?" If yes, "What symptoms did the provider tell you about"?

Q.118. Follow up visit

This question is specifically targeting routine follow-up visit, not for emergencies.

119-124 TREATMENT AND CARETAKE COMFORT LEVEL

119-120. Medicines given or prescribed

This interview should take place after the caretaker has collected any medicines from the pharmacy or received any injections. Ask to see all medicines that are with the caretaker, and ask to see any prescriptions that have not yet been filled (i.e., the medicines have not yet been bought or collected).

121-122. Medicines: client comfort level with dosage

Question 121 is to ask generally if the client perceives s/he has been given the information on how to give the medicines at home to the sick child. Q.122 asks more specifically if the caretaker feels confident that he/she knows how much of each medicine to give each day, and for how many days total. If the caretaker answers "no" or "Don't know" send the client back to the provider/pharmacy for explanations. If the caretaker is uncertain, probe for whether the pharmacist or any other provider explained the dose and how often each medicine is to be taken. Do not hesitate to send the caretaker back to the provider for further explanation if any of the responses indicate that the caretaker does not understand the dosage. Do not explain the treatment. *Remember, you are at the facility as a data collector, not as a service provider. If you start providing education or advice to clients this will take time away from your data collection and may bias the survey results. The objective of the survey is to find information from which the system level service improvements can be developed, not to provide a one-time intervention.*

Q123. First done of prescribed medicine given in the facility

This refers to oral medications enquired about in Q.121 and Q122 above (including oral rehydration solution (ORS)) given to caretaker or prescribed for home treatment. If the child received an injection at the facility, this does not count. "First dose" refers to the treatment the caretaker will give the child at home. Probe to ensure that the caretaker is reporting on receiving the first dose of medicines to be

taken at home, and not reporting on a dose of paracetamol given at the facility to lower the fever that the sick child may have been having during the visit.

124. Injection at facility

This refers to any injections given for treating the sickness in the facility today. If the caretaker has a prescription, check to see if there is a prescription for an injection.

125-130 PREVENTIVE INTERVENTIONS

For the below, it may be necessary to probe to remind the caretaker how the subjects might have been discussed during the consultation.

125-126. Weighing and general growth

If weighing is done prior to seeing the provider for the illness, the explanation might have occurred there. A probe might include asking if the caretaker was told that the child is "growing as expected"; or child is "big" or "small" for his or her age; or some comment similar to this.

Q.127-129. Normal feeding patterns and feeding during illness

Ask whether the provider asked any questions about the child's eating habits when not sick or before s/he was sick, and how to feed the child during illness. These are 2 separate questions: "drinking" and "eating" feeding for the sick child. If the caretaker cannot remember or is uncertain, probe in general, without reading the written responses.

Q.130. Vaccination today

It may be necessary to clarify whether an injection or oral medicine was a "treatment" or a routine vaccination. If there is a question, this may be clarified by probing about what the provider or person who gave the drops/injection said it was for, or by clarifying where in the facility the drops/injection was provided (if the facility provides routine vaccinations in a different location than treatments), or by asking to see the health card (even if the Immunisation card is not present).

131-136 REFERRALS

Q.131-133. Referral for blood test within facility

This is trying to get at if a diagnosis was based on a blood test result. Ascertain whether the sick child was referred to another provider or to the laboratory in the facility for blood to be taken for a test. If so, did he/she go? What was the outcome of that referral? Was the caretaker told the result of the test?

Q.134-135. Referral for blood test outside facility

This is a asked if there was no referral for any blood test within the facility. If referral was for testing outside the facility, was the relevant information provided to the caretaker?

Q.136. Action taken prior to visit to facility

We want to find out if another provider (including herbalist/traditional healer) was consulted elsewhere before visiting facility.

CLIENT SATISFACTION

Q.201-210 *Refer to "Client Satisfaction and Personal Information" section of "Definitions Applicable Across All Exit Interviews" found on page 171.*

PERSONAL CHARACTERISTICS OF CLIENT/CARETAKER

Q.300-307 Refer to "Personal Characteristics of Client/caretaker" section of "Definitions Applicable Across All Exit Interviews" found on page 171.

10. THE HEALTH WORKER INTERVIEW QUESTIONNAIRE

A. Health Provider Sample

A representative sample of health workers will be interviewed to obtain information on their qualifications, and most importantly, any recent training they have received as part of their work. The number of health workers to be interviewed in each facility depends on the size of the facility, the number of health workers working in the facility and available on the day of our visit, and also the categories of health providers in each facility. As much as possible, the survey will select a sample of health worker from every department/service site and each category of health workers.

B. Staff Listing Form

This form is used to compile a list of health workers working in a facility and available on the day of your visit. ***It should not be used to compile names of health workers who were expected to be there but are not.*** In addition to providing us with information on the number of health workers available on the day and the different services they provide, it also serves as the sample frame for selecting health workers for the health worker interview, especially in large facilities.

In small facilities with no more than 5 or 6 health workers, at the beginning of your visit day, the facility in-charge can fairly easily provide this information, on the number of health workers present the day of the survey and their roles and responsibilities. In large facilities, however, where it is not practical for the in-charge to provide that list for all health workers available that day, you will compile the list as you visit different departments/service sites and talk to in-charges of these departments/service sites.

You do not need to talk to each health worker individually to compile this list; rather, speak with the facility in-charge (in small facilities), or the in-charges of the different departments, to obtain this information.

For the purposes of this survey, a service provider is any person who provides consultation services, counselling or education to clients. Nurses who take the client history are considered service providers. If a nurse only ever takes measurements and writes in the registration book and is never called on to provide information to or collect other information from the clients (i.e. does administrative work), they may not be providers. Ask to ensure that they never have responsibilities for information sharing with clients. Pharmacists will not be listed on the form and will not be interviewed with the Health Worker Interview questionnaire. Laboratory service providers should be listed; however, only consider those who actually conduct the lab tests.

1) The Staff Listing Form has 5 pages. If in a large facility, you will be given a sheet of the Staff Listing Form to use as you move from one unit to another administering the questionnaire.

2) The forms are already numbered serially: 01-20 on sheet 1; 21-40 on sheet 2; 41-60 on sheet 3; 61-80 on sheet 4, and 81-99 on sheet 5.
3) Write the name and qualification code for each provider listed. Then put check marks in the boxes that describe which services they provide. The serial number corresponding to the row

that a provider is listed becomes the unique identifying number for this provider for that facility. This number is the “Provider Code” or “Provider Serial Number” on the Health Worker Interview questionnaire, and for each observation for that provider.

4) If a provider works in two different units, list them **<u>only once</u>,** in the first service site where they were identified.

STAFF LISTING FORM

FACILITY NUMBER ☐☐☐☐☐ TOTAL NUMBER OF PROVIDERS LISTED ☐☐ INTERVIEWER CODE ☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN THE COLUMN "PROVIDER QUALIFICATION CODE". PUT CHECK MARKS IN THE APPROPRIATE COLUMNS UNDER "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN THE LAST-BUT-ONE COLUMN "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN THE LAST COLUMN "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

PROV SERIAL NUMBER	PROVIDER FIRST NAME OR INITIALS	PROVIDER QUALIF'N CODE	SERVICES PROVIDED IN FACILITY															INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
			PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES		
					HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
01																		01	01
02																		02	02
03																		03	03
04																		04	04
05																		05	05
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19																		19	19
20																		20	20

01	GENERALIST MEDICAL DOCTOR	07	MIDWIFERY PROFESSIONAL	13	LABORATORY SCIENTIST
02	SPECIALIST MEDICAL DOCTOR	08	DEGREE MIDWIFE	14	LABORATORY TECHNOLOGIST
03	NON-PHYSICIAN CLINICIAN	09	ENROLLED NURSE / ENROLLED MIDWIFE	15	LABORATORY TECHNICIAN/ASSISTANT
04	ANESTHETIST	10	PHARMACIST	95	NURSE AIDE/NO TECHNICAL QUALIFICATION
05	NURSING PROFESSIONAL	11	PHARMACY TECHNOLOGIST	96	OTHER___________________
06	DEGREE NURSE	12	PHARMACY TECHNICIAN/ASSISTANT		

<u>C. Selecting Health Workers for Interview with The Health Worker Questionnaire</u>

In a facility with **8** or fewer health workers, interview all health workers who are present the day of the survey. In a facility with more than 8 providers, providers will be selected by their qualification, the department where they work, the services that they provide, and whether or not they were observed providing services (ANC, FP, Sick Child consultations). In facilities with over 8 providers, we will interview <u>a minimum</u> of **8** providers but not more than **15** in any one facility.

Providers whose consultations are observed, and those providers who provide answers to the inventory sections, are given priority in selecting providers to interview.

In addition, we want to interview providers of curative services. If there is one general outpatient unit (OPD) and both doctors and nurses provide services (counselling and/or curative consultation services) then **one doctor** and **one nurse** should be selected. In the curative care services, **doctors** and **clinical officers** should be put together when selecting a doctor for interview. **Enrolled nurses** and **registered nurses** should be put together when selecting nurses for interview. If only doctors ever provide the services, then select two doctors for interview. Before excluding nurses from the listing activity, make certain that the nurses NEVER provide client services (either counselling or curative care) after hours or when the doctor is not present.

If there are more than one curative outpatient units (e.g., a paediatric and an adult OPD) then the selection criteria applies in each of the units.

If there is a separate unit for curative services for HIV clients, the same selection criteria apply as for the OPD.

In general, each preventive unit included in the survey will have at least one provider interviewed. We want 1 ANC provider, 1 Family planning service provider, and 1 child health provider (EPI or Growth monitoring).

In addition, we specifically want to interview providers with responsibility for providing special HIV/AIDS-related services including HIV testing and Counselling, PMTCT, and ART, TB and delivery services. Each unit where these services are being provided must have at least 1 provider of these services interviewed. If the same providers provide the service in several different units (e.g., VCT staff go to the inpatient unit to provide services) then the providers must be listed only once, and only one selection for interview takes place for these staff.

If there are specific HIV counsellors (for HIV testing and/or ARV adherence Counselling), then when we refer to counsellors this is the provider we are referring to. If nurses or other staff also provides counselling, then they should be among those considered when selecting the counsellor for interview.

Illustrative sample of providers and their selection for interview		
Unit	***Providers to be interviewed***	***Comments***
MCH		
ANC - PMTCT	2 -3 providers	If possible, one provider (e.g., a doctor) who focuses on ANC, and one on PMTCT (e.g., a nurse)
FP	1 -2 providers	One doctor and one nurse, if possible
Sick Child (Paediatrics)	1-2 providers	One doctor and one nurse (e.g., immunisation), if possible
Delivery	1-2 provider	
Lab	1 provider	1 lab technician/technologist/assistant who conducts HIV and/or TB testing
Special HIV-related Services		
Outpatient HIV-ART	1-2 curative care providers	If the clients are examined and/or prescribed/administered ART in the unit, then one provider who provides clinical services and one counsellor, or two curative care providers (one nurse and one doctor) should be interviewed.
HIV testing and counseling	1-2 provider	1 counsellor/tester (doctor or nurse)
TOTAL	**8-14 providers**	

D. Making a Random Selection among a Number of Providers

In some units, you will have observed a provider, and that is the person you will interview. In some units, there will be only one eligible provider present. In other units, however, you will have to select from among several providers.

When you have to select from among several providers: When you have identified all eligible providers for a unit, write the provider code from the staff list on pieces of paper, fold them up, and randomly select one for interview.

If you are not complete an interview with a selected provider (e.g., s/he refuses or cannot be found at the time of interview) complete the cover sheet for the provider and note on the cover why the interview was not completed. Then, if possible, select another provider to take the place of the provider whose interview was not completed.

Note 1: All observations and exit interview questionnaires must be accompanied by the Health Worker questionnaire for provider saw those clients. ***Therefore, there must be a Health Worker questionnaire for each and every provider whose consultations with clients were observed on the day of the survey***, ***even if it is a blank one, together with all observations and exit interviews associated with him/her.*** All providers or staff members who are respondents for any of the sections of the inventory questionnaire are automatically selected for interview with the Health Worker Interview questionnaire and should also be interviewed (with the Health Worker Interview questionnaire). Additional instructions on how to submit completed questionnaires will be provided later.

Note 2: Each and every observation must be accompanied by an exit interview, even if a blank one. That is, if after on observation you lose that client and are unable to get an exit interview, you must submit the exit interview questionnaire that would have been used for that client, filling in all the cover information. The observation, together with the exit interview questionnaire, must be returned accompanying the Health Worker Interview questionnaire of the provider who attended that client.

E. Conducting Health Worker Interviews

All attempts should be made to conduct this interview in a private location where only the interviewer and the health worker are present and can hear the conversation. A private room that provides visual as well as auditory privacy is best.

If a supervisor or other staff member wants to be present or keeps coming into the interview area, politely but firmly explain that this interview must be conducted without others present so that the health worker does not become shy or nervous about responding. Experience has shown that when two providers are sitting together and one is being interviewed, the more vocal of the two frequently volunteers a response even if that is not the person being interviewed.

Ensure that the supervisors and other staff understand that this interview is not a test, and also does not ask any questions about specific staff, supervisors, or specific situations associated with this specific health service outlet. Rather, the information is being gathered to provide an overview of the work and experience of staff working in health facility of this same type across the country.

F. Detailed Instructions for Completing The Health Worker Interview Questionnaire (25)

Fill the cover sheet with relevant information as with other questionnaires. In addition, fill in the **Provider Serial Number (or code), provider status, and the number of observations** associated with providers whose consultations were observed.

As with other sections, never leave any boxes blank!!!

Eligibility

Health workers who **provide clients services such as counselling, taking history, curative or diagnostic services, or laboratory services,** even if they *do not currently provide HIV/AIDS-related services, are eligible for the Health Worker Interview questionnaire. Verify that the health worker does provide some type of client service, and assess whether they provide them as part of their work in this facility, or whether they provide them ONLY as part of their private practice. If they provide them only as part of private practice or not at all, circle the appropriate response and stop.*

Informed Consent

The respondent's consent for participation in the survey must be obtained before you can begin interviewing her or him. A blank consent form is included at the beginning of the questionnaire. This is intended to provide the respondent all of the information he/she should have about the purpose of the study and the types of questions he will answer before deciding to participate. Read the informed consent statement exactly as it is written.

Q. 101. Ask permission to start the interview

Q. 102. Education background

We are interested in the total number of years of study, starting with primary through any further studies.

Q. 103 – Q. 104. Technical qualification

This refers to the highest level of technical training completed and not to the position the provider holds. If a health worker originally trained as a nurse, but then returned to school and is now a clinical officer or a medical assistant, then "clinical officer" or "medical assistant" is the correct response. If the health worker received additional training but did not change their official qualification (e.g. a clinical officer who receives some training, but is not recognized officially as a medical doctor), their original qualification still holds. In this example, "clinical officer" will be the correct response. If there is some question, ask about license, or official title at the facility to determine the appropriate qualification. A nurse or doctor, who is an instructor, or a manager, has the technical qualification of "nurse" or "doctor".

In Q. 104, ask the year that staff graduated with this qualification.

Q. 105. Year provider started working in this facility

Ask and indicate the year this provider started working in this particular facility. If the health worker does not remember the year, help him/her figure this out by using major events in the history of the country (e.g. were you working here the year ______ became President?), or else ask if you may ask the in-charge for this information.

Q. 106 – Q. 107. Hepatitis B vaccination

If the health worker has received any dose(s) of the vaccination, indicate in Q. 106 the total number of doses. Next, determine if any of the doses was received as part of working in this particular facility.

Q. 108. Manager or in-charge

This question is to determine if the health worker has any managerial responsibilities. A health worker may be a manager or in-charge with (or without) any clinical responsibilities. If is important to note this information at the beginning before going into details about specific services and trainings.

Q. 200 – Q. 206. GENERAL TRAININGS, MALAIRA AND NON-COMMUNICABLE DISEASES

Q. 200. General Training

Before asking about service-specific trainings, we want to find out about some general training that all providers ideally must receive as part of their work in health facilities.

In-service training refers to any work-related training that the respondent received after starting work, and related to their specific roles and responsibilities. The training may have been provided by organizations external to the facility where the health worker is employed. In-service training includes training "updates" or "refresher" training, when there are updates to an earlier training. Training updates and refresher trainings tend to be shorter in duration than the original training.

In-service training is different from "pre-service" training, which refers to training when in school or during the time the person is receiving training for the current qualification or after finishing and before starting work. If the training was provided as specialty training to qualify the person for the service (e.g., a nurse who receives special training to conduct deliveries, but who is not an official midwife) then the training related to this special qualification is considered pre-service.

If the respondent has received any "in-service" training, including any training "updates" or "refresher" training, the next step is to determine "how long ago" this training took place; was it within the past 24 months (2 years), or over 24 months ago. If the training in any given topic was received on more than one occasion, find out if the most recent training occurred in the last 24 months (2 years).

Q. 201. Filter for laboratory health personnel

Check Q. 103 to determine whether the respondent provides any client services other than conducting laboratory tests. This question is asked here in order to not take laboratory personnel (those who provide only lab services) through all the sections of the questionnaire. If the respondent is laboratory personnel, he/she is not likely to provide "regular" services; therefore, skip to Q701.

Q. 202 – Q. 203: Youth-friendly services

Ask if the respondent provides youth-friendly services. Youth friendly services are services geared specifically to make the youth comfortable to access client service. Ask in Q. 203 if the health worker has

received any in-service training, training “updates” or “refresher” training related to youth-friendly services. If any training, was the training during the past 24 months or over 24 months ago?

Q. 204 – Q. 206. Malaria

First ask if the health worker provides any services related to the diagnosis and/or treatment of malarial. If the health worker reports receiving any in-service training, training “updates” or refresher training related to malaria, go into some details and ask about the specific malaria topics in Q. 206. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a “yes”, if the training was during the past 24 months.

Q. 207 – Q. 208. Diabetes

Ask if the respondent provides services related to the diagnosis and/or management of diabetes. Ask in Q. 208 if the health worker has received any in-service training, training “updates” or “refresher” training related to diabetes, and if so, was the training during the past 24 months or over 24 months ago?

Q. 209 – Q. 210. Cardio-vascular diseases

Ask if the respondent provides services related to the diagnosis and/or management of cardio-vascular diseases such as hypertension. Ask in Q. 210 if the health worker has received any in-service training, training “updates” or “refresher” training related to cardio-vascular diseases, and if so, was the training during the past 24 months or over 24 months ago?

Q. 211 – Q. 212. Chronic respiratory illnesses

Ask if the respondent provides services related to the diagnosis and/or management of chronic respiratory illnesses such as COPD. Ask in Q. 212 if the health worker has received any in-service training, training “updates” or “refresher” training related to diabetes, and if so, was the training during the past 24 months or over 24 months ago?

Q. 300-304. CHILD HEALTH SERVICES AND TRAINING

Q. 300 – Q. 302. Child Health

Ask the health worker if he/she personally provides child vaccination services (Q. 300), child growth monitoring services (Q. 301), or any curative care services for children (Q. 302) as part of his/her work in the facility.

Q. 303 – Q. 304. In-service training related to child health

If provider responds “YES” to Q. 303, ask each item in Q. 304 to determine if any training, including training “updates” or “refresher” trainings was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader

topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 401 – Q. 403. FAMILY PLANNING SERVICES AND TRAINING

Q. 401. Family planning services

Ask the health worker if he/she personally provides any family planning services for as part of their work in the facility.

Q. 402 – Q. 403. In-service training related to child health

If the health worker responds "YES" to Q. 402, ask each item in Q. 403 to determine if any training, including training "updates" or "refresher" trainings related to child health was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 500 – Q. 513. MATERNAL HEALTH SERVICES AND TRAINING

Q. 500. ANC and PNC services

Ask this question to determine the maternal health services that the health worker provides in this facility where he/she is being interviewed. Does he/she provide ANC services only, PNC service only, or both ANC and PNC?

Q. 501 – Q. 502. In-service training related to ANC and PNC

If the health worker responds "YES" to Q. 501, ask each item in Q. 502 to determine if any training, including training "updates" or "refresher" trainings related to ANC or PNC was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 503. PMTCT services

Ask the health worker if he/she provides any services geared toward the prevention of mother-to-child transmission of HIV. Multiple responses apply; take your time to elicit all responses.

Q. 504 – Q. 505. In-service training related to PMTCT

If the health worker responds "YES" to Q. 504, ask each item in Q. 505 to determine if any training, including training "updates" or "refresher" trainings related to PMTCT was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 506. Delivery services

Ask the health worker if he/she personally provides delivery services as part of his/her work in the facility. If the response is "NO", skip to Q. 509.

Q. 507. Total number of deliveries

This is to determine the approximate total number of deliveries the respondent has conducted during the past 6 months, as the primary provider. For this question, we are interested in deliveries the health worker might have conducted, but for this facility and outside of this facility.

Q. 508. Use of partograph

Ask when was the last time the health worker used a partograph to monitor labor. If the health worker has never used a partograph, circle "0".

Q. 509 – Q. 510. In-service training related to delivery care

If the health worker responds "YES" to Q. 509, ask each item in Q. 510 to determine if any training, including training "updates" or "refresher" trainings related to delivery care was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 511. Newborn Care

Ask the health worker if he/she personally provides care for the newborn as part of his/her work in the facility.

Q. 512 – Q. 513. In-service training related to newborn care

If the health worker responds "YES" to Q. 512, ask each item in Q. 513 to determine if any training, including training "updates" or "refresher" trainings related to care for the newborn was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 600-604. SEXUALLY TRANSMITTED INFECTIONS – TB - HIV/AIDS

Q. 600. Sexually transmitted infections

Ask the health worker if he/she personally provides services for sexually transmitted infections as part of his/her work in the facility.

Q. 601 – Q. 602. In-service training related to sexually transmitted infections

If the health worker responds "YES" to Q. 601, ask each item in Q. 602 to determine if any training, including training "updates" or "refresher" trainings related to sexually transmitted infections was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking about may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 603. TB services

For each of the TB-related services listed, ask the health worker if he/she provides them as part of his/her services in the facility.

If he/she does provide any of the listed services, proceed to ask if he/she has received any in-service training, training "updates" or "refresher" training related to that particular service, and if so, whether the training was during the past 24 months or over 24 months ago. Remind the health worker that the training topics may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 604. HIV/AIDS services

For each of the HIV-related services listed, ask the health worker if he/she provides them as part of his/her services in the facility.

If he/she does provide any of the listed services, proceed to ask if he/she has received any in-service training, training "updates" or "refresher" training related to that particular services, and if so, whether the training was during the past 24 months or over 24 months ago. Remind the health worker that the training topics may have been covered under a broader topic; if that is the case, the response is still a "YES", if the training was during the past 24 months or over 24 months ago.

Q. 700 – Q. 703. LABORATORY DIAGNOSTIC SERVICES

Q. 700 – Q. 701. Lab Services

Ask the health worker if he/she personally conducts any laboratory tests as part of his/her work in the facility. If "NO", skip to Q800. Otherwise, proceed to Q. 701.

In Q. 701, ask the health worker if he/she personally conducts any of the listed laboratory tests as part of his/her work in the facility

Q. 702 – Q. 703. In-service training related to laboratory diagnostic tests

If the health worker responds "YES" to Q. 702, ask each item in Q. 703 to determine if any training, including training "updates" or "refresher" trainings related to laboratory diagnostic testing was during the past 24 months or over 24 months ago. Remind the responded that the topics you will be asking

about may have been covered under a broader topic; if that is the case, the response is still a “YES”, if the training was during the past 24 months or over 24 months ago.

Q. 800-808. WORKING CONDITIONS IN FACILITY

Q. 800. Number of hours per week of work in the facility

Ask the health work to tell you the average number of hours per week that he/she works in this facility

Q. 801 – Q. 803. Supervision

This series of questions about supervisory practices refers to supervision of the work of the health worker who is being interviewed. The supervisor may be from within the facility, or may be from outside the facility. The important issue is that the health worker was personally supervised (attending a staff meeting with a supervisor is not considered being personally supervised).

Ask about supervision that the health worker has personally received. Ask if the provider receives technical support or supervision in the work. If “YES”, ask when was the most recent time. If the most recent supervision was within the past 6 months, ask the number of time he/she was supervised during that 6-month period (Q. 802).

Ask all the items in Q. 803 (01) to (06) to determine what the supervisor did during the last supervision.

Q. 804. Job description

We are interested in the availability of an official job description for the position. If the response is “YES”, ask to see the document.

Q. 805. Opportunities for promotion

Ask if there are opportunities for promotion in the current position. Are there opportunities for growth?

Q. 806. Salary supplement

Ask if the health worker personally receives any salary supplement, that is, money outside of the regular salary. If so, what type(s) of salary supplement does he/she receive? This could be in the form of monthly or daily salary supplement, per diems for attending trainings, duty allowance, or overtime.

Do not read the responses to the health worker, but probe to elicit all possible responses.

Q. 807. Non-monetary incentive

Non-monetary incentives may include items such as uniforms, discounts for medicine, and opportunities to attend training. Do not read the responses to the health worker, but probe to elicit all possible responses.

Q. 812. Improving the work environment – the provider opinion

Ask the health worker to mention the three things that he/she considers most important to improve his/her ability to provide services. *IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS*

Thank the respondent and move to the next service site or interview.

APPENDIX 1 CLIENT LISTING FORMS

In order to properly analyze the data, it is important that we know the total number eligible clients who attended the service on the day of our visit. This will allow us to describe how representative the service operation was the day of the survey, using average number of clients on service days as the indicator.

The forms shown below will be used to list clients selected for observation. Since we will identify a maximum of 3 providers to observe for a service, the listing form has three sheets, one for each of the providers. On each sheet, list the clients who are selected for observation. The clients will automatically assume the row number as their unique id number.

For example, a client listed on the first row of sheet one assumes the unique id number of 101, etc.

On the top of the first sheet, enter to total number of clients who visit the facility the day of the survey, for all providers. The team must ensure that the data are collected from all relevant registers (some facilities have a different register for each provider seeing clients).

The Sample Lists must be included in the envelope with the questionnaires from the facility.

Sample List for ANTENATAL CARE Observation

Date						2	0	1								
	DAY		MONTH		YEAR						FACILITY #					

TOTAL # OF ANC CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS | | | |

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #1

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			

Sample List for ANTENATAL CARE Observation

Date					2	0	1							
	DAY		MONTH		YEAR				FACILITY #					

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #2

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

Sample List for ANTENATAL CARE Observation

Date	DAY		MONTH		YEAR: 2	0	1			FACILITY #				

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #3

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
151			
152			
153			
154			
155			
156			
157			
158			
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